

ROSE SPIEGEL



**LIFE'S MAJOR
AND
MINOR CRISES**

AMERICAN HANDBOOK OF PSYCHIATRY

LIFE'S MAJOR AND MINOR CRISES

Rose Spiegel

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LIFE'S MAJOR AND MINOR CRISES

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Overview of Crisis

Scope of Crisis

Crises are part of the vicissitudes of living— not only as painful stress, as psychopathology, but also as growth, challenge, excitement, and drama. Their range is wide, both in detail and in large patterns. They may erupt from extremes of emotional disorders outside the usual flow of life. They may arise from specific stress events that are predominantly situational but are frequent enough in the course of anyone's life to be within universal experience. Other universal crises are challenges occurring at transitional phases in the progression of epochs in the life of the individual. Still others are crises of confrontation between the individual and his culture, with a wide range of response. Crises may be heavily weighted to the obviously interpersonal or to the obviously intrapsychic or to the cultural. However, generally all these aspects are involved in some proportion. Actually a less obvious aspect may be the well-spring for the particular crisis and, in turn, may offer the more promising focus for therapy.

Crises have only recently been considered as an integral content appropriate for psychotherapy. Too often crisis has been considered to be

outside the conventional boundaries of tightly defined psychiatric treatment. With a diversity of patients the therapist can hardly prevent crises from arising in their lives—nor in his own since he, too, is subject to vicissitudes and challenges in living. There is no mode or approach of psychotherapy, whether individual, family, or group, that does not at some time involve crisis. Crisis may be the moving force toward therapy. Indeed, some persons come to therapy because of their unrecognized involvement in crises in the lives of others. For instance, they may be bound to relationships with persons who are in crisis or who are crisis-prone and are demandingly dependent.

When crises do arise, whether in the course of therapy or as the precipitator of therapy in the first place, they generally occur in the context of specific life situations—of career, of marital or other interpersonal relationship. But these types of stress experience barely touch on the large tides of life that basically affect everyone and at times make the person seek help. However, under the ostensible specific events and situations of overt crises, the vulnerability often exists because of the deeper surge of these underlying critical phases. Not only these basic crises in the progression of life but also the crises of stress that we all share from cultural pressures may declare themselves situationally.

Emotional crises and crises in living may arise from such stark situations as the extreme of trauma, threat, and deprivation because of war

and its aftermath, with which we were intimately familiar in the Nazi era and World War II, and which we are again forced to face in the crisis of values and the destruction resulting from the war in Vietnam. The current crisis of values, far from being a distant extreme, presses on us in everyday life. Cultural and societal action is no longer an abstraction, but an everyday issue of personal decision and position. Another variation in the role of the culture consists of those crises in living that the person experiences as generated by himself or another individual but that actually are rooted in the culture. That is, the culture often is crisis-making because of the values attached to the person, to his age, sex, color, achievement, “usefulness,” affluence.

Other crises are more related to specific personal experience and to the intricacies of reaction formation that shape the personality of an individual. Somatic disturbances often precipitate psychological crises. Physical illness and damage in oneself, or in those significant to one, present a challenge in the areas of decisions directly related to the ailment, of threats to one’s sense of identity, of the meaning the physical has to the person, and of psychological adaptation.

Still other upsurges of crisis are an accompaniment to life itself—life as the basic progression from birth through childhood, adolescence, the prime of maturity, and decline, and the challenges involved in coming to terms with the ultimate. Falling in love presents a crisis not only interpersonally but also

intrapsychically. In career or social pursuits success and expansion often present not only a practical but also an intrapsychic crisis.

Besides this progression, this hidden pageantry in life itself, there are the prosaic, seemingly trivial everyday confrontations that, in miniature, test us in several directions: problem-solving of external events, resolving of interpersonal tensions and inner conflicts. These include the competitive and ethical issues of everyday life. Subtly these involve living with oneself in a self-esteem based on reality and with continuous maturing and growth of personality. Grace of living is involved; perhaps wisdom is achieved.

What Are the Core Characteristics of Crisis?

A crisis is characterized by a dilemma of decision or of direction to be taken in living, whose outcome for a beneficent or a destructive resolution is not always predictable, whether by the individual primarily facing the crisis, or by close participants, or even by those in a position simply to have a perspective on the crisis. This is true both in private lives and on the social scene. There are some crises, however, in which decisions are not within the power of the individual as far as the visible crisis is concerned. The inner crisis for him may involve his reaction to the visible crisis, to his lack of power to enter into its solution. Crisis is a threat to homeostasis. Both when the issue is a lack of power or simply a lack of equilibrium, the crisis needs to be

met in terms of one's psychological adaptation in order to protect psychic integrity, to delimit stress.

It is the uncertainty of outcome, its potential for disappointment, even for disaster, that the protagonist in the crisis senses profoundly and with anxiety or even terror. The reactions and defenses that may fan out are legion. Anxiety is only one of that range and often not at all on a verbal cognitive level. The response may be a deep denial of crisis, may be depression, hyperactivity—even elation. Some even court crisis conditions, feeling they are most alive in the challenge of coping. At times the distinction between elation and an exhilarated courting of crisis cannot be drawn without a deep understanding of the individual. For some, crisis may be so threatening, the stress so inordinate, that an activation of flaws in personality may occur, to the extent that the “nervous breakdown” into psychosis ensues. In life crises, in particular, the ideal resolution is twofold: coping in appropriate practical terms and coming out on the other side of the crisis into the next phase in living with an enhancement of ego powers and of the whole personality.

To me the irreducible characteristic of crisis is the *unpredictability* of the favorable outcome. For whatever reasons the outcome is in doubt, generally for all concerned, including the person in the therapist role. Crisis has some of the urgency of emergency. However, in emergency disaster has

already occurred; the action called for to meet the catastrophe is generally more clear than in crisis, although whether the coping measures will be effective remains in doubt. In crisis it is the wisdom of a particular decision that is obscure; in emergency it is the feasibility of the measure or the adequacy of the response to it. Emergency often calls for the mopping up of what the crisis has precipitated.

The *suspense* in crisis, often with the great intensity of the accompanying anxiety, may be an *unbearable stress* on the person or on others who are involved in it with him. That is, there is varying ability to endure the stress of unpredictability. This stress adds to the suffering in crisis. People vary in their stamina to face crisis, and the same person also does at different times, subject to what affects his stamina in general. The factual doubt inherent at a particular time in the crisis situation may be internalized as obsessional doubting. Not only do people vary in their personality reactions to crisis, but also in an overall sense they vary in the maturity they bring to crisis, in the preparation by life experience and individual endowment for fortitude and flexibility.

In some kinds of crises, particularly the crises of situation and events, the issue of problem-solving is involved, which underlies decision making. Thus there often is a convergence of the cognitive, the emotional, and the outer reality. Crisis often involves not only the individual but also other

persons linked to him —the *central* individual—in his network of relationships, for instance, maritally and in the family, in work situations, in larger and larger groups, until with some individuals larger segments of society are involved, for which they generate crises in turn. The illness or the incapacity of a ruler or leader, particularly when its outcome is in doubt, is the classical example of the central crisis setting off spreading waves of secondary crises. Understandably the reassuring chant, now metaphor, “The king is dead. Long live the king!” For these reasons I have termed the central person in the crisis, whether he experiences it himself in his keenest awareness or whether he touches off intense crisis responses in others, the *storm center* in the crisis. This concept is useful in evaluating who does what in a crisis situation. Particularly it helps those involved in the crisis to realize their relationship and role both in generating and in coping. This clarification at times helps one not assume inappropriate responsibility and guilt.

Crises have a quality of *transitoriness*. Indeed, Caplan, in his work on crises, maintains that they have as a pattern a short-lived duration, that an *unresolved crisis*, such as in family situations, lasts about six weeks, generally changing its character of acuteness for chronicity. That is, either acute stress falls into a persistingly bad condition, with transformation of the sense of acuteness, or the situation takes still another form, with a realignment of its elements and of the relationship of the people involved in it.

However, although this time span offers a handy and useful formula, the divergences from it are important, and it would be a disservice to make the time factor the pivotal diagnostic criterion. A crisis situation sometimes persists far longer than the allotted span, eliciting the characteristic painful tension and desperation, and still remains unrecognized as crisis. For some individuals ignoring the crisis is an unaware attempt at homeostasis, in the passive hope that it will simply go away. And sometimes it does! Because of repression, denial, or lack of recognition, as the case may be, moving toward resolution may be deferred. Recognition of the critical situation makes the inchoate situation take shape as crisis.

Nor can a sharp time criterion be applied to transition points in development. In due course the next stage emerges, in better or worse form, whether in fullness or as a token marking the progression. We do know that immature individuals, while retaining a quality of immaturity, nevertheless experience some thrust to development on some level, by the sheer force of basic psychophysiological laws. Immaturity never really stays the force of aging.

Chronicity of a critical situation may depend not only on nonrecognition but on lack of direction for resolution or coping, on despair and a quiet giving up of hope. Although it may appear to be only a semantic distinction, it is useful to distinguish between a critical situation and crisis as follows: the

latter involves the pressure and urgency that force confrontation, while *critical situation* conveys to me only one element of crisis.

The element of *choice*—its presence or absence, its feasibility or impossibility—demarcates a polarity in crisis. Vast crises in the physical world about us, for instance, earthquakes, leave no room for direct “choice.” But they arouse intrapsychic and interpersonal crises in perturbations of anxiety and insecurity, particularly in children. We can see the parallel with raw war experiences, consisting of crisis situations whose direct solution is outside the range of choice and decision, and just because of this limitation force intrapsychic and interpersonal crises between the individual and society. The external crisis, whose outcome is not predictable and is potentially catastrophic, and which of itself is not open to choice and decision, moves the crisis into the intrapsychic world.

The characteristic *personality operations and styles* bear on the whole sweep of crisis, from inception and even provocation to the coping. The personality patterns of denial and nonrecognition have already been discussed. At the other extreme is a life style of relating to most problems in living as crises. Every semblance of the new and different is experienced as crisis, sometimes authentically, sometimes as an expression of manipulative dependence. This personality style at times is interesting in its sheer ingenuity, sometimes stressful and exhausting in its “hysterical” quality.

One element in crisis is *stress*. The mobilization of forces and resources in coping with crisis involves stress. It involves both physical and emotional mobilization of energies and reaching a level of readiness to act. This is illustrated by the contrast in the readiness of the unconditioned or unwarmed up athlete and the conditioned or warmed up one. In meeting stress and crisis a noncognitive learning is involved, and an alertness, which is opposite to passivity. The exception is when passivity itself is a way of coping and is adaptational in its function.

At a particular point in time stresses, with their demands on the total organism—here the personality—may be just too much, while at another point in time the same person can cope effectively. Where the person is at in the crisis response is important to sort out. For instance, there may be a confluence of stresses from different directions that cumulatively are too much, but in lesser combinations are manageable. This element needs to be explored and recognized. We are already familiar with the response to stress with hyperactivity, even elation and hypomanic states.

Because of these complexities it is suggested that we approach crisis in terms of its parameters :

1. The critical situation: interpersonal, intrapsychic, somatic, cultural-societal, or pertaining to forces in the external physical world? How did it come about? What is the dilemma? What

is the potential for *choice*?

2. The persons involved and their role and reactions, ranging from the central person, perhaps as storm center, to the person who, formally or not, is in the helper role.
3. The degree of awareness and recognition of the existence of crisis, whether by the central person, by others significant to him, or by those in a helping role, professional or informal. Who considers there is a crisis?
4. The personality and practical resources of each one involved in the crisis.
5. The external resources that may be called on to help cope with the crisis.

Developmental Transitions and Crises

All the world's a stage

And all the men and women merely players. They have their exits and their entrances; And one man in his time plays many parts,

His acts being seven ages.

Development, the unfolding of maturation, should be seen, not as culminating and terminating with the prime of life, but as an arc of total life, going on to the final stages of change and adaptation, namely, aging and dying. Maturation does not fall into a simple, smooth linear graph, but involves transition stations that are critical points. These critical points are

not necessarily points of crisis but are landmarks of vulnerability, which may become transformed into crisis, just as “critical situation” was distinguished from “crisis.” More intensely these critical points are involved in normative crises, such as the normative “identity crises,” which, according to Erikson, is ascribed to the age of adolescence and young adulthood. Developmental transitions and critical points involve fulfillment of one phase and separation from its mode of experience and relatedness, followed by a new mode, with qualitative overlap with the past as well as with change. In the early years the new epochs are involved with change into a different organization of the psyche. Characteristic also of developmental transitions and critical points are somatic forces, with correlated reverberations in the psyche that are outside of directed choice. One cannot directly will them to be otherwise, although the efforts of the medical and psychotherapy professions are directed to making choice possible through the mediation of still other forces. The somatic involvement in developmental transitions is dramatically prominent in adolescence, in pregnancy, and in the era of the menopause and male climacterium, accompanied by their psychological crises, which varyingly may be ameliorated by medical as well as psychotherapeutic resources.

When these critical points and normative crises are subject to unfortunate vicissitudes, pathological crises may arise. Birth itself is a crisis for the newborn as well as for the mother. The birth process is a physiological

revolution, whose alternatives involve life and death, existence with a sound organism or a damaged one. Rank, in his *Trauma of Birth*, elevated aspects of the process of birth to an overall theory, which it is not necessary to discuss in his terms. Indeed, there is separation from the mother, but for our purposes it is not necessary to follow Rank in taking this separation as the basic pattern for all separation, and “the temporary asphyxiation at birth” with its physiological symptoms as the fundamental model for anxiety. Suffice it to say that birth is a time of physiological crisis. Ronald Laing^[1] reflected on the harshness of the birth experience, contributed to, according to his view, by the medical practice of hurried tying and severance of the umbilical cord and slapping the infant to hasten his breathing, thus curtailing the due and slower and less shocking changeover from the intrauterine world to the world of air and breathing.

The element of choice is an important and interesting theme to pursue throughout the developmental progression. It is clear that in infancy and early childhood choice is absent, and that with increasing maturity choice is possible on some psychological levels, which, in turn, indirectly influences the physiological, for better or worse. The emergence of the power of choice is part of development itself, and cultivating the art of choice is part of the art of living. In the very young the prototype of choice is close to the level of physiological protest against what violates him, and it blends with the power to rebel that soon begins to declare itself in more psychological form.

Outside of semantic development and the vicissitudes of either constitutional damage or illness from external sources, the crises that the very young are subject to usually are generated and inflicted by others. The upbringing of children, the various steps in acculturation of “good habits” involved in weaning, eating, and toilet training, are points of interpersonal interaction at physiological zones at different stages of maturation, as Sullivan- early pointed out. These are the everyday stress experiences, which, depending both on the child and the parent, may be severe enough to make for crises in the child’s anxiety concerning mastery of skills and the “reflected appraisals” from the parents. The earliest experiences of anxiety, in terms of any of the major psychoanalytic theorists, may be considered one of the basic indicators of what the individual, particularly the young one, is experiencing as crisis. But it is only one.

In Sullivanian terms infantile developmental crises depend on somatic development and on the gratification of the budding psyche with its needs for tenderness and for communication. Thereby the infant is subject to crises of interpersonal relatedness that are outside of choice. Of that same early period of life before the age of nine months, Melanie Klein proposed that there are critical “stations” of progression of intrapsychic development that have their respective characteristic modes of experiencing relationships. It is stressed that this progression of stations is fragile and vulnerable to regression. This vulnerability to regression is critical. Bowlby’ has stressed separation from

the mother in early infancy as a basic model of separation.

The various developmental stages of early childhood that are more clearly observable have their critical points of transition, which, whether for intrinsic reasons of miscarriage of development or for extrinsic reasons of illness or interpersonal mishap, may be subject to crisis. The outcome may be progression to the next stage of maturation, fixation, or regression.

The vulnerability to crisis is applicable as much to the Sullivanian concept of the epochs of maturation as to the Freudian concept of stages of development in terms of libido. In the Freudian frame of reference the working through of the Oedipus complex involves crisis. In Sullivan's concepts the phase of development of verbal communication in shared language is vulnerable and thereby a critical point. The crises arising from parental mishandling of communication here predispose the individual to obsessional misuse of language. There occurs also the critical period of enlarging relatedness to the outside world, typically beginning with school, playmates, and chums. Each enlargement bears with it a separation and a vulnerability. Unfortunate resolution of separation crises of what should be normal separation often takes its toll in school phobia.

Throughout childhood a wide range of vicissitudes occur from family tension, hostility, and indifference. The young are subject to anxiety and

subsequent depression from separations that could have been handled better — particularly those of divorce. While the adult is undergoing the grave crises of serious sickness—physical or emotional and even death— the young one is immersed in his crises of reverberation, which he is virtually powerless to cope with, without outside help. Not only does the child suffer in the immediate experience, but also he may develop maladaptive modes of coping that persist outside the immediately damaging situation. For instance, in a London survey it was revealed that children about age seven who were accident-prone came from homes with serious family problems of physical and psychiatric illness and marital discord. Other children in that study had responded to their stress with other kinds of symptoms such as asthma and enuresis. Indeed, one aspect of psychotherapy may be considered the undoing of the damage from crises of the past.

Adolescence is the grand crisis period, with the widening of personal, interpersonal, and societal horizons, the heightened meanings of genital sex, the establishment of more complete identity, the struggle with authority, the polarity of dependency-independence. The adolescent boy and the girl at puberty are flooded by the outer indications of change and by inner feeling states of which they have as yet no cognitive understanding. Their feelings include confusion, contentless anxiety, depression, and a sense of spinning in a world that others seem to understand more than they do. Adolescents frequently comment with surprise that others seem to “know” what they are

experiencing more than they themselves do.

The full establishment of heterosexuality may involve a critical period of homosexual conflict, orientation, or experience. "Critical period" is here used to avoid the particular denotations of "homosexual crisis."

For the girl a long-overlooked relationship of prime importance to her burgeoning femininity and sexuality concerns the role of her father. His acceptance of her as a woman and his anxiety, intimacy, or distancing from her at adolescence affect her from the point of view of sanction. But beyond the actual developmental period the separation from the father, whether initiated by the girl as a defense or by him, has been observed by the writer to be an important factor in the crises in the depressions of some women, particularly in the early forties and at the beginning of the menopause. Indeed, crises of early life for which effective help was not given, and which then released in the later depressions, are often too simplistically attributed to the later developmental stage.

The *identity crisis* involves every transition in development, including middle age and old age, but it is most dramatic and is experienced as most affirmative in adolescence. One common element centers on the development of proper ego strengths, with new abilities, control, and sense of self. And in all the sense of self involves a new integration of the sexuality of that era.

What is involved is not only sexuality but also the way the sexuality is related to internally. In discussing the identity crisis of adolescence, Erikson has stressed that crisis does not need to connote impending catastrophe, but rather a necessary turning point in development, with a marshaling of resources of growth and further differentiation. Both the core of the individual and the core of the community are involved.

It is an astonishing fact that in the last few years, I believe for the first time, adolescent turmoil has not been simply an internal affair, but has made its impact on society and the culture, forcing change in them. During their identity crises adolescents may manifest a range of disturbance—depression, confusion, anxiety, withdrawnness, various kinds of acting out. Involvement with society as a rebel, whether in authentic concern or as flight from coping within, is often associated with heightened questioning of personal, parental, and societal values—a questioning that deserves respect. The obscurity for many adolescents of life goals often enters into the rebellion and also into depression and despair. These and more variants generally fall within the range of the normative identity crisis. It is the my clinical impression that the adolescent for whom these large questions are answered despairingly or cynically often has recourse to a tough, cynical surface that hides depression, or to a dependence on drugs for quickie alleviation of depression and despair. Sometimes there occurs in adolescent turmoil immersion into clinically recognizable disorders, such as clinical depression and schizophrenic

reactions. These carry a generally good prognosis, better than in the slower, less vivid process schizophrenia. Various suicidal syndromes occur in adolescence, from preoccupation with the possibility to completion of the act. Although the incitement to suicide is qualitatively similar through the various ages, still the sensitivity to a sense of worthlessness, to a failure to succeed, to a despair about being loved and accepted, particularly in a love affair, is enormous then. In my opinion the intensity of the despair predisposing to suicide is the outcome of a not yet established ego; love and its confirmation are experienced qualitatively as a young child and quantitatively with the power of youth, since the transition to mature strength in loving has not yet been made. Either the experience of falling in love is overwhelming, or the lack of that experience is a cause for low self-esteem—both potential for crisis.

The critical phase of adolescence involves accomplishment of the task of taking hold of life, of beginning to set terms to life, of developing choice. Adolescents, in contrast to young children, are far less at the mercy of adults, granting that no one is an island unto himself.

The establishment of maturity brings with it the added challenges both of loving and of affirming a mode of functioning in one's milieu. Loving in its mature sense involves not only intimacy and caring but also the intrapsychic process of making room within for the intimate other. In fact, falling in love

and intimate loving present emotional crises that for some personalities, such as the schizoid, are very frightening. The threat of chaos and anxiety in the inner expansion of the psyche, the dread of vulnerability, of separation, rejection, and loss add a crisis quality to falling in love. Some, with an unhappy experience, take the position that safety lies in setting up barriers to loving.

Maturity—as well as adolescence—brings with it crises from both internal and external sources. The internal origin has to do directly with the progression of maturation. The external sources depend partly on what outer chance serves up to us, as well as on choices we make, often outside of awareness, which then bring their consequences. But there are some external events to which we are exposed simply because there is a high probability that they will happen. For example, as one gets older, in due course one loses one's parents, and one's children grow up and leave. Over these one has little choice but the deep choice of the mode of adaptation.

There are other time-linked critical events that are not biological but that have to do with the attitudes of others by which we are governed and over which we have no power, such as diminished employment opportunities in many fields after age forty-five and so on. It is at such critical points that create crises for individuals and their families that the counterforces of the community and protective laws can step in to compensate for the power the

individual lacks.

Maturity brings with it the challenge of productivity and creativity, which may assume crisis intensity.

Maturity, marriage, and the birth and rearing of children bring critical situations, which have been discussed from the point of view of the child and are here to be viewed from the other end of the telescope. Pregnancy, particularly the first one for both parents, is a critical period, both physically and emotionally, in terms of the relationship between husband and wife. Like falling in love, it requires making room in the psyche for the developing baby, an internalizing of acceptance beyond the quality of an external, “objective” acceptance. How often this crisis period is passed through with flying colors is suggested by the extreme anguish and frustration when the crisis moves toward the catastrophic outcome. In my experience with one mother—of a schizoid personality with agitation and depression—in her first pregnancy, there was an extreme of impotent rage at the husband—soon divorced—for his “responsibility” in the pregnancy and at the baby, who was experienced as a hostile stranger invading her body and against whom she was helpless to withdraw as she longed to.

Still other emotional crises, particularly for the girl or woman, involve pregnancy. Important are the age and emotional era of life when it occurs, the

relationship to the partner, and the socioeconomic situation. The decision for an abortion and the abortion itself (whether voluntary or spontaneous) are critical points, often followed by depression. Whether the abortion is performed under competent and socially permissible medical auspices or covertly and illegally affects the crisis situation, not only physically in terms of proper surgical service, but emotionally. The father of the abortive pregnancy is not immune to emotional crisis by any means.

For fathers, in their accompanying role throughout pregnancy, arise crises of loneliness, a sense of abandonment in favor of the unborn baby, reactivation of past critical experiences of rejection, as well as, affirmatively, the reinforcement of the love relationship and the fulfillment of masculinity.

The crises of maturity, as has been said, include the situation of the growing up and departure of one's children. Parental overcontrol at this time is really a struggle against separation and abandonment by the children, a clinging dependence by the parent within the iron glove of his or her power. The reproach to the departing children, almost impossible to bear, is really allied to the classical depressive reaction of reproaching the loved one for failing to love.

Choice, the art of living and loving, and critical points in development converge in later maturity. Again the art of living involves cultivation of one's

self, the capacity to love, the ability to be productive and even creative.

For women the time around the menopause is a crisis period. There is the well-known vulnerability to the depressions. The complexity of this period is compounded of physiological changes with their psychological reverberations, the dread of being unlovable and lonely, which, in turn, is contributed to by unresolved unfortunate vicissitudes in early love relationships and by cultural attitudes of undervaluing anyone of advancing years and of worshiping the cult of youth and immaturity. The hormonal crisis varies for different women, according to biochemical studies. For those for whom the physiological upheaval is experienced as critical, medical help is available—an outer resource for alleviating a (psycho) somatic crisis. The woman's struggles with this crisis period may involve the actual limitation of choice on a cultural basis, which calls for problem-solving on other levels. A particular woman may misread the attitudes, use the cultural attitudes as a cover-up for a withdrawal on her side. But, nonetheless, society plays a powerful role in limiting or challenging choice—which is part of what the women's liberation movement is about.

For men, at approximately this age, but generally ten years or so later, there is anxiety concerning waning sexual powers and symptoms in the genitourinary system. The apprehensions and depressive tendency of the middle age and aging crisis bring with them various attempts at solution.

More particularly for men, partly because of society's greater permissiveness, solace is often sought frenetically in sexual relationships based on the need to test one's acceptability and to prove one's masculinity sexually. This period for men, as well as the rather earlier period for women, is depression-prone.

These periods of the crises of the middle years have the inner dimension of the implications of the flight of time, with unfulfilled aspirations in achievement and in personal relationships, but there is heavy responsibility on society for adding pressures of demands and devaluation to this vulnerability. A prominent role in our society, more so for men than for women, is acceptability for employment, and here society is harsh. For men diminished employment opportunity with the middle years creates, in addition to economic crisis, the crises of self-esteem, the feeling of worthlessness at being tacitly declared obsolescent. After the era of unwanted unemployment for some is ushered in the related one of retirement, which may be unwanted. If it is acceptable the challenge still is to self-esteem, productivity, and the art of living.

The challenge of old age brings deeper problems of one's acceptability to others as the extended family is vanishing, one's self-acceptance in the face of waning powers, and the dread of being helpless as a last indignity. Although one's life style plays a role in this time of crisis, so do X factors of health and constitution, and such situational factors as one's world of friends,

relatives, and intimates. Obviously for many this is a period of powers shrunken below the level of self-sustaining independence, as society and the culture are recognizing and hopefully will deal with effectively and kindly.

Part of the adaptation to life as an ongoing development demands that each one as an individual and society in the large recognize dying and death, both of one's own person and of that of others.

The Role of the Culture in Life's Crises

The "cultural" schools of psychoanalysis have stressed the role of culture and society in setting patterns of childrearing, shaping character, and establishing the values its members live by. And although the word "crisis" is rampant on the social scene, society's crisis-making force for the individual has hardly been faced in those terms. Society inculcates not only explicit values but also the standards for self-esteem and self-image. Standards for success and failure, one's self-expectations, and disappointment in career and status are intimately involved with cultural values and with the familiar periodic crises that few of us are immune too.

There are in our various subcultures actively punitive attitudes directed to individuals who don't conform—such as in love relationships with disapproved pairings of age, ethnic and religious differences, and sex. Those violating these rules are faced with group hostility, even if not by organized

formal law, and they undergo crises of despair, sometimes unendurable and ending catastrophically. The hostility and power of a particular group—for example, the availability of housing, employment, and schooling on the basis of religion, ethnic origin, or sex—make for crises in individual lives and add heavy stress to the development of children and adolescents. Their relationship to parents, to the larger society, is pained. As a result the crisis may turn to depression, despair, rage, or violence.

Cultural attitudes have been changing at an accelerated pace within everyone's lifetime. Margaret Mead has urged preparation for change in the culture's values and imperatives, to replace preparation in terms of the assumption that the culture's goals and values are enduring and unchanging. Some years ago, but still within the lifetime of many of us, the code, particularly for girls, was not to marry early, but after completing one's education, and to have two children to replace the parents. Then it was marry early and have a large family. Then it became more permissive about marriage, children in or out of wedlock, and small families, particularly because of apprehension about the population explosion.

The crisis for the middle-aged generation has been to find an orientation to these challenges and changes in sexual patterns, life styles, and the social emancipation of women. Middle-aged individuals, faced with setting up new relationships after a divorce or the death of a spouse, may

experience an anchorless confusion, anxiety, depression, or acting out in a crisis of coming to new terms with a world they doubt that they made.

The flaws in the solution of employment opportunities after 45, particularly for higher-level business executives, makes for both personal and economic crises, and crises in family relationships. The attachment of a sense of individual worth to employment and employability, particularly for men, makes for a crisis in self-esteem, as by some mischance in society one becomes obsolescent. Certainly for members of an ethnic group with lower status in employment, who, regardless of youth, are not employed, despair, resentment, and even a propensity for violence make for crisis.

Finally large societal turbulence, such as war, economic depression, and political upheavals, as well as concentration camps in totalitarian states, makes for crises that, though widespread, still are experienced in the individual as a unit. Some of the crises in which society and the culture are involved allow for choice and an effective approach through problem-solving; still others involve pitifully little direct personal choice.

Coping with crisis involves recognition of what it's all about, problem-solving, ego strength, energy, resilience, self-assertiveness, and, at times, aggressiveness. It requires actual resourcefulness, appropriately pragmatic where outer reality is concerned. Ideally it requires a philosophy of life that

includes values, a recognition of life's progression, and preparedness for change. It involves also a capacity to sublimate and to recognize that some crises concern relative trivia as part of the game of life.

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[1] In an unedited movie *Breathing and Running*. filmed by Peter Robinson, Inc., New York City, and exhibited at the William Alanson White Institute, 1970 (now edited).