

## Coping with Failure, 'Why me?' Opportunities for Learning to Live

Erika Schuchardt

'Eloi, Eloi, lama sabachthani?' – 'My God, my God, why have you forsaken me?' (Jesus' words on the cross, Mark 15.34)

'Abba, Father, all things are possible for you; let this cup pass from me! But not what I will, but what you will' (Jesus' words in Gethsemane, Mark 14.36)

Who am I? They also tell me  
I would bear the days of misfortune  
equably, smilingly, proudly,  
like one accustomed to win.

Am I really all that which other men tell of?  
Or am I only what I know of myself,  
restless and longing and sick, like a bird in a cage,  
trembling with anger at despotisms and petty humiliations,  
weary and empty at praying, at thinking, at making,  
faint, and ready to say farewell to it all?

Who am I? This or the other?  
Am I one person today, and tomorrow another?  
Am I both at once? A hypocrite before others,  
and before myself a contemptible woebegone weakling?

Who am I? They mock me, these lonely questions of mine.  
Whoever I am, thou knowest, O God, I am thine.

(Bonhoeffer's questions from Tegel prison to his friend – 'You are the only one who knows . . .', not to his parents, in 1944, the year of his execution)

That Dietrich Bonhoeffer, almost two thousand years after Jesus, can

admit and state that he is only in control of himself for part of the time and that he has become someone who no longer knows himself points us towards an important spiritual process. Think of the prophets of the Old Testament, mystics, contemporaries who have impressed us – none can be thought of as being always in control of themselves. The inexpressible – the other being – is seen only by the one who is not under control.

It is this that Søren Kierkegaard develops in his struggle for the 'Either-Or' as the 'new reflection of human beings', as their 'authentic being'. For Kierkegaard there is only the one leap 'a hundred thousand fathoms deep into the abyss', the 'venture of faith', 'entrusting oneself unreservedly to the loving God in the deep threat, the 'uncertainty and insecurity of human existence.'<sup>2</sup> (Søren Kierkegaard, *Either-Or*, 1843)

This is existentially and philosophically the motive force behind the deep questions of Hans Jonas, the suffering, persecuted Jew, presented under the provocative title 'The Concept of God after Auschwitz'. Here he spells out his insights: 'He (God) is not all-powerful . . . 'God is silent. And now I (Jonas) say: he does not intervene, not because he did not want to but because he could not . . . 'In the mere admission of human freedom there is a renunciation of divine power.' So any 'answer to Job's question' can no longer be a 'stammering before the eternal mystery'. Jonas writes: 'My answer is the opposite of that of the book of Job. That calls on the fullness of the power of the Creator God, mine on his renunciation of power . . . For the renunciation took place in order that we might be. That too, it seems to me, is an answer to Job: that in him God himself suffers.'<sup>3</sup>

However, in personal, confidential conversation even with him – the philosopher – words fail and the inexpressible reveals itself in the all too clear language of tears.<sup>4</sup> (Hans Jonas, *Der Gottesbegriff nach Auschwitz*, 1984)

Here is the outcry of men and women over two thousand years: 'Why have you forsaken me?' 'Who am I?' 'Who are you, God?' 'Who are you after Auschwitz?'

The steps, the ways, the processes of Christians whose names became known all over the world, all agree with the findings of my investigations:

Even Christians know no way round suffering, though they may well know a way through it – with God. Darkness is not the absence of God but the hiddenness of God, in which we seek him – in his footsteps – and find him again.<sup>4</sup> (Erika Schuchardt, *Why is this happening to me?*)

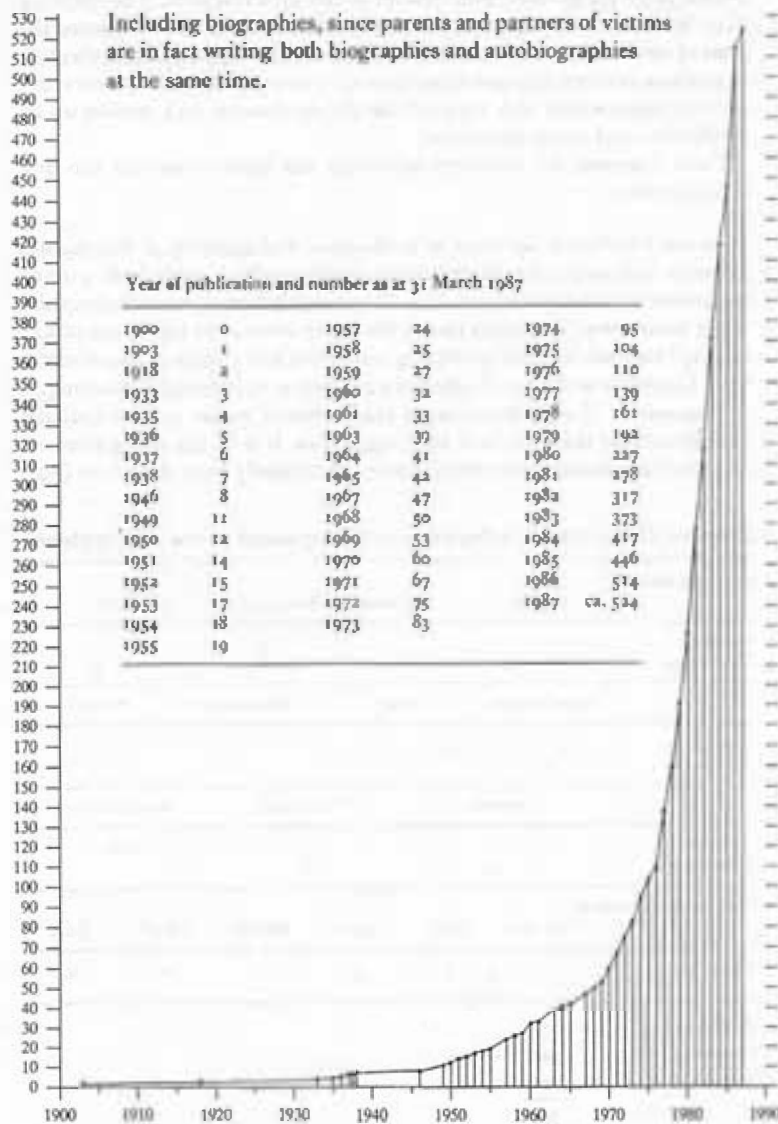
People constantly ask me, 'Do Christians find it easier to cope with failures and crises?' On the one hand, I must reply emphatically, 'No'. On the basis of years of research and direct involvement in pastoral care I must make it clear that in the hardest times of suffering Christians often have not only to bear their own failure and crisis but also to hang on to their faith and endure temptation. That means that as well as their visible sufferings Christians must also struggle with their image of a God who has so far been little in evidence. The rift through creation now also runs through Christians themselves. Often, now, for the first time in their lives, they have to understand their theology of the cross, their rational knowledge about the way of discipleship, existentially and urgently, under the burden of the cross in discipleship. Now, inexorably, what they have to learn to bear is no longer just any cross, but their own cross. On the other hand, I must report what almost all the authors of the more than 500 biographies which I have examined express: the Christian has someone to turn to day and night, a hearer, a partner in dialogue. Christians have God, to whom they can turn in trust – as did the classical Job – at any time, in any hour, at any moment, in prayer, accusation, silence, weeping. God is always there, God always listens, and God puts up with all our complaints.

I refer to these questions – as reflected in European and non-European biographies – in my book *Why is this happening to me . . . ? Guidance and hope for those who suffer*, which is to appear in English this year. In what follows I want to concentrate on the aspect of dealing with failure, and the opportunities for learning which it gives. I shall approach the issue in two stages:

1. Coping with failure as a learning process (as reflected by 500 life stories);
2. Working through crises as a learning process in the book by the American Nobel prizewinner Pearl S. Buck, *The Child who Never Grew*.

#### **Coping with failure as a learning process, reflected in 500 life stories**

For about ten years I was involved in showing how it might be possible to work through crises with the help of the analysis provided by the biographies of handicapped people or those involved. The biographies of the handicapped and those related to them to some degree present ordinary human crises writ large. However, there is one decisive difference: those who are not yet involved, those 'without a handicap', can escape burdensome situations all their lives – often to the time of their death – whereas those affected, the 'handicapped', find it much more difficult to avoid working through their handicap, their crisis, all their lives.

**Diagram 1 Year of publication and number of biographies**



To bring out my thesis of 'working through crises as a learning process', I want to go on to offer some results of my own research. The question 'How do those involved learn to live with their handicap/crisis?' formed the basis of an examination of particular cases: the first approach was through an analysis of more than 500 biographies;<sup>5</sup> this was followed by interviews with contemporaries who were still alive<sup>6</sup> (numbering 131), backed up by verification and group discussion.

Four diagrams are provided to clarify the sample used in the first investigation:

*Diagram I* indicates the years of publication and quantity of biographies between 1900 and 1987; these include autobiographies, since both parents and partners of those affected are writing biographies and autobiographies at the same time. The steep rise in the curve from 1970 (of 60 out of 524 biographies) indicates the increasing sensitivity and change in awareness in West Germany to the social relevance of crisis as a challenge to learning.

*Diagram II* draws attention to the different social and educational backgrounds of the authors of the biographies. It is worth noting that just half (200) are translations into German, particularly from American (89),

**Diagram II Social and educational background of the biographers**

<i>European countries</i>						
	Austria	Denmark	East Germany	France		
German	8		26			
Translated		1		39		
	Great Britain	Italy	Netherlands	Norway		
German						
Translated	45	2	4	4		
	Sweden	Switzerland	West Germany			
German			9	281		
Translated	4	1				
<i>Non-European countries</i>						
	Colombia	Israel	Japan	Mexico	USSR	USA
Translated	1	2	1	1	6	89
<i>Total</i>						
German	324					
Translated	200					
	524					

English (45) and French (39); there are individual translations from Russian (6), Dutch (4), Norwegian (4), Swedish (4), Italian (2), Hebrew (2), Spanish (2), Danish (2) and Japanese (1).

*Diagram III* indicates the different kinds of handicaps or disturbances in life from the perspective of which the biographers have written as authors: under the classification 'types of handicap', reports of mental handicap are numerically the most frequent (93); next comes physical handicap (78), then follows in third place loss of the senses, sight and hearing (59); fourth come relatives or companions of the mentally handicapped (46); in fifth and sixth places come those with a speech handicap (11) and learning problems (1). It is not evident from *Diagram III* that accounts from the chronically sick which fall under the category of 'long-term illnesses', with afflictions like cancer (76), epilepsy (59), multiple sclerosis (9) and others (90), only begin to appear from 1970 onwards and then with increasing frequency; from 1970 the number of these biographies rose rapidly in a period of only seventeen years (1970-1987) to 234 in all, i.e. to just about half of the 524 biographies, as opposed to 190 by people with handicaps. It should be pointed out that the latter were written in a time-span more than five times as long, of 87 years in all (1900-1987).

*Diagram III* Biographers and handicaps\* or disruptions to life

	Kinds of handicap					
	Mental	Physical	Learning	Psychological	Sense	Speech
Victims	-	60	-	38	39	7
Parents	35	7	-	12	3	1
Partners	-	-	-	5	1	-
Professional people	11	11	1	38	16	3
	46	78	1	93	59	11
	Long-term illness					Total
	Cancer	Multiple Sclerosis	Epilepsy	Other		
Victims	43	7	50	38		282
Parents	10	-	4	10		82
Partners	12	-	1	8		27
Professional people	12	2	5	34		133
	76	9	59	90		524

\*The classification of handicap is that of the Deutscher Bildungsrat, Bonn 1973.

*Diagram IV* indicates the increasing shift from a one-sided burden on women lasting over a long period towards a more balanced readiness of men and women to help to cope with crisis. In numerically almost the same

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proportions, in 1987 217 men and 272 women wrote, and there were thirty-five joint works by men and women together. By contrast, more detailed cross-sections bring out the long-lasting problem of a one-sided particular burden, especially on women: even in 1980, women were predominant, reporting in a majority of more than 3; in 1984 this predominance was then reduced to more than 3 until finally in 1987 a balance emerged, with almost the same number of male and female biographers, and there was an increasing tendency towards joint biographies.

Diagram IV Status of the biographers

Victims	Women	Men	Shared	Total
	154	123	5	282
Parents	Mothers	Fathers	Shared	Total
	54	21	7	82
Partners	Female	Male	Shared	Total
	12	7	8	27
Professional people	Women	Men	Shared	Total
	46	62	9	117
Victims with professional people	Women	Men	Shared	Total
	6	4	6	16
	272	217	35	524

2  
1 In examining the question of working through crises as an opportunity to learn, it would seem helpful to demonstrate the long course of the infinitely difficult process of learning by working through such existential crises. In looking through the biographies it was impressive to note that regardless of what produces the crisis, whether this is physical or psychological, whether it affects the senses or the mind; whether this is chronic illness or the consequences of knowledge of imminent death, the same stages of this learning process must be lived through and overcome by all concerned before a new identity or a social reintegration can be achieved. Given this identity of situation it is important that by analogy those who are not yet affected live through the same learning process if they inevitably find themselves in identity crises like unemployment, loss of a partner, or the intimation of death. Therefore one cannot just call this learning process coping with handicap; it is coping with crisis.

To clarify this learning process of coping with crisis it may be helpful to imagine ourselves being confronted with a diagnosis of terminal illness or cancer, being told 'Your accident will result in paralysis', or 'Your child or grandchild is physically healthy but mentally handicapped', or 'Your child

is a drug addict' or 'Your child is doomed to unemployment'. Sooner or later we would be bound to ask ourselves the question 'Why?' But seldom if ever do we allow the opposite question, 'Why not me?' If we dare to attempt to accept the first question, in anticipation we experience the phases of the process of coping which I shall describe as 'spiral phases', in order to justice to the dynamic of this struggle to find identity – a struggle which often lasts a lifetime. The image of the spiral also demonstrates the mutual inter-relationship of the eight spiral phases of the learning process of coping with crisis which can build up layer by layer (though long drawn out from one another), exist side by side in parallel or even overlap. I shall now go on to describe the whole process.

#### *Spiral phase 1: Uncertainty*

Initially, at the onset of a crisis or handicap there is shock. What prompts the crisis – an accident, a piece of news, an event – strikes like lightning and destroys a well-ordered life with familiar landmarks. Without preparation the person is confronted with a totally different situation; as the crisis breaks, he or she finds themselves in panic anxiety at the unknown. Automatically they resort to a reaction that they have learned: they resist, build up defences, set rational rituals in motion, do everything they possibly can to repress what prompted the crisis. This shocking experience cannot exist because it may not exist. The person affected cannot bear it, and fights for breathing-space by constantly new defence-mechanisms. The main characteristic of all those in this state of confusion following the crisis is that of implicit denial. Kübler-Ross calls this condition of uncertainty 'Not-wanting-to-perceive and isolation'. But 'not-wanting' would be a deliberate process, whereas the term uncertainty indicates that this is a semi-conscious state, a matter of not being able to take things in, with a tendency to deny the crisis. At the level of everyday language this state corresponds to the question 'What's happening . . . ?'

It will be clear to those trained in linguistic analysis that behind this question is already the unadmitted thought that a recognition of the crisis is already being latently prepared for. For others involved, it is helpful to describe spiral phase 1 more accurately as the phase of entry or recognition. Three typical intermediate phases can be established in this initial stage: they can either follow one another or exist alongside and with one another and are of varying duration.

Intermediate phase 1.1: Ignorance  
'What does it mean?'

Intermediate phase 1.2: Insecurity  
'It must mean something.'

Intermediate phase 1.3: Inability to accept  
'It must be a mistake.'

In these intermediate phases from uncertainty (1) to certainty (2) there will often already be one or more who know (the partner, the doctor, the neighbour, the fellow patient), as opposed to the person involved, who does not yet know. That changes the climate: those who know have a responsibility; how they behave will set the direction for future relationships, whether these are of trust or mistrust. It is certain that the knowledge of those who are in the know always affects their relationship to a victim who does not know, and that strongly influences the process of recognition, the discovery of truth; it can help it or hinder it.

*Spiral phase 2: Certainty*

Though it is already heralded in spiral phase 1, uncertainty, in spiral phase 2 the certainty of the loss of the possibilities of life makes itself felt. This can be sensitively articulated as, 'Yes, but surely that cannot be?' It sounds like a negative affirmation and looks like a continuation of the denial – and it is both!

Even those who have recognized their crisis have to deny it time and again in order to be able to go on living. Those affected are ready to accept the undiluted truth, but emotionally and in actual fact they go on living on the basis of hoping against all hope that the symptoms will prove to be wrong, a mistake. This ambivalence between an understanding affirmation and a sensitive denial is the basic characteristic of this second phase, of certainty. The ambivalent 'Yes, but . . .?' inserts itself like a buffer, when needed, between victims and their terror at the diagnosis; it gives them some space in which they can get hold of themselves again and make a new start, can go on their way. Nevertheless, since the certainty cannot be argued away, every conversation about the real situation is a help towards explanation because it builds up a link between rational knowledge and the emotional state. The decisive presupposition here is the readiness of the victims: they have to give the signal; they have to be willing to speak and explain: only in this way is it possible for them to discover truth. Through carefully regulated intervention from outside, the truth can be accepted, in the sense that it can be expressed.

Truth here is not a matter of objectively correct factual information or basic principles, nor is conveying the truth a single act of passing on a piece of self-contained news; it is much more complex. It involves the problem of communication between transmitter and receiver; in other words it is about the medium, the fabric of relationships, the connections between the victims and others (the doctor, professionals, relatives and companions).

Statements like 'You have a terminal illness', 'You have a Down's syndrome child', 'You have a spinal injury which has paralysed you' are not just made in a vacuum. They are made in the context of interpersonal relationships, each time in a different situation. However, it will remain open whether the question is acknowledged rationally by a suppression of feelings through defence mechanisms, or whether the victim is already emotionally in a position to take it. What is the attitude of *both* victim *and* friends and relatives, together, facing the destiny that confronts them? Here it is a matter not least of how much the friends and relatives can take, whether they can communicate in a therapeutic way and whether they themselves have inner stability in the face of a boundary situation. Certainly the victims have a right to the complete truth if they are also able to bear it and cope with it at the moment they hear it.

### *Spiral phase 3: Aggression*

The primarily 'rationally' cognitive and 'other-directed' phases of uncertainty (1) and still-ambivalent certainty (2) are followed by the 'emotional' and 'undirected' spiral phases of vital outbreaks of feeling in the transitional stage.

Only now does the intellectual knowledge sink in to the consciousness in such a way as to reach the heart: 'Only now am I aware of it'. Hurt and shattered to the core, the victim cries out, 'Why me?' The torment of this consciousness is overwhelmed with such turbulent feelings that the victim will either feel suffocated by it, or – in the worst instance – will lash out at those around because of it. This volcanic protest can most aptly be described as aggression (3). The tragic element here is that the real object of the aggression, what provoked the crisis, cannot be grasped or attacked. As a consequence the aggression seeks substitutes: anything that offers itself can be the target. Thus the aggression unloads itself on outsiders without any visible occasion, in all directions and against anything and nothing. Wherever the victim looks, he or she will find occasion to make accusations. Unaware of what they are doing, victims seek relief from the excessive pressure of feelings, so as to be able to act again as freely as possible. But here a new vicious circle begins. I have found nine different patterns for interpreting aggression, two of which should be mentioned here: the 'death-wish', which is described unanimously by all biographers, and the 'suicide' which is practised by no less than two-thirds of the more than five hundred biographers.

Just as in the phase of uncertainty (1), denial of the crisis is often fortified because those around who are already in the know seek to spare the victim, so in the phase of aggression the protest of the victim, wrongly interpreted if it is seen as an outbreak of personal defensiveness rather than

a matter of letting off steam, can lead to greater defensiveness specifically towards those who are already involved. The individual who is overcome by his or her suffering survives by demonstrating that everyone and everything are allied against him, and in the real situation now feels left in the lurch and isolated.

At this point it becomes particularly clear to what dangers victims are exposed without appropriate guidance: either they suffocate through aggression as passive or active self-destruction, or they sink into the morass of isolation as a result of hostile expressions of those around them; or yet again, because of their internalized control of negative feelings they fall into apathetic resignation. Here we already see the fundamental significance of aggression as an introductory phase to the emotional working out of crises in the course of the learning process as a whole.

#### *Spiral phase 4: Negotiation*

The emotional forces set free in aggression press for action. Almost indiscriminately, every conceivable measure is used to get out of the sense of impotence in face of the hopeless situation. An incessant stream of such 'attempts to get rid of it' is produced. Increasingly high stakes are brought into play. There is bargaining and negotiation. Regardless of the economic situation and sense of values of the victim, it is possible to identify two directions which paradoxically often also run parallel because they are undirected; the use of the 'world store of doctors' and 'the search for miracle cures'. Indiscriminate consultations with a variety of doctors, an outlandish capacity to search out the most obscure healer, involving the expenditure of vast amounts of money – often ruining the family – purchase the hope that a postponement of the final diagnosis is possible. At the same kind, all kinds of searches for 'miracles' are undertaken, like pilgrimages to Lourdes – they were made by two-thirds of all the biographers – the saying of masses, the laying on of hands in worship, making vows, giving away all possessions to the church or to humanitarian institutions, promises to enter a monastery or convent or a total change of life, usually on the one condition, 'But if I do that . . .' This undirected emotional spiral phase is to be understood as a last assertion of the self. It is described as negotiation (4). Here, too, we can see how dangerous the way can be if those who have to take it must tread it alone: it can end in a material and spiritual 'sell-out'. Conversely, it is evident how many disappointments can be reduced if in this phase people learn to understand their own reactions and thus deal with them.

#### *Spiral phase 5: Depression*

Inevitably, sooner or later, all negotiation in the 'world store of doctors'



or the 'search for miracles' is doomed to failure; those severely ill with cancer cannot avoid the certainty of their death; the paralysed victims of accidents can no longer deny the loss of feeling in their limbs. The mother of the Down's syndrome child can no longer overlook its behaviour and appearance. The unemployed can no longer avoid the compassionate looks of those around them. Emotions directed outwards are spent and have given way to a burial of hope directed inwards, which leads to speechlessness. The victims often experience their failure in the previous phases as their own inability; they sink into the abyss of desperation or resignation: 'Why . . . it's all meaningless.' There is a lapse into depression (5), mourning. But mourning and tears are still language; they are signs of experience, of being hurt and of passive resistance in the feeling of a terrible loss. What is now no longer there is now grasped not only rationally but also emotionally. It is deliberately abandoned. But the victims recognize what is still left to them and what can be done with it. Sorrow over what has been lost has so many faces: on the one hand the mourning for the loss, receptive mourning for what has already been given up, a sense of no longer being able to go on, the longing for a healthy child, and on the other hand mourning over what has to be given up in the future, anticipatory mourning; anxiety at the consequences of the loss which threaten in the future; the work-place that can no longer be attended and the loss of social status; the loss of value as partner, husband or wife, the loss of friends, the destruction of ambition. . . . Common to both kinds of depression with their experiences of loss and the anticipation of a future diminution of life is the abandonment of unreal hopes, a final farewell to utopias.

Giving up and anxiety about the threat of being given up paves the way to the final renunciation of all attempts to deny the irreparable losses. This is accompanied by an infinite sorrow, so-called mourning: it serves to prepare for the acceptance of destiny, and contains a movement back and inwards, to an encounter with oneself. From this self-discovery develops the freedom to distance oneself from the experience that has been suffered and to shape the necessary next actions oneself. This is the beginning of the final stage.

#### *Spiral phase 6: Acceptance*

Characteristic of these turns of the spiral is a conscious experience of limits. Holding out, enduring the phase of fighting against everything in the rational sphere, has exhausted the power to resist. The victims feel empty, almost without a will, but also as if they were liberated, on the boundary: they have allowed their understanding to think out all the possibilities in every direction through to the end. They have mourned

their loss of past and future in reaction and anticipation. Now they have come to the end, exhausted but as it were redeemed, ready to be open to a new insight. In openness, in being with oneself, as in becoming free from oneself, 'it' grows out of them.

It strikes the victims that they are still there; it comes to them that they are not alone and that they can still use their senses; they are ashamed that they forgot their thought and feelings, their full humanity. A wealth of perceptions, experiences breaks in on them which concentrate themselves in the recognition, 'Now at last I know . . .' I am, I can, I will, I accept myself, now I am living with my individual characteristics. So this phase is termed acceptance (6). I accept myself with my characteristic of paralysis. I accept myself as the mother of a Down's syndrome child. I am not living against but with the crisis. I am a person like everyone else. We all must learn to live with our crisis, our limitations, and we all do so. I want to experience, to learn, my life.

Acceptance does not so much mean resigned surrender as a state of contentment. Acceptance is not assent and affirmation. No one can readily affirm severe losses, but individuals can learn to accept the inevitable in coping with their crises. So there is acceptance in crossing the limits of one's consciousness, which now unexpectedly widen. That makes acceptance possible.

#### *Spiral phase 7: Activity*

Making the decision to live with a particular characteristic ultimately releases powers which hitherto were used in the fight against it. This potentiality is an impulse towards action. 'I'll do that . . .' is the spontaneous expression of this shift. Self-directed, and including the full expenditure of rational and emotional capacities, the first steps towards phase 7, activity, begin. The victims recognize that what is decisive is not what one has but what one makes of it. Directly and indirectly, there comes about in the person a regrouping, a restructuring of values and norms on the basis of experiences that have been coped with not outside but within the valid ruling system of norms and values. The levels of norm and value remain the same, but the altered perspective gives them a new structure.

As a result of this, action and thought now change reality itself. The significant thing is that the victims primarily change themselves, and by means of this learning process can become a stimulus to 'change the system' – as a consequence, not an aim. But here change means the possibility of otherness through alternative perspectives of action as the result of a new defining of the person within the limits laid down, by venturing to act independently in them.

### *Spiral phase 8: Solidarity*

If those afflicted with suffering are appropriately guided through the phases described, at some point the wish will grow in to act responsibly by themselves in society. The individual sphere, the changed individual characteristics are now seen in relation to a wider sphere of life. The handicap falls into the background, the social arena comes into consciousness and calls for common action: solidarity (8) is the last stage of the learning process in coping with crises.

'We're acting, we're taking initiatives . . .' That is the expression of success in coping with crises, an appropriate social integration. There can be no doubt, however, that this last phase of the spiral is attained by only a few of the handicapped and indeed only rarely by the non-handicapped.

If one compares the way in which handicapped and the incurably ill cope with crises with the struggle of people in unavoidable existential crises, one can recognize a common characteristic: there is ultimately no solution in the sense of being relieved of the burden. The only possible solution consists in no longer being opposed to, but living with, the apparently unacceptable, as the acceptance of a new task which has different effects and which has to be shaped both individually and in solidarity. In anticipation of all biographies it can be said that this kind of shaping can be experienced as meaning and indeed as happiness. The capacity to shape one's life through active participation in shared life is now 'self-discovery' through 'being different' in the midst of the inappropriate norms of achievement characteristic of our society.

I would like to end this account by drawing attention to the fact that I first depicted this spiral as a pyramid. That was meant to make it clear that a third of the biographers got stuck in the initial stage, a further third remained behind at the transitional stage and only a third – of the more than 500 biographers involved – arrived at the final stage. I think it important to say that this difference is always connected with the presence of someone who guides the learning process. (I have mentioned this in my two books on the social integration of the handicapped mentioned in the notes, giving case studies on mental handicap with Pearl S. Buck, physical handicap with Christy Brown, loss of senses with Helen Keller, and psychological handicap with Clara Park.)

I would also like briefly to make a second point, namely that the phase of aggression occupies a key position, as catharsis. That means that if the spiral phase of aggression is absent from the learning process, tendencies towards non-acceptance and social isolation become evident; conversely, if the spiral phase of aggression is present in the learning process, tendencies towards acceptance and social integration are intensified. Consequently, when aggression is lacking it must be provoked by crisis intervention in

order to make possible the learning process towards social integration. (I was able to demonstrate by biographical references how the absence, lack, breaking off, or denial, of the phase of aggression can mean the collapse of the process of learning to cope with crises. It condemns people to psychological handicap – lifelong depression in the case of Käte Keller and her handicap in the senses; resignation in the case of Christa Schlett and her physical handicap; and a refusal to accept in the case of Marjory Shave in her psychological handicap – and conversely, through a therapeutic intervention, the aggression can be triggered and the crisis coped with to the point of social integration, as in the case of Richard D'Ambrosio, with his mental handicap.)

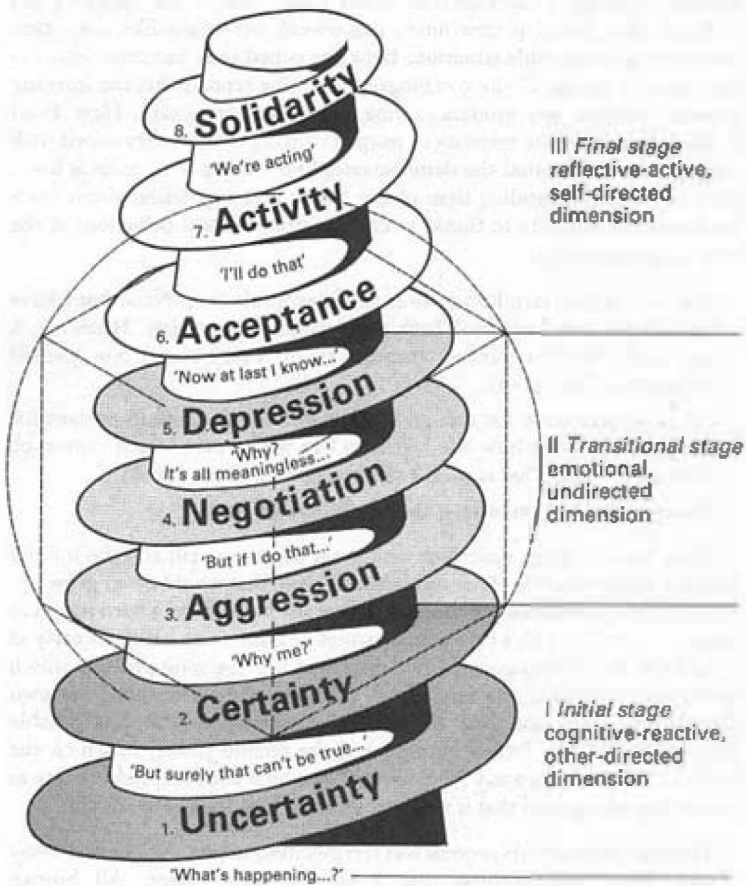
Thus the image of the spiral – see Diagram V – demonstrates both the incompleteness of the internal processes and also the superimposition of various turns in the course of daily life and action with others. The image indicates that this difficult learning process goes on all through life, even when those involved succeed in affirming their straitened lives as being worth living. Here, then, the spiral is not just understood simply in technical terms, but rather as an image for struggling through unrecognizable turns of the circle which do not lead to annihilation, isolation, a sense of meaninglessness in life: it is an image of the 'narrow gate which leads to life' (cf. Matt. 7.14), a way through endless uncertainties which nevertheless gives us some intimation of what we will become (cf. I John 3.2).

Why have I gone so thoroughly into the experiences of those involved? Can the knowledge of the eight spiral phases in learning to cope with crises relieve the situation of the partner who is 'being abandoned', 'excluded from the work process', 'handicapped', 'has cancer' or becomes 'a companion in crisis'?

The discovery of the characteristics of learning to cope with crisis seems to be a universal demand on all of us – whether young or old – to involve ourselves appropriately (i.e. sensitively) in sharing with people in crisis situations. We may be members of a church, helpers in social organizations, pastors or teachers; whatever we are, we need to make ourselves more knowledgeable, more prepared and more capable of learning about our God-given humanity – first of all from ourselves.

From now on we bear within ourselves the experience of the biblical message, 'I am the way!' (not the goal). Martin Luther King's wisdom discloses itself to us: 'There is no way to peace, peace is the way!' Jesus' words in Gethsemane speak to us: 'Abba, Father, all things are possible, remove this cup from me! Yet not what I will but what you will.' That means, though: no, do not remove this cup from me, so that I may become that for which you have created me.

**Diagram V** The eight spiral phases of coping with crises as a learning process



### Coping with crisis as a learning process: in Pearl S. Buck

In what follows I shall depict the phases of coping with crisis which I have described so far from the autobiography of Pearl S. Buck, the mother of a mentally handicapped child whose death ten years later brought on another crisis (cf. *The Child Who Never Grew*, New York 1950).<sup>\*</sup> Pearl S. Buck, the Nobel prizewinner, underwent her crisis like any other mother in a comparable situation. How she coped with her experiences is indicative of almost all the 500 biographers. She reports that the learning process, without any guidance, took more than ten years. Here Pearl S. Buck stands for the majority of women who report how they coped with crisis. As an intellectual she demonstrates how coping with crisis is less a problem of understanding than of the heart: it is a question about one's readiness and capacity to think, to change attitudes and behaviour at the level of relationships.

It is not easy to learn how to bear this inexorable care. Now that I have learned the task I can look back and recognize the stages. However, it was really hard to clamber through them; every single one seemed insurmountable (41-2).

But it is interesting for me, and it may at least be quite important for others, to describe how one learns to live with a care which cannot be done away with. That is what I shall be talking about (45-6).

To say it again: I am talking as one who knows (96).

Thus Pearl S. Buck describes with great narrative skill and the infinite love of a mother the life of her only child, a child that would never grow up. With that she combines her confession that she herself had a hard lesson to learn, '... to live with a care which cannot be done away with'. As early as 1952 Pearl Buck distinguished two phases of her 'learning process' which lasted over ten years: the first phase, in which she experienced her own destruction when she had to learn to understand 'the unavoidable knowledge that was forced on me', and the second phase, in which she experienced the 'turn away from herself' in which she accepted her fate as 'given' and recognized that it was 'imposed' on her, for her to shape.

The first phase of this process was terribly destructive. As I have already said, there was nothing that I enjoyed any longer. All human relationships, everything, became meaningless.

<sup>\*</sup>Translator's note. Unfortunately, it was not possible to get hold of a copy of the original English version of this book within the time available for producing this issue of *Concilium*. Page references are therefore to the German translation, and the passages themselves have been translated back from German.

The degree to which she found the way back to herself by abandoning her mourning is shown by her analysis of her own move towards acceptance (6):

I do not know how or through what the turning point came. It came somehow from within myself . . . (second phase). It was at this time that I learned to distinguish between two kinds of people in the world: those who have made the acquaintance of inescapable grief and those who have not (47).

It was surprising and sad to learn how many such people there were. . . . This did not comfort me, but it made me realize that others had learned to live with it and that I could, too. I assume that this was the beginning of the turning point (48f.).

So for Pearl S. Buck her 'stages in a learning process' begin with the transitional stage. But if we look more closely at the biographies, we note that in agreement with the more than 500 biographies which I investigated she took more than three years over her process of recognition at the initial stage in order to move from *uncertainty* (1) to *certainty* (2). She writes in bewilderment:

I believe that I was the last to recognize that something was not right with her. . . . She was three years old when I began to wonder (20).

She then describes how much her discovery of the truth was hindered by the inept behaviour of those around her and through a lack of guidance. So she represents the transition from the intermediate phase of *ignorance* (1.1) to *uncertainty* (1.2) as a restless search for confirmation from friends.

I asked friends about their children and told them of my new fear about mine. Their replies were comforting – too comforting (21).

Pearl S. Buck gives an apt description of typical expressions of the rule of irrelevance, like 'acting as if' everything were in order; she senses that the words of deceptive comfort were too much.

They all spoke the empty words of reassurance which well-meaning friends use, and I believed them. Later, when I came to know the whole tragic truth, I asked them whether they really had not known what was up with my child.

I learned that they indeed had; they had guessed it, and the older ones had even known it, but they had been afraid to tell me (21).

And as a consequence of this common tendency to make light of the crisis, Pearl S. Buck was condemned to remain in the intermediate stage of being *unable to accept* (1.3) until her child was four years old:

So my child was almost four years old when I myself discovered that her mental development was at a standstill . . . I remained stubborn and unbelieving to the end . . . (22).

Still, I must have had more anxiety than I was aware of. I remember one day going to a lecture by a visiting American doctor on pre-school children, and what I heard made me realize that something really wasn't right with my child . . . (23).

Only now did she begin to talk to doctors, go to lectures, and finally bring a consultant in, always with the same ambiguous result.

Something isn't right . . . I don't know what it is. You must go to a consultant (24).

With this *certainty* (2) that 'something is wrong with her', Pearl S. Buck begins her tormenting journey through all the continents, the phase of *negotiation* (4) in the world store of medical knowledge, in order to buy hope:

Then began the long journey which parents of such children know so well. Since then I have talked with many people, and it's always the same. Driven by the conviction that there had to be someone, somewhere, who could heal, we took our children all over the world in search of someone who could help us (26f.).

She depicts the end of the journey, when the inescapable truth was shown to her in a single moment.

The end of the journey came in Rochester, Minnesota. We had finally been sent to the Mayo Clinic (31).

And then came the moment for which I must be grateful as long as I live . . .

I have to thank the person who came out of an empty room just as I was going past . . . He came out almost furtively and gestured that I should follow him into the empty room.

With an almost brusque voice, looking straight into my eyes, he began to speak in his broken English. 'Did he say that your child could be cured?'

'Listen to what I tell you,' he ordered.



'I tell you that your child will never be normal. Don't deceive yourself. You will destroy your life and make your family beggars unless you give up hope and look truth in the face. She will never be cured. Can you hear me?' . . .

'I'm telling you the truth for your own good' (34f.).

As an expression of her sheer desperation at this 'brutal communication of the truth' – by then the child was five years old and the chances of a 'measured discovery of the truth' had been spoilt by the circumstances – *aggression* (3) expressed as a death wish against the child becomes quite understandable:

Death would have been far easier to bear, since death is final; what was, is no longer. How often the cry was torn from my heart that it would be better if my child died. This may be disturbing to those of you who do not know this kind of thing, but not to those who have had the same experience. I would have welcomed death for my child, for then it would have been safe for ever (42).

She then openly elaborates on that.

For the sake of others who have to tread the same stony way, I have to say that my inner rebellion lasted for years . . . Reason and a sense of duty cannot always have the upper hand when the heart is broken (45).

Pearl Buck reflects on the periods of *depression* (5) as the first phase of her 'learning process'. It should also be pointed out that she herself describes the experience of both forms of depression – anticipatory and receptive: anticipatory depression as mourning over the uncertain future of the child whose future fate will be to be given up by others, and receptive depression as mourning over a brilliant life that has already been given up, over retreat into isolation:

I faced two problems, and both seemed to me to be intolerable.

The first was the question of her future . . . (38), and in addition there was a second, the problem of my own life in misery. All splendour has departed from life, all pride in being a parent; one has the feeling that one's own life has in fact been cut off in that of one's child (42).

The 'turning point' towards *acceptance* (6), for which Pearl Buck cannot give a rational explanation, and which marks the beginning of the final stage, has already been presented as a second phase of her learning. She herself describes how intensively and ever newly she, too, experienced the phases of the spiral model.

The first step was to accept the facts . . . But in practice this step had to be taken again and again. I constantly slipped back into the morass . . . For despair had become a morass . . . Just looking at my neighbour's healthy little daughter . . .

And in keeping with the stage of *acceptance* (6), Pearl S. Buck also says:

Only now do I see! I'm again beginning to look forward to what life has to offer . . .

Books were the first thing . . . flowers . . .

All that began in a kind of wonderment that these things were still there as before, and then with the recognition that what had happened had not in fact changed anything, except myself (50).

In her case, *activity* (7), 'Shall I do that . . .?', on the one hand takes the form of a search for a home which will provide future care for her daughter, and on the other is expressed through an intensive programme of lecturing and explaining to parents and the raising of money for research work. She writes:

That I now knew what I had to do, and could think about it, did not of course heal my inescapable grief, but it helped me to live with it . . .

Finally we experience *solidarity* (8): 'We're acting . . .', not least in the writing and publishing of her autobiography, which stands out from many others by its truthfulness. In this way the author builds up a relationship with her readers:

It will not be easy to tell the truth in all things, but to tell anything else would be useless (14).

Thus Pearl S. Buck shows solidarity with all who are affected as she was, and provides company for them along the way: from the death-wish through affirmation, to action in shared, never-ending learning. She concludes:

One has to bear suffering, to know that suffering which one takes wholly upon oneself bears its own gifts. For suffering has a special alchemy. It can be transformed into wisdom which may not bring joy, but does bring inner happiness (8).

Thus Pearl S. Buck, despite the possibility of failure, ventures to continue to bear her suffering and in so doing experiences her crisis as a chance to learn. We recognize that we are dependent on one another if life, and that means more than survival, is to succeed. The interactive model of coping with crises can contribute to this as an open process of learning by

giving didactic and methodical stimuli to crisis prevention and crisis intervention, thus creating the presuppositions for a conception of life-long further development: 'Not just to give years to life, but to give life, experience, to years' is a prophecy which in another form was expressed centuries before our time by thinkers like Hippocrates, Plato, Cicero and Galen of Pergamon: 'Never cease to begin, never begin to cease!'

*Translated by John Bowden*

#### Notes

1. Dietrich Bonhoeffer, *Letters and Papers from Prison*, London and New York 1971, 34<sup>th</sup>.
2. Søren Kierkegaard, *Either-Or*, 20 February 1843.
3. Hans Jonas, *Der Gottesbegriff nach Auschwitz*, Tübingen 1984, 39, 41, 43, 49.
4. Erika Schuchardt, *Why is this happening to me? Guidance and hope for those who suffer*, Minneapolis 1990, preface.
5. Erika Schuchardt, *Sozial Integration Behinderter*: Vol. 1, *Biographische Erfahrung und wissenschaftliche Theorie*; Vol. 2, *Weiterbildung als Krisenverarbeitung*, Bad Heilbrunn 1980 (fourth enlarged edition 1990).
6. Erika Schuchardt, *Jede Krise ist ein neuer Anfang. Aus Lebensgeschichten lernen*, Düsseldorf 1990; *Krise als Lernchance. Analyse von Lebensgeschichten*, Düsseldorf 1985.