

Transitions and Changes: Who Copes Well?

Fact Sheet No. 10.215

Consumer Series | Family

by R.J. Fetsch*

Many individuals and families are in transition due to demographic, social and economic changes.

For example, the female civilian labor force reached 57 percent by the end of 1999, while the male labor force remained around 72 percent (4). Working mothers increased from 52 percent in 1975 to almost 72 percent in 1999 (3, 7). Automation, demands for increased productivity, and lack of appropriate skills are nudging more workers to update skills and retrain (19, 30). Families in which only the husband was employed comprised 19.3 percent of all married-couple families in 1999, and the proportion of married-couple families in which both husband and wife were employed was 53 percent, according to the Bureau of Labor Statistics (3).

Family relationships are also in transition. Increasing numbers of Americans in their middle and later years find themselves sandwiched between caring for aging parents and sharing a home with married children who cannot afford their own home. Divorce and remarriage are common. These and other trends present Coloradans with many changes and transitions.

Families experience transitions when a child is born, goes to day care, grows into adolescence, or moves out of the home. Family transitions continue as young adults marry and have children. Other transitions include getting a job, losing a job, separation-divorce-remarriage, disability, death, grief and loss of a family farm or home. All of these transitions involve change that includes loss and gain.

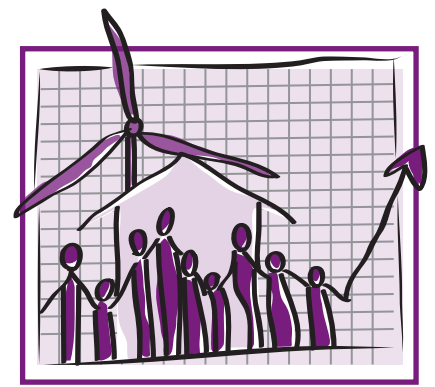
Some people react negatively to change while others welcome it. People who fight changes that they have little or no control over often experience stress symptoms such as rising blood pressure, muscle tension, increased family/work conflict, increased

alcohol and other drug use to “unwind,” and continued feelings of frustration, worry or exhaustion.

In fact, many people believe that our unwillingness to manage our stress levels during transitions is an important factor in many of today’s leading causes of death. The leading causes of death in Colorado are heart disease, malignant neoplasms, cerebrovascular disease, accidents, obstructive pulmonary diseases, pneumonia or influenza, and suicide.

A closer look at the association of health and stress suggests the relatively high incidence of heart disease is more common in highly motivated, ambitious, aggressive, perfectionistic individuals who are always rushing to meet deadlines. Two physicians write, “Emotional upsets – especially anger – are a well recognized precipitant of attacks of angina pectoris” (31). Studies have found that people with high hostility levels have a higher incidence of coronary heart disease (28, 38, 39). These results suggest that learning to deal with one’s stress and hostility levels has a broad effect on one’s survival.

Stress and time management are major problems facing people today. According to the National Health Interview Survey, 75 percent of the general population suffers at least “some stress” every two weeks (34), and half of those experience moderate or high levels during the same time period. Millions of Americans suffer from unhealthy levels of stress which can contribute to heart disease, high blood pressure, strokes, and may also affect the immune system which protects us from these diseases (24). Because stress can lead to these health-related problems as well as harmful behaviors, the U.S. Public Health Service has made reducing stress by the year 2000 one of its major health promotion goals (34). As the number of families increases in which both spouses and single parents are employed, so do hours people spend in the work place. “This decreases the amount of time available for family life and leisure.



Quick Facts

- Many individuals and families are in transition due to demographic, social and economic changes.
- According to the National Health Interview Survey, 75 percent of the general population suffers at least “some stress” every two weeks, and half of those experience moderate or high levels during the same time period.
- Unwillingness to manage stress and hostility is a contributing factor in many heart attacks.
- Rising health care costs was the top issue in a recent study of 33 social and economic issues.
- Those who cope well with transitions have a more positive perception and meaning of transitions and an overall sense that life makes sense.

*Former Colorado State University Extension human development and family studies specialist and professor, human development and family studies. 6/2011

© Colorado State University Extension. 8/98. Revised 6/11.

www.ext.colostate.edu



Family duties and time spent together are being squeezed into shorter time frames” (15). In fact, some people estimate that job stress siphons \$100 billion to \$300 billion a year from the U.S. economy (29).

Because we’re not managing our stress levels effectively, we’re vulnerable to increased health care costs and early death. In fact, rising health care costs was ranked the number one issue needing immediate attention from a list of 33 social and economic well-being issues in a Colorado State University Extension study (36, 40).

Overview of Research

Early work related to life events and transitions focused on the disease and medical model. According to one physiological stress model (27), excessive demands on an individual produce high levels of adrenal hormones that lower resistance to disease. In spite of the simplicity and popularity of the presumed causal link between life events and illness (14), the actual correlations are rather small, usually below .30 (18).

More recently, researchers focused on adults who remain healthy in spite of high stress levels. One researcher compared variables of 40 high stress/low illness business executives were compared with 40 high stress/high illness executives (18). “Hardy” executive characteristics include: clear sense of personal values, goals and capabilities; use of inner resources; positive reinterpretation of the transition; and internal belief that the effects depend upon how one handles the change.

A host of other researchers have identified the characteristics of adults who maintain their health in spite of stressful transitions. They studied survivors of the Hungarian revolution (13), migration (26), and the farm crisis (9, 10, 16, 17, 41). Additional researchers studied survivors of Nazi concentration camps, the Vietnam war, cancer, and depression (1, 2, 16). Distinguishing characteristics of survivors included their more positive perception or meaning of their life transition and an overall sense of coherence that life makes sense.

An event of disability has consistently been viewed as a source of prolonged stress on the individual and on the family, since physical, emotional, and social effects extend long after the time of diagnosis (5, 20). However, not all experiences of stress lead to physical or emotional dysfunction,

and there are many individual differences in coping and reacting to stressful events (18). Adjustment to a disability is multifaceted and entails changes in all areas of one’s life, including personal, family, and social changes. Adjustment is not only personal but can be achieved through significant social relationships (8, 32), and an individual’s involvement in social relationships contributes to his or her mental and psychological health (33).

The study of psychologically healthy people has centered on the necessity of accurate reality perception. Reality negotiation, a proven coping mechanism, is thought to encompass any strategy that serves to maintain positive beliefs about the self under conditions that are threatening to the individual (6). The apparent consequences of this reality negotiation include higher levels of self-esteem, happiness, contentment, creativity capacity, productive work, and an increased ability to empathize with others (32). People are more likely to cope and succeed if they possess a positive motivational state, a determination to meet personal goals and a “will” to survive under adverse medical conditions. These people will remain psychologically buoyant under a stressful situation and will have a wide range of options for remedying the situation (6).

Still another group of researchers focused their work on resilient children who were at risk of emotional ill health, and who demonstrated unusual psychological strengths despite a history of severe and/or prolonged psychological stress. Werner (37) identified three main protective factors: (a) within the child (e.g., a tendency to perceive experiences constructively, lack of fear, and the ability to ask for adult help when needed); (b) within the family (e.g., close attentive bond with at least one care giver in first year of life, structured household rules and assigned chores); and (c) outside the family (e.g., at least one close friend and confidant). Garmezy (12) found a triad of protective factors in competent black children exposed to poverty and prejudice in urban ghettos: positive dispositional attributes in the child; family cohesion, warmth and support; and support figures in the environment and schools who can serve as models for the child.

Similarly, family stress researchers searched for characteristics of families resistant to the disruption of transition and change. In a national survey of 1,000 families (25) and a national study of

360 families (23), family strengths were identified that appear to facilitate a family’s efforts to manage stressors and strains (21, p. 248):

“ACCORD: Balanced interrelationship among family members that allows them to resolve conflicts and reduce chronic strain.

“CELEBRATIONS: Acknowledging birthdays, religious occasions, and other special events.

“COMMUNICATION: Sharing beliefs and emotions with one another. Emphasis is on how family members exchange information and caring with each other.

“FINANCIAL MANAGEMENT: Sound decision-making skills for money management and satisfaction with economic status can contribute to family well-being.

“HARDINESS: A basic strength through which families find the capacity to cope. Emphasizes family members’ sense of control over their lives, commitment to the family, confidence that the family will survive no matter what, and the ability to grow, learn, and challenge each other.

“HEALTH: The physical and psychological well-being of family members can reduce stress and preserve a healthy home atmosphere.

“LEISURE ACTIVITIES: Focuses on similarities and differences of family member preferences for ways to spend free time. Do family members prefer active or passive interests, social or personal activities?

“PERSONALITY: Involves acceptance of a partner’s traits, behaviors, general outlook, and dependability.

“SUPPORT NETWORK: Emphasizes the positive aspects of relationships with in-laws, relatives, and friends.

“TIME AND ROUTINES: Family meals, chores, togetherness, and other ordinary routines play an important role in creating continuity and stability in family life.

“TRADITIONS: Honoring holidays and important family experiences carried through generations.”

On the other hand, McCubbin and Thompson (22) identified characteristics of vulnerable, fragile families. They are “more complacent, less likely to try new and exciting things, [are inclined] ... to do the same things over and over, and are less likely to encourage each other to be active and to learn new things.” They “perceive themselves as being closed in their communication, resistant to compromise,

set in their ways,” inexperienced in shifting responsibilities among family members, and not likely to involve all family members in the making of major decisions.

In comparison, invulnerable, regenerative families “try new things, encourage others to be active in addressing their problems and concerns ... are active, in control, and, when faced with difficulties, are also more caring, loyal and more tolerant of hardships.” Resilient families “indicate that they have a major strength in their ability to change.” They “view themselves as being able to say what they want, as having input into major decisions, as being able to shape rules and practices in the family, as well as being able to compromise; they are experienced in shifting responsibilities in the family unit, and willing to experiment with new ways of dealing with problems and issues.”

References

- (1) Antonovsky, A. (1979). *Health, stress, and coping*. San Francisco: Jossey-Bass.
- (2) Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well*. San Francisco: Jossey-Bass.
- (3) Bureau of Labor Statistics. (1999). Employment characteristics of families summary. Labor force statistics from the Current Population Survey. (Available from <http://stats.bls.gov/newsrels.htm>).
- (4) Bureau of Labor Statistics. (1999). Employment status of the civilian noninstitutional population 16 years and over. (Available from <http://stats.bls.gov/newsrels.htm>).
- (5) Crewe, M., & Krause, J.S. (1990). An eleven-year follow-up of adjustment to spinal cord injury. *Rehabilitation*, 35, 205-210.
- (6) Elliott, T.R., Witty, T.E., Herrick, S., & Hoffman, J.T. (1991). Negotiating reality after physical loss: Hope, depression, and disability. *Journal of Personality and Social Psychology*, 61, 608-613.
- (7) Englebrecht, J.D., & Nies, J.I. (1988, Spring). Work-family interactions: Trends and applications. *Journal of Home Economics*, 80, 23-28.
- (8) Feigin, R. (1994). Spousal adjustment to a postmarital disability in one partner. *Family Systems Medicine*, 12(3), 235-247.
- (9) Fetsch, R. J. (2011). *Farming and ranching: Health hazard or opportunity?* (Fact Sheet 10.201.) Fort Collins: Colorado State University Extension.
- (10) Fetsch, R.J., & Jacobsen, R.B. (2005). [Perception of farm/ranch situation as an intervening variable in family stress.] Unpublished raw data.
- (11) Garmezy, N. (1983). Stressors of childhood. In N. Garmezy & M. Rutler (Eds). *Stress, coping and development in children*. New York: McGraw-Hill [43-84].
- (12) Hinkle, L.E., Kane, F.D., Christenson, W.N., & Wolff, H.G. (1959). Hungarian refugees: Life experiences and features influencing participation in the revolution and subsequent flight. *American Journal of Psychiatry*, 116, 16-19.
- (13) Holmes, T.H., & Rahe, R.H. (1967). The social readjustment rating scale. *Journal of Psychosomatic Research*, 11, 213-218.
- (14) Jenson, G.O., & Daly, R.T. (1998, May). *Family and economic well-being environmental scan*. Washington, D.C.: United States Department of Agriculture, Extension Service.
- (15) Justice, B. (1987). *Who gets sick: Thinking and health*. Houston: Peak Press.
- (16) Keating, N.C. (1987). Reducing stress of farm men and farm women. *Family Relations*, 36, 358-363.
- (17) Kobasa, S.C. (1979). Stressful life events, personality, and health: an inquiry into hardiness. *Personality and Social Psychology*, 37, 1-11.
- (18) Lewandowski, J. (1989, September 16). Workers must learn new skills for next century. *Fort Collins Coloradoan*, p. D8.
- (19) Lewis, J.M. (1986). Family structure and stress. *Family Process*, 25, 235.
- (20) McCubbin, H. I., & McCubbin, M. A. (1988). Typologies of resilient families: Emerging roles of social class and ethnicity. *Family Relations*, 37, 247-254.
- (21) McCubbin, H. I., & Thompson, A.I. (Eds). (1987). *Family assessment inventories for research and practice*. Madison: University of Wisconsin-Madison.
- (22) McCubbin, H., Thompson, A., Pirner, P., & McCubbin, M. (1988). *Family types and family strengths: A life cycle and ecological perspective*. Minneapolis: Burgess.
- (23) National Institute for Occupational Safety and Health (NIOSH) (1990). Prevention of Work-Related Psychological Disorders: A National Strategy Proposed by NIOSH, *American Psychologist*, 45, 10.
- (24) Olson, D., McCubbin, H., Barnes, H., Larsen, A., Muxem, M., & Wilson, M. (1983). *Families: What makes them work*. Beverly Hills, CA: Sage Publications.
- (25) Roskies, E., Iida-Miranda, M.L., & Strobel, M.G. (1977) Life changes as predictors of illness in immigrants. In C.D. Spielberger and I.G. Sarason (Eds.) *Stress and Anxiety* (Vol 4, pp. 3-21). Washington Hemisphere.
- (26) Selye, H. (1956). *The stress of life*. New York: McGraw-Hill.
- (27) Shekelle, R.B., Gale, M., Ostfeld, A.M., & Oglesby, P. (1983, May). Hostility, risk of coronary heart disease, and mortality. *Psychosomatic Medicine*, 45(2), 109-114.
- (28) Snider, M. (1990). Job stress costs billions each year. *Fort Collins Coloradoan*, November 19, p. A5.
- (29) Snyder, D.P. (1986, April 30). *The adaptive family in an era of rapid change: Is there a brave new world in our future?* Paper presented at the national meeting of the Extension Family Life Specialists, West Lafayette, IN.
- (30) Solomon, P., & Patch, V.D. (Eds.). (1974). *Handbook of psychiatry* (3rd ed.). Los Altos, CA: Lange Medical Publications.
- (31) Taylor, S.E. (1983). Adjustment to threatening events: A theory of cognitive adaptation. *American Psychologist*, 38, 1161-1173.
- (32) Umberson, D. (1987). Family status and health behaviors: Social control as a dimension of social integration. *Journal of Health and Social Behavior*, 28, 306-320.
- (33) U.S. Department of Health and Human Services. (2000). *Healthy People*

2000. (Retrieved from <http://odphp.osophs.dhhs.gov/pubs/hp2000/> on 2/1/01.)
- (34) U.S. Department of Labor Bureau of Labor Statistics. (1990, Fourth Quarter). *Employment in perspective: Women in the labor Force* (Report 801). Washington, D.C.: U.S. Government Printing Office.
- (35) Weigel, R.R., Fetsch, R.J., Jenson, G.O., Yang, R.K., & Rogers, D.L. (1992). Issues validation: A new environmental scanning technique for family life educators. *Family Relations*, 41, 251-255.
- (36) Werner, E.E. Resilient children. *Young Children*, 40, 1-5.
- (37) Williams, R., & Williams, V. (1993). *Anger kills: Seventeen strategies for controlling the hostility than can harm your health*. New York: Time Books.
- (38) Williams, R.B., Haney, T.L., Lee, K.L., Kong, Y., Blumenthal, J.A., & Whalen, R.E. (1980). Type A behavior, hostility, and coronary atherosclerosis. *Psychosomatic Medicine*, 42, 539-549.
- (39) Yang, R.K., Fetsch, R.J., Jenson, G.O., & Weigel, R.R. (1997, Spring). Broad themes about family problems: A factor analysis of opinion polling in three western states. *Journal of Family and Consumer Sciences*, 89(1), 11-15.
- (40) Zimmerman, T.S., & Fetsch, R.J. (1994). Family ranching and farming: A consensus management model to improve family functioning and decrease work stress. *Family Relations*, 43, 125-131.