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**Lesson 9: Middle Adulthood**

**Objectives: At the end of this lesson, you will be able to**

1. **Explain trends in life expectancy and healthy life expectancy.**
2. **List developmental tasks of midlife.**
3. **Summarize physical changes that occur in midlife.**
4. **Explain physical changes that occur during menopause.**
5. **Describe variations in cultural responses to menopause.**
6. **Contrast menopause and andropause.**
7. **Explain the relationships between the climacteric and sexual expression.**
8. **Discuss the impact of exercise on health in midlife.**
9. **Describe the ideal diet for middle aged adults.**
10. **Describe cognitive development in midlife.**
11. **Compare midlife students with younger students and their approach to learning.**
12. **Contrast the expert and the novice.**
13. **Evaluate the notion of the midlife crisis.**
14. **Define kinkeeping and the impact of caregiving.**
15. **Describe Erikson's stage of generativity vs. stagnation.**
16. **Compare types of singles.**
17. **Contrast intrinsic and utilitarian marriages.**
18. **Classify types of marriages based on Cuber and Harroff's model.**
19. **Discuss communication in marriage.**
20. **Describe the stations of divorce.**
21. **Discuss issues related to recoupling including remarriage and cohabitation.**
22. **Describe personality changes in midlife.**
23. **Discuss work related issues in midlife.**

**Introduction (Ob1)**

Middle adulthood (or midlife) refers to the period of the lifespan between young adulthood and old age.  This period lasts from 20 to 40 years depending on how these stages, ages, and tasks are culturally defined.  The most common age definition is from 40 to 65, but there can be a range of up to 10 years (ages 30-75) on either side of these numbers.  The mid-thiries or the forties through the late 60s can be our guide.  Research on this period of life is relatively new and many aspects of midlife are still being explored. This may be the least studied period of the lifespan.  And this is a varied group.  We can see considerable differences in individuals within this developmental stage.  There is much to learn about this group.  In the United States, the large Baby Boom cohort (those born between 1946 and 1964) are now midlife adults and this has led to increased interest in this developmental stage.

This is a relatively new period of life. One hundred years ago, life expectancy in the United States was about 47 years. Life-expectancy has increased globally by about 6 years since 1990 and now stands at 68 years and ranges from 57 years in low-income countries to 80 in high-income countries (World Health Organization, 2011).  This number reflects an increase in life expectancy in Africa due to availability of antiretroviral medications to reduce HIV/AIDS, and a decrease in Europe and in countries in the former Soviet Union.  Life expectancy in the United States for those born in 2007 is now at 75.9 for white males, 80.8 for white females, 70.0 for black males, and 76.8 for black females (U.S. National Center for Health Statistics, 2010).  The U. S. ranks 42nd in the world and has been declining in rank.  Children born in the U. S. today may be the first generation to have a shorter life span than their parents.  Much of this decline has been attributed to the increase in sedentary lifestyle and obesity.  See the Washington Post article found at <http://www.washingtonpost.com/wp-dyn/content/article/2007/08/12/AR2007081200113.html> for more details.

Of course, longevity is not the only consideration.  How long can we expect to lead health lives?  Healthy life expectancy, or the years one can expect to live in good health, is 67 for males and 71 for females in the United States.  It is higher in Japan with a healthy life expectancy of 72 for males and 78 for females.  Certainly, living healthier lives is the goal.  In the United States, Canada, and other countries where people live well in midlife, there are new concerns are about the aging process, the impact of lifestyle on health, productivity at work, and how to best spend the second half of life.

**Developmental Tasks (Ob2)**

Lachman (2004) provides a comprehensive overview of the challenges facing midlife adults.  These include:

1.  Losing parents and experiencing associated grief.

2.  Launching children into their own lives.

3.  Adjusting to home life without children (often referred to as the empty nest).

4.  Dealing with adult children who return to live at home (known as boomerang children in the United States).

5.  Becoming grandparents.

6.  Preparing for late adulthood.

7.  Acting as caregivers for aging parents or spouses.

Let's explore these tasks and this stage of life.

**Physical Development in Midlife (Ob3)**

There are few biologically based physical changes in midlife other than changes in vision, more joint pain, and weight gain (Lachman, 2004).  Vision is affected by age. As we age, the lens of the eye gets larger but the eye loses some of the flexibility required to adjust to visual stimuli. Middle aged adults often have trouble seeing up close as a result. Night vision is also affected as the pupil loses some of its ability to open and close to accommodate drastic changes in light. Autoimmune disease such as rheumatoid arthritis often starts in the 50s.  Weight gain, sometimes referred to as the middle-aged spread, or the accumulation of fat in the abdomen is one of the common complaints of midlife adults. Men tend to gain fat on their upper abdomen and back while women tend to gain more fat on their waist and upper arms. Many adults are surprised at this weight gain because their diets have not changed. However, the metabolism slows during midlife by about one-third (Berger, 2005). Consequently, midlife adults have to increase their level of exercise, eat less, and watch their nutrition to maintain their earlier physique.

Hearing loss is experienced by about 14 percent of midlife adults (Gratton & Vasquez in Berk, 2007) as a result of being exposed to high levels of noise. Men may experience some hearing loss by 30 and women by 50. High frequency sounds are the first affected by such hearing loss. This loss accumulates after years of being exposed to intense noise levels. Men are more likely to work in noisy occupations. Hearing loss is also exacerbated by cigarette smoking, high blood pressure, and stroke. Most hearing loss could be prevented by guarding against being exposed to extremely noisy environments. (There is new concern over hearing loss in early adulthood with the widespread use of headphones for IPods and other similar devices.)

Most of the changes that occur in midlife can be easily compensated for (by buying glasses, exercising, and watching what one eats, for example.) And most midlife adults experience general good health.  However, the percentage of adults who have a disability increases through midlife; while 7 percent of people in their early 40s have a disability, the rate jumps to 30 percent by the early 60s.  This increase is highest among those of lower socioeconomic status (Bumpass and Aquilino, 1995).

What can we conclude from this information?  Again, lifestyle has a strong impact on the health status of midlife adults.  Smoking tobacco, drinking alcohol, poor diet, stress, physical inactivity, and chronic disease such as diabetes or arthritis reduce overall health.  It becomes important for midlife adults to take preventative measures to enhance physical well-being.  Those midlife adults who have a strong sense of mastery and control over their lives, who engage in challenging physical and mental activity, who engage in weight bearing exercise, monitor their nutrition, and make use of social resources are most likely to enjoy a plateau of good health through these years (Lachman, 2004).

**The Climacteric (Ob4,Ob5,Ob6)**

One biologically based change that occurs during midlife is the climacteric.  During midlife, men may experience a reduction in their ability to reproduce. Women, however, lose their ability to reproduce once they reach menopause.

**Menopause for women:** Menopause refers to a period of transition in which a woman's ovaries stop releasing eggs and the level of estrogen and progesterone production decreases. After menopause, a woman's menstruation ceases (U. S. National Library of Medicine and National Institute of Health [NLM/NIH], 2007).

**Changes** typically occur between the mid 40s and mid 50s.  The median age range for a women to have her last menstrual period is 50-52, but ages vary.  A woman may first begin to notice that her periods are more or less frequent than before. These changes in menstruation may last from 1 to 3 years. After a year without menstruation, a woman is considered menopausal and no longer capable of reproduction. (Keep in mind that some women, however, may experience another period even after going for a year without one.)  The loss of estrogen also affects vaginal lubrication which diminishes and becomes more watery.   The vaginal wall also becomes thinner, and less elastic.

Menopause is not seen as universally distressing (Lachman, 2004).  Changes in hormone levels are associated with hot flashes and sweats in some women, but women vary in the extent to which these are experienced.  Depression, irritability, and weight gain are not menopausal (Avis, 1999; Rossi, 2004).  Depression and mood swings are more common during menopause in women who have prior histories of these conditions rather than those who have not. And the incidence of depression and mood swings is not greater among menopausal women than non-menopausal women.

**Cultural influences** seem to also play a role in the way menopause is experienced. Numerous international students enrolled in my class have expressed their disbelief when we discuss menopause. For example, after listing the symptoms of menopause, a woman from Kenya or Nigeria might respond, "We do not have this in my country or if we do, it is not a big deal" to which some U. S. students reply, "I want to go there!" Indeed, there are cultural variations in the experience of menopausal symptoms. Hot flashes are experienced by 75 percent of women in Western cultures, but by less than 20 percent of women in Japan (Obermeyer in Berk, 2007).

Women in the United States respond differently to menopause depending upon the expectations they have for themselves and their lives. White, career-oriented women, African-American, and Mexican-American women overall tend to think of menopause as a liberating experience.  Nevertheless, there has been a popular tendency to erroneously attribute frustrations and irritations expressed by women of menopausal age to menopause and thereby not take her concerns seriously.  Fortunately, many practitioners in the United States today are normalizing rather than pathologizing menopause.

**Concerns about the effects of hormone replacement** has changed the frequency with which estrogen replacement and hormone replacement therapies have been prescribed for menopausal women. Estrogen replacement therapy was once commonly used to treat menopausal symptoms. But more recently, hormone replacement therapy has been associated with breast cancer, stroke, and the development of blood clots (NLM/NIH, 2007). Most women do not have symptoms severe enough to warrant estrogen or hormone replacement therapy. But if so, they can be treated with lower doses of estrogen and monitored with more frequent breast and pelvic exams. There are also some other ways to reduce symptoms. These include avoiding caffeine and alcohol, eating soy, remaining sexually active, practicing relaxation techniques, and using water-based lubricants during intercourse.

**Andropause for men:**Do males experience a climacteric? They do not lose their ability to reproduce as they age, although they do tend to produce lower levels of testosterone and fewer sperm. However, men are capable of reproduction throughout life. It is natural for sex drive to diminish slightly as men age, but a lack of sex drive may be a result of extremely low levels of testosterone. About 5 million men experience low levels of testosterone that results in symptoms such as: a loss of interest in sex, loss of body hair, difficulty achieving or maintaining erection, loss of muscle mass, and breast enlargement. Low testosterone levels may be due to glandular disease such as testicular cancer. Testosterone levels can be tested and if they are low, men can be treated with testosterone replacement therapy. This can increase sex drive, muscle mass, and beard growth. However, long term HRT for men can increase the risk of prostate cancer (The Patient Education Institute, 2005).

**The Climacteric and Sexuality (Ob7)**

Sexuality is an important part of people's lives at any age. Midlife adults tend to have sex lives that are very similar to that of younger adulthood. And many women feel freer and less inhibited sexually as they age. However, a woman may notice less vaginal lubrication during arousal and men may experience changes in their erections from time to time. This is particularly true for men after age 65.   As discussed in the previous paragraph, men who experience consistent problems are likely to have medical conditions (such as diabetes or heart disease) that impact sexual functioning (National Institute on Aging, 2005).

Couples continue to enjoy physical intimacy and may engage in more foreplay, oral sex, and other forms of sexual expression rather than focusing as much on sexual intercourse. Risk of pregnancy continues until a woman has been without menstruation for at least 12 months, however, and couples should continue to use contraception. People continue to be at risk of contracting sexually transmitted infections such as genital herpes, chlamydia, and genital warts. And 10 percent of new cases of AIDS in the United States are of people 50 and older. Practicing safe sex is important at any age. Hopefully, when partners understand how aging affects sexual expression, they will be less likely to misinterpret these changes as a lack of sexual interest or displeasure in the partner and more able to continue to have satisfying and safe sexual relationships.

**Exercise, Nutrition, and Health (Ob8,Ob9)**

**The impact of exercise:** Exercise is a powerful way to combat the changes we associate with aging. Exercise builds muscle, increases metabolism, helps control blood sugar, increases bone density, and relieves stress. Unfortunately, fewer than half of midlife adults exercise and only about 20 percent exercise frequently and strenuously enough to achieve health benefits. Many stop exercising soon after they begin an exercise program-particularly those who are very overweight. The best exercise programs are those that are engaged in regularly-regardless of the activity. But a well-rounded program that is easy to follow includes walking and weight training. Having a safe, enjoyable place to walk can make the difference in whether or not someone walks regularly. Weight lifting and stretching exercises at home can also be part of an effective program. Exercise is particularly helpful in reducing stress in midlife. Walking, jogging, cycling, or swimming can release the tension caused by stressors. And learning relaxation techniques can have healthful benefits. Exercise can be thought of as preventative health care; promoting exercise for the 78 million "baby boomers" may be one of the best ways to reduce health care costs and improve quality of life (Shure & Cahan, 1998).

**Nutritional concerns:** Aging brings about a reduction in the number of calories a person requires.  Many Americans respond to weight gain by dieting. However, eating less does not typically mean eating right and people often suffer vitamin and mineral deficiencies as a result. Very often, physicians will recommend vitamin supplements to their middle aged patients.

**The new food pyramid:**The ideal diet is one low in fat, sugar, high in fiber, low in sodium, and cholesterol. In 2005, the Food Pyramid, a set of nutritional guidelines established by the U. S. Government was updated to accommodate new information on nutrition and to provide people with guidelines based on age, sex, and activity levels.

**The ideal diet** is also one low in sodium (less than 2300 mg per day). Sodium causes fluid retention which may in turn exacerbate high blood pressure. The ideal diet is also low in cholesterol (less than 300 mg per day). The ideal diet is also one high in fiber. Fiber is thought to reduce the risk of certain cancers and heart disease. Finally, an ideal diet is low in sugar. Sugar is not only a problem for diabetics; it is also a problem for most people. Sugar satisfies the appetite but provides no protein, vitamins or minerals. It provides empty calories. High starch diets are also a problem because starch is converted to sugar in the body. A 1-2 ounce serving of red wine (or grape juice) can have beneficial effects as well. Red wine can increase "good cholesterol" or HDLs (high density lipoproteins) in the blood and provides antioxidants important to combating aging.

**Cognitive Development in Midlife (Ob10)**

**Plasticity of Intelligence**

Prior research on cognition and aging has been focused on comparing young and old adults and assuming that midlife adults fall somewhere in between.  But some abilities may decrease while others improve during midlife.  The concept of **plasticity**means that intelligence can be shaped by experience.  Intelligence is influenced by culture, social contexts, and personal choices as much as by heredity and age.  In fact, there is new evidence that mental exercise or training can have lasting benefits (National Institutes of Health, 2007). We explore aspects of midlife intelligence below.

**Formal Operational and Postformal Intelligence**

Remember formal operational thought?  Formal operational thought involves being able to think abstractly; however, this ability does not apply to all situations or subjects. Formal operational thought is influenced by experience and education.   Some adults lead patterned, orderly, lives in which they are not challenged to think abstractly about their world. Many adults do not receive any formal education and are not taught to think abstractly about situations they have never experienced. Nor are they exposed to conceptual tools used to formally analyze hypothetical situations. Those who do think abstractly, in fact, may be able to do so more easily in some subjects than others. For example, English majors may be able to think abstractly about literature, but be unable to use abstract reasoning in physics or chemistry. Abstract reasoning in a particular field requires a knowledge base that we might not have in all areas. So our ability to think abstractly depends to a large extent on our experiences.

**Postformal thought continues:** As discussed previously, adults tend to think in more practical terms than do adolescents. Although they may be able to use abstract reasoning when they approach a situation and consider possibilities, they are more likely to think practically about what is likely to occur.

**Increases and Decreases**

Tacit knowledge (Hedlund, Antonakis, and Sternberg, 2001) increases with age.  Tacit knowledge is praagmatic or practical and learned through experience rather than explicitly taught. It might be thought of as "know-how" or "professional instinct."  It is referred to as tacit because it cannot be codified or written down.  it does not involve academic knowledge, rather it involves being able to use skills and to problem-solve in practical ways.  Tacit knowledge can be understood in the workplace and by blue collar workers such as carpenters, chefs, and hair dressers.  These occupations and cognitive skills are the subject of the book, The Mind at Work, by Mike Rose.  Read an interview with Rose at <http://www.susanohanian.org/show_research.php?id=59>

Verbal memory, spatial skills, inductive reasoning (generalizing from particular examples), and vocabulary increase with age as well (Willis and Shaie, 1999).   You may have heard that wisdom comes with age.  However, wisdom may be more of a function of personality than cognition.  Those who exhibit wisdom in midlife, may have made wiser choices at younger ages as well.

The mechanics of cognition such as working memory and speed of processing gradually decline with age but can be easily compensated for through the use of higher order cognitive skills such as forming strategies to enhance memory or summarizing and comparing ideas rather than relying on rote memorization (Lachman, 2004).  Further, the declines mentioned above may diminish as new generations, equipped with higher levels of education, begin to enter midlife.

**Learning in Older Adults (Ob11)**

Midlife adults in the United States often find themselves in classrooms. Whether they enroll in school to sharpen particular skills, to retool and reenter the workplace, or to pursue interests that have previously been neglected, these students tend to approach learning differently than do younger college students (Knowles, Horton, & Swanson, 1998).

An 18 year-old college student may focus more on rote memorization in studying for tests. They may be able to memorize information more quickly than an older student, but not have as thorough a grasp on the meaning of that information. Older students may take a bit longer to learn material, but are less likely to forget it quickly. Adult learners tend to look for relevance and meaning when learning information. Older adults have the hardest time learning material that is meaningless or unfamiliar. They are more likely to ask themselves, "What does this mean?" or "Why is this important?" when being introduced to information or when trying to concepts or facts. Older adults are more task-oriented learners and want to organize their activity around problem-solving. They see the instructor as a resource person rather than the "expert" and appreciate having their life experience recognized and incorporated into the material being covered.

This type of learning is more easily accomplished if adequate time is allowed for mastering the material. Keeping distractions at a minimum and studying when rested and energetic enhances adult learning.  Androgogy is a type of teaching that considers the needs of adults (versus pedagogy which was originally geared toward teaching children).

**Gaining Expertise: The Novice and the Expert  (Ob12)**

When we work extensively in an area, we may gain expertise. Some areas of expertise develop after about 10 years of working in a field. Some gain expertise after a shorter period of time. Consider the study skills of a seasoned student versus a new student or a new nurse versus an experienced nurse. One of the major differences is that the new one operates as a novice while the seasoned student or nurse performs more like an expert. An expert has a different approach to learning and problem-solving than does a novice or someone new to a field. While a novice tends to rely on formal procedures or guidelines, the expert relies more on intuition and is more flexible in solving problems. a novice's performance tends to be more conscious and methodical than an experts. An expert tends to perform actions in a more automatic fashion. An expert cook, for example, may be able to prepare a difficult recipe but not really describe how they did it. The novice cook might rigidly adhere to the recipe, hanging on every word and measurement. The expert also has better strategies for tackling problems than does a novice.

**Psychosocial Development during Midlife**

**Midlife crisis? (Ob13)**

Remember Levinson’s theory from our last lesson? Levinson found that the men he interviewed sometimes had difficulty reconciling the “dream” they held about the future with the reality they now experience. “What do I really get from and give to my wife, children, friends, work, community-and self?” a man might ask (Levinson, 1978, p. 192). Tasks of the midlife transition include 1) ending early adulthood; 2) reassessing life in the present and making modifications if needed; and 3) reconciling “polarities” or contradictions in ones sense of self. Perhaps, early adulthood ends when a person no longer seeks adult status-but feels like a full adult in the eyes of others. This ‘permission’ may lead to different choices in life; choices that are made for self-fulfillment instead of social acceptance. While people in their early 20s may emphasize how old they are (to gain respect, to be viewed as experienced), by the time people reach their 40s, they tend to emphasize how young they are. (Few 40 year olds cut each other down for being so young: "You're only 43? I'm 48!!")

This new perspective on time brings about a new sense of urgency to life. The person becomes focused more on the present than the future or the past. The person grows impatient at being in the "waiting room of life" postponing doing the things they have always wanted to do. Now is the time. If it's ever going to happen, it better happen now. A previous focus on the future gives way to an emphasis on the present. Neugarten (1968) notes that in midlife, people no longer think of their lives in terms of how long they have lived. Rather, life is thought of in terms of how many years are left. If an adult is not satisfied at midlife, there is a new sense of urgency to start to make changes now.

Changes may involve ending a relationship or modifying one’s expectations of a partner. These modifications are easier than changing the self (Levinson, 1978). Midlife is a period of transition in which one holds earlier images of the self while forming new ideas about the self of the future. A greater awareness of aging accompanies feelings of youth. And harm that may have been done previously in relationships haunts new dreams of contributing to the well-being of others. These polarities are the quieter struggles that continue after outward signs of “crisis” have gone away.

Levinson characterized midlife as a time of developmental crisis. However, research suggests that most people in the United States today do not experience a midlife crisis and that, in fact, many women find midlife a freeing, satisfying period. Results of a 10 year study conducted by the MacArthur Foundation Research Network on Successful Midlife Development, based on telephone interviews with over 3,000 midlife adults suggest that the years between 40 and 60 are ones marked by a sense of well-being. Only 23 percent of their participants reported experiencing a midlife crisis. The crisis tended to occur among the highly educated and was triggered by a major life event rather than out of a fear of aging (Research Network on Successful Midlife Development, accessed 2007). Maybe only the more affluent and educated have the luxury (or burden) of such self-examination. Nevertheless, sales of products designed to make one feel younger and “over the hill” birthday parties with black balloons and banners abound.

**Goal-Free Living**

One of the reasons the men in Levinson’s study became concerned about their life was because it had not followed the course they had envisioned. Shapiro (2006) offers an alternative to linear thinking about the future and career paths. Many plan their futures by using a map. They have a sense of where they are and where they want to be and form strategies to get from point A to point B. While this seems perfectly logical, Shapiro suggests that following a map closes one to opportunities for the future and provides a standard by which all actual events may fall short. Life, then, is evaluated by how closely actual life events have followed the map. If so, all is well. If not, a feeling of frustration and failure creeps in. Shapiro suggests using a compass rather than a map as one’s guide. A compass indicates a direction, but does not provide a destination. So, a person who lives “goal free” has direction and areas of interest that guide decision-making, but does not know the outcome. (Many of us do not know the outcome-even when we follow a map!) This approach opens a person up to possibilities that often occur by chance and frees one from being stressed or devastated if a preset destination is not reached by a certain time. And more importantly, goal-free (or compass-guided living) focuses a person’s attention on the process of the journey and helps them appreciate all of their experiences along the way. What do you think? How many of your plans were mapped out previously? Could you be happy knowing that you do not know where you will be 5 years from now?

A clear sense of self, identity, and control can be important for meeting the challenges of midlife (Lachman and Firth, 2004).  Consider this story of overcoming gender identity at midlife.

***Finding Identity at Midlife:  The Story of Erika***

The late 40s brought about dramatic change in Erika’s life. Erika is a transsexual who began the process of transitioning from male to female at about age 48.   Since about age 8, Erika (then Richard) felt that he was more feminine than masculine. An impromptu game of “dress up” with a girl who lived in the neighborhood left Richard feeling a sense of connection and ‘rightness’ he had not before experienced. Through the years, dressing up and wearing make-up provided comfort and relief as well as the anxiety of possibly being discovered. Richard married and pursued a career in the military and later as a geologist, two very masculine careers, but all the while felt out of place in a masculine world.

Through the years, discomfort gave rise to depression and thoughts of suicide. “I felt like some sick, weird person.” Not knowing what was wrong and not having anyone to talk to was very difficult. Erika finally found out what was wrong after searching the internet. First, she looked up “transvestite”. “Is that what I am?” she wondered. But these descriptions did not apply. Finally, she learned about **gender identity disorder**, marked by a feeling of discomfort and disconnection between one’s sense of self and biological gender. Eventually, Richard got the courage to tell his wife. Her response was, “you’re killing my husband”, to which he replied, “He would have died anyway.” The couple separated after 24 years of marriage. After several months, however, the couple got back together. “We were just too good of friends to break up.” But her wife did not want to see it, initially. “I would get dressed in the garage or dress like a man from the waist up and then stop behind a grocery store and finish changing before I got to my destination.”

Erika found a psychologist in the phone book and began treatment under the Harry Benjamin standard of care. This care requires that an individual be identified as transsexual by two psychologists, and lives completely as a member of the other sex for one year before beginning surgical and hormonal treatments. Erika’s surgery cost about $30,000. Hormone therapy and electrolysis cost far more.

Now in their 30th year together, Erika and wife they live under the same roof, but no longer share a bedroom. Erika now has full status through the state and government as a female. And her wife, is a warm, accepting, roommate. “The day that she yelled from her bedroom, ‘do you have any pantyhose’ was an important one.” And seeing her lipstick on the rim of a wine glass created a feeling of congruence for Erika. Erika could now be Erika.

**Erikson’s Theory (Ob15)**

According to Erikson, midlife adults face the crisis of **generativity vs. stagnation**. This involves looking at one’s life while asking the question, “Am I doing anything worthwhile? Is anyone going to know that I was here? What am I contributing to others?” If not, a feeling of being stuck or stagnated may result. This discomfort can motivate a person to redirect energies into more meaningful activities. It is important to make revisions here so that in later life, one may feel a sense of pride and accomplishment and feel content with the choices that have been made.

**Productivity at home  (Ob14)**

**Family relationships:**Younger and older adults tend to experience more spouse-related stress than do midlife adults.  Midlife adults often have **overload stressors** such as having too many demands placed on them by children or due to financial concerns.  Parents adjust to launching their children into lives of their own during this time.  Some parents who feel uncomfortable about their children leaving home may actually precipitate a crisis to keep it from happening or push their child out too soon (Anderson and Sabatelli, 2007).  But even welcomed and anticipated departure can still require adjustment on the part of the parents as they get used to their **empty nest**.

**Adult children** typically maintain frequent contact with their parents if for no other reason, for money and advice. Attitudes toward one’s parents may become more accepting and forgiving as parents are seen in a more objective way-as people with good points and bad. And, as adults, children can continue to be subjected to criticism, ridicule, and abuse at the hand of parents. How long are we “adult children”? For as long as our parents are living, we continue in the role of son or daughter. (I had a neighbor in her nineties who would tell me her “boys” were coming to see her this weekend. Her boys were in their 70s-but they were still her boys!) But after ones parents are gone, the adult is no longer a child; as one 40 year old man explained after the death of his father, “I’ll never be a kid again.”   And adult children, known as **boomerang kids**, may return home to live temporarily after divorces or if they lose employment.

Being a midlife child sometimes involves **kinkeeping**; organizing events and communication in order to maintain family ties. Kinkeepers are often midlife daughters (they are the person who tells you what food to bring to a gathering or makes arrangement for a family reunion), but kinkeepers can be midlife sons as well.

**Caregiving** of a disabled child, spouse, or other family member is part of the lives of some midlife adults.  Overall, one major source of stress is that of trying to balance caregiving with meeting the demands of work away from home.  Caregiving can have both positive and negative consequences that depend in part on the gender of the caregiver and the person receiving the care.  Men and women express greater distress when caring for a spouse than when caring for other family members.  Men who care are providing care for a spouse are more likely to experience greater hostility but also more personal growth than noncaregiving males.  Men who are caring for disabled children express having more positive relationships with others.  Women experience more positive relationships with others and greater purpose in life when caring for parents either in or outside of their home.  But women who are caring for disabled children may experience poorer health and greater distress as a result (Marks, 1998).

**Intimate Relationships**

**Single or Spouse-free?**The number of adults who remain single has increased dramatically in the last 30 years. We have more people who never marry, more widows and more divorcees driving up the number of singles. Singles represent about 25 percent of American households. Singlehood has become a more acceptable lifestyle than it was in the past and many singles are very happy with their status. Whether or not a single person is happy depends on the circumstances of their remaining single.

**Stein's Typology of Singles (Ob16)**

Many of the research findings about singles reveal that they are not all alike. Happiness with one's status depends on whether the person is single by choice and whether the situation is permanent. Let's look at Stein's (1981) four categories of singles for a better understanding of this.

**Voluntary temporary singles:**These are younger people who have never been married and divorced people who are postponing marriage and remarriage. They may be more involved in careers or getting an education or just wanting to have fun without making a commitment to any one person. They are not quite ready for that kind of relationship. These people tend to report being very happy with their single status.

**Voluntary permanent singles:**These individuals do not want to marry and aren't intending to marry. This might include cohabiting couples who don't want to marry, priests, nuns, or others who are not considering marriage. Again, this group is typically single by choice and understandably more contented with this decision.

**Involuntary temporary:**These are people who are actively seeking mates. They hope to marry or remarry and may be involved in going on blind dates, seeking a partner on the internet or placing "getting personal" aids in search of a mate. They tend to be more anxious about being single.

**Involuntary permanent:** These are older divorced, widowed, or never-married people who wanted to marry but have not found a mate and are coming to accept singlehood as a probable permanent situation. Some are bitter about not having married while others are more accepting of how their life has developed.

**Marriage:**It has been said that marriage can be the greatest source of happiness or pain in one's life, depending on the relationship. Those who are in marriages can experience deeper happiness and pain than those who are unattached. All marriages are not alike and the same marriage between two people may change through the years. Below we will look at how satisfaction with marriage is affected by the life cycle and two ways to characterizing marriages.

**Marital satisfaction & the life cycle:**Marital satisfaction has peaks and valleys during the course of the life cycle. Rates of happiness are highest in the years prior to the birth of the first child. It hits a low point with the coming of children. Relationships become more traditional and there are more financial hardships and stress in living. Then it begins to improve when children leave home. Children bring new expectations to the marital relationship. Two people, who are comfortable with their roles as partners, may find the added parental duties and expectations more challenging to meet. Some couples elect not to have children in order to have more time and resources for the marriage. These **child-free** couples are happy keeping their time and attention on their partners, careers, and interests.

**Types of Marriages (Ob17)**

**Intrinsic and Utilitarian Marriages:**One way marriages vary is with regard to the reason the partners are married. Some marriages have **intrinsic** value: the partners are together because they enjoy, love and value one another. Marriage is not thought of as a means to another end-is an end in itself. These partners look for someone they are drawn to and with whom they feel a close and intense relationship. These partners find the relationship personally rewarding. Other marriages called **utilitarian** marriages are unions entered primarily for practical reasons. The partners see one another as a means to an end. The marriage brings financial security, children, social approval, housekeeping, political favor, a good car, a great house, and so on. These partners do not focus on intimacy. These marriages may be chosen more out of default. ("She was there when it was time to get married so here we are.") Marriages entered for practical reasons are more common throughout history and throughout the world. Intrinsic marriages are a relatively recent phenomenon arising out of the 20th century focus on romantic love as a basis for marriage and increased independence of the partners. Marriage today is viewed as less necessary for economic survival. In general, utilitarian marriages tend to be more stable than intrinsic ones. In an intrinsic marriage, if the love or passion cools, there is nothing else to keep the partners together. In utilitarian marriages, there may be numerous ties to one another (children, property, and status). However, intrinsic marriages may be more romantically satisfying. Are most marriages intrinsic or utilitarian?

In reality, marriages fall somewhere in between these two extremes.  Now let’s look at another typology of marriage. As you read these types, think of whether these are more utilitarian or more intrinsic.

**Cuber and Harroff  (Ob18)**

This classic typology of marriages is based on interviews with 437 highly educated, upper-middle class people, and ages 35 to 55 (Cuber & Haroff, 1965). All were financially successful and emotionally adjusted.  From their interviews, the researchers found five major types of marriages. Some of these are more intrinsic and some more utilitarian.  (One of the merits of this model is that it calls attention to the variation we find in marriages.)

**1) Conflict-habituated marriages**: In these marriages, there is considerable tension and unresolved conflict. Spouses habitually quarrel, nag, and bring up the past. As a rule, both spouses acknowledge their incompatibility and recognize the atmosphere of tension as normal. The subject of the argument hardly seems important, and partners do not resolve or expect to resolve their differences. ‘Of course we don't settle any of the issues. It's sort of a matter of principle not to. Because somebody would have to give in and lose face for the next encounter’, explained a member of a 25 year long conflict-habituated marriage. The conflict between them is "controlled" meaning it doesn't escalate. And it may be main way the partners interact with one another.

**2) Devitalized relationships**: These marriages are characterized as being empty, apathetic relationships which once had something more. Usually couples have been married several years, and over the course of time, the relationship has lost it's zest, intimacy, and meaning. Once deeply in love, they recall spending a great deal of time enjoying sex, and having a close emotional relationship in the past. But now they spend little time together, enjoy sex together less, and no longer share many interests and activities. Most of their time is "duty time" together spent entertaining, planning and sharing activities with their children, and participating in community responsibilities and functions. Once their marriage was intrinsic, but now has become utilitarian.

Cuber and Haroff found these to be common among their respondents. Couples accepted this and tried to be "mature" about it. Some attributed it to being in middle-age; as a normal part of growing older. Others were resentful, bitter about it and others were ambivalent. Many felt it was appropriate for spouses who have been married for several years and these marriages were stable.

**3) Passive-congenial**: These utilitarian marriages emphasize qualities in the partners rather than emotional closeness. These upper-middle class couples tended to emphasize civic and professional responsibilities and the importance of property, children, and reputation. Among working class people the focus might be on the need for security or hopes for children. Unlike devitalized marriages, passive-congenial partners never expected the marriage to be emotionally intense. Instead, they stress the "sensibility" of their decision to marry. There is little conflict, but that does not mean there are no unspoken frustrations. There is little intimacy but the partner's fail each other's need for casual companionship. Passive-congenial marriages are less likely to end in divorce than unions in which partners have high expectations for emotional intensity. But if the marriage fails to fill practical needs, such as economic support or professional advancement, the partners may decide to divorce. Or, if one partner discovers they want more intimacy, they may leave.

**4) Vital**: These intrinsic marriages are created out of a desire for being together for the sake of enjoying one another. Vital partners retain their separate identities, but really enjoy sharing activities. They do have conflict, but it is likely to center on real issues rather than on "who said what first" or old grievances. They try to settle disagreements quickly so they can resume the relationship that means so much to them. There are few long-term areas of tension. Sex is important and pleasurable. Cuber and Haroff found these marriages to be in the minority.

**5) Total marriage**: These are also intrinsic. They are like vital marriages but the marriage encompasses even more areas of the partner's lives. Spouses may share work life, friends and leisure activities, as well as home life. They may organize their lives to make it possible to be alone together for long periods. These relationships are emotionally intense. Total marriages were also rare. They may also be at risk for rapid disintegration if the marital quality changes. These partners tend to want such intensity and be dissatisfied with anything less. These marriages also foster a mutual dependency that makes it hard for the remaining partner to adjust in case of death or divorce.

**Marital Communication (Ob19)**

Advice on how to improve one’s marriage is centuries old. One of today’s experts on marital communication is John Gottman. Gottman (1999) differs from many marriage counselors in his belief that having a good marriage does not depend on compatibility. Rather, the way that partners communicate to one another is crucial. At the University of Washington in Seattle, Gottman has measures the physiological responses of thousands of couples as they discuss issues of disagreement. Fidgeting in one’s chair, leaning closer to or further away from the partner while speaking, increases in respiration and heart rate are all recorded and analyzed along with videotaped recordings of the partners’ exchanges. Gottman believes he can accurately predict whether or not a couple will stay together by analyzing their communication. In marriages destined to fail, partners engage in the “marriage killers”: contempt, criticism, defensiveness, and stonewalling. Each of these undermines the politeness and respect that healthy marriages require. And stonewalling, or shutting someone out, is the strongest sign that a relationship is destined to fail. Go to <http://www.thisamericanlife.org/radio-archives/episode/261/the-sanctity-of-marriage> and listen to Act One:  What Really Happens in Marriage to hear Gottman talk about his work.

**Divorce (Ob20)**

We have examined divorce from the standpoint of its impact on children. And, in our last lesson, we looked at the “process of disaffection.” One way to understand divorce is to look at the types of divorces people experience when a relationship ends. Bohannon (1971) describes six “**stations of divorce**”. The first is the **emotional divorce**. This involves a lot of mini-divorces in which partners make alienating remarks to one another. Partners become disengaged from one another and emotionally withdrawn. Some couples divorce emotionally, but never legally.

The **economic divorce** involves the division of property and debt, determining whether alimony will be paid, and determining if a spouse who provided support while their partner was in school or other lengthy training that increased their earning potential will be entitled to future earnings.  Sometimes custody battles are motivated by economic concerns.

The **legal divorce** involves court proceedings and negotiations that legally dissolve the partners’ marital ties to one another. This is when society views a couple as divorced and may be a process that is somewhat anticlimactic. The actual time spent in the courtroom may be brief and the final culmination of much of what has occurred in the other stations of divorce.

The **coparental divorce** is experienced by those couples who have children together. Determining custody and visitation are part of this station of divorce. This can be the most difficult station of divorce.

The **community divorce** is perhaps given the least attention when thinking of divorce. This involves severing ties with neighbors, coworkers, friends, and relatives following divorce. When family and friends choose sides in a break-up, relationships are lost. Divorced adults may find that they are no longer included in events and ties are no longer maintained. A person begins to get used to their single status. This may initially involve a sense of anxiety about the future.

The **psychic divorce** takes the longest to complete. This involves grieving, becoming more objective about one’s role in the break up, and feeling whole again as a single person. This transition may take 5 years or more. Many people never complete this because they remarry before getting to this point.

**Remarriage (Ob21)**

**Rates of remarriage:** Half of all marriages are remarriages for at least one partner. But remarriage rates have declined slightly in the past few years.  Cohabitation is the main way couples prepare for remarriage, but even when living together, many important issues are still not discussed.  Issues concerning money, ex-spouses, children, visitation, future plans, previous difficulties in marriage, etc. can all pose problems later in the relationship.  And few couples engage in premarital counseling or other structured efforts to cover this ground before entering marriage again.

**Happiness in remarriage:** Reviews are mixed as to how happy remarriages are. Some say that they have found the right partner and have learned from mistakes. But the divorce rates for remarriages are higher than for first marriages. This is especially true in stepfamilies for reasons which we have already discussed. People who have remarried tend to divorce more quickly than do first marriages. This may be due to the fact that they have fewer constraints on staying married (are more financially or psychologically independent).

**Factors effecting remarriage:** The chances of remarrying depend on a number of things.  First, it depends on the availability of partners.  As time goes by, there are more available women than men in the marriage pool.  Consequently, men are more likely than women to remarry.  This lack of available partners is experienced by all women, but especially by African-American women where the ratio of women to men is quite high.  Women are more likely to have children living with them, and this diminishes the chance of remarriage as well.  And marriage is more attractive for males than females (Seccombe & Warner, 2004).  Men tend to remarry sooner (3 years after divorce on average vs. 5 years on average for women).

Many women do not remarry because they do not want to remarry.  Traditionally, marriage has provided more benefits to men than to women.  Women typically have to make more adjustments in work (accommodating work life to meet family demands or the approval of the husband) and at home (taking more responsibility for household duties).  Further, men's physical desirability is not as influenced by aging as is women's.  The cultural emphasis on youth and physical beauty for women does not apply for men.

Education increases men’s likelihood of remarrying but may reduce the likelihood for women.  Part of this is due to the expectation (almost an unspoken rule) referred to as the "**marriage gradient**".  This rule suggests among couples, the man is supposed to have more education than the woman.  Today, there are more women with higher levels of education than before and women with higher levels are less likely to find partners matching this expectation.  Being happily single requires being economically self-sufficient and being psychologically independent.  Women in this situation may find remarriage much less attractive.

**How Do Children Influence Recoupling/Repartnering**?

Children lower the probability of remarriage, especially for women. One of the reasons for this is because women with children have less time and fewer resources for dating.  Dating is difficult for a woman who has to find a babysitter, pay for a babysitter, and 'come home on time' if she is concerned about what her children think about her relationships.  There is more guilt experienced about going out and finding the time and location for sexual intimacy can be problematic.  Men may shy away from the responsibility of children or may find it difficult to get along with a girlfriend's children.  And parents may find it difficult to date someone who wants to change the relationship they have with their children.  Sometimes, she may feel pulled in two directions as the children and the man in her life all seek attention and engage in power struggles to get it.  Some women decide that it is easier to be single than to experience such divisions.  (This can also be true for men whose dates try to establish their importance over the importance of the children.)  Children usually remain central to a single parent's life.

**Courtship in Remarriage**

Courtships are shorter in remarriage than in first marriages.  When couples are "dating", there is less going out and more time spent in activities at home or with the children.  So the couple gets less time together to focus on their relationship.  Anxiety or memories of past relationships can get in the way.  As one Talmudic scholar suggests "when a divorced man marries a divorced woman, four go to bed." (Secombe & Warner, 2004).

Remarried couples tend to have more realistic expectations for marriage, but also tend to be less willing to stay in unhappy situations.  And redivorce is more likely, especially when children are involved.

**Productivity at Work (Ob23)**

We have already discussed expertise as part of our look at cognitive development in midlife. A person may be at their peak of performance at work during this time. Connections between work units, companies, culture, and operations may be appreciated for the first time and with that, a midlife worker may be able to contribute to an organization in new, more comprehensive ways. Midlife may also be the peak time for earning and spending to meet the demands of launching children or caring for aging parents.

Work and midlife includes many scenerios.  Some experience stable careers while others experience lay-offs and find themselves back in school to gain new skills for reemployment.  Others experience discrimination due to age or find it difficult to gain employment because of the higher salary demands compared with younger, less experienced workers (Barnett, 1997).  Many people over 50 seek meaning as well as income in careers entered into in midlife known as "encore careers" (<http://www.encore.org/>).  Some midlife adults anticipate retirement, while others may be postponing it for financial reasons.  Listen to this story of Encore Careers in the lives of Baby Boomers.

The workplace today is one in which many people from various walks of life come together. Work schedules are more flexible and varied, and more work independently from home or anywhere there is an internet connection. The midlife worker must be flexible, stay current with technology, and be capable of working within a global community.  And the midlife mind seeks meaningful work.

**Personality in Midlife (Ob22)**

Does the personality change in midlife? Think about your parents or other adults you've known for some time. Did their personalities change when they reached midlife? Or were they pretty much the same? Some theorists maintain that personality becomes more stable as we reach middle adulthood. Other suggest that with age comes the addition of new personality traits-one's we may not have felt comfortable showing when we were younger.

Midlife is viewed as a time of increased stability especially if compared with early adulthood or adolescence. A person’s tendency toward extraversion, agreeableness, neuroticism, conscientiousness, and openness, the **Big Five** personality traits, is more consistent (McCrae & Costa, 2003).   Midlife adults become more agreeable, but decline in openness and neuroticism.

However, midlife is also viewed as a time of change. Carl Jung believed that our personality actually matures as we get older. A healthy personality is one that is balanced. People suffer tension and anxiety when they fail to express all of their qualities. Jung believed that each of us possess a "shadow side". For example, those who are typically introverted also have an extroverted side that rarely finds expression unless we are relaxed and uninhibited. Each of us has both a masculine and feminine side but in younger years, we feel societal pressure to give expression only to one. As we get older, we may become freer to express all of our traits as the situation arises. We find gender convergence in older adults. Men become more interested in intimacy and family ties. Women may become more assertive. This gender convergence is also affected by changes in society's expectations for males and females. With each new generation we find that the roles of men and women are less stereotypic and this allows for change as well.

Again, a sense of mastery and control over one's life can help midlife adults meet the challenges of this time of life (Lachman and Firth, 2004).

**Conclusion**

Midlife is a period of transition. It is also a time of productivity and expertise; a time of putting things together. Midlife is perhaps the least studied period of life. The story of midlife will continue to unfold as more attention is given to it as a part of the lifespan.

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