11.3: Chapter 27- Psychosocial Development in Middle Adulthood

Chapter 27 Learning Objectives

• Explain the controversy surrounding the concept of a midlife crisis
• Explain the sources of stress confronting adults in midlife and the strategies to cope
• Summarize Erikson's seventh psychosocial task of generativity vs. stagnation
• Describe the relationships middle-aged adults have with their children, parents, and other family members
• Describe singlehood, marriage, divorce, and remarriage at midlife
• Describe the contemporary roles of grandparents
• Describe friendships at midlife
• Explain how women are uniquely affected at midlife
• Describe friendships at midlife
• Explain how women are uniquely affected at midlife
• Explain the role of religion at midlife

Midlife Crisis?

*The Seasons of a Man's Life* in which he presented a theory of development in adulthood. Levinson’s work was based on in-depth interviews with 40 men between the ages of 35-45. Levinson (1978) indicated that adults go through stages and have an image of the future that motivates them. This image is called “the dream” and for the men interviewed, it was a dream of how their career paths would progress and where they would be at midlife. According to Levinson the
midlife transition (40-45) was a time of reevaluating previous commitments; making dramatic changes if necessary; giving expression to previously ignored talents or aspirations, and feeling more of a sense of urgency about life and its meaning. By the time the men entered middle adulthood (45-50), they believed they committed to the new choices made and placed one’s energies into these commitments.

Stress

Stress is defined as a pattern of physical and psychological responses in an organism after it perceives a threatening event that disturbs its homeostasis and taxes its abilities to cope with the event (Hooker & Pressman, 2016). Stress was originally derived from the field of mechanics where it is used to describe materials under pressure. The word was first used in a psychological manner by researcher Hans Selye, who was examining the effect of an ovarian hormone that he thought caused sickness in a sample of rats. Surprisingly, he noticed that almost any injected hormone produced this same sickness. He smartly realized that it was not the hormone under investigation that was causing these problems, but instead, the aversive experience of being handled and injected by researchers led to high physiological arousal, and eventually to health problems like ulcers. Selye (1946) coined the term stressor to label a stimulus that had this effect on the body (that is, causing stress). He developed a model of the stress response called the General Adaptation Syndrome, which is a three-phase model of stress, which includes a mobilization of physiological resources phase, a coping phase, and an exhaustion phase (i.e., when an organism fails to cope with the stress adequately and depletes its resources). Figure 8.25 illustrates the General Adaptation Syndrome.
**Dispositions and Stress:** Negative dispositions and personality traits have been strongly tied to an array of health risks. One of the earliest negative trait-to-health connections was discovered in the 1950s by two cardiologists. They made the interesting discovery that there were common behavioral and psychological patterns among their heart patients that were not present in other patient samples. *This pattern included being competitive, impatient, hostile, and time urgent.* They labeled it **Type A Behavior**. Importantly, it was found to be associated with double the risk of heart disease as compared with **Type B Behavior** (*absence of Type A behaviors*) (Friedman & Rosenman, 1959). Since the 1950s, researchers have discovered that it is the hostility and competitiveness components of Type A that are especially harmful to heart health (Iribarren et al., 2000; Matthews, Glass, Rosenman, & Bortner, 1977; Miller, Smith, Turner, Guijarro, & Hallet, 1996). Hostile individuals are quick to get upset, and this angry arousal can damage the arteries of the heart. In addition, given their negative personality style, hostile people often lack a health-protective supportive social network.

**Social Relationships and Stress:** Research has shown that the impact of social isolation on our risk for disease and death is similar in magnitude to the risk associated with smoking regularly (Holt-Lunstad, Smith, & Layton, 2010; House, Landis, & Umberson, 1988). In fact, the importance of social relationships for our health is so significant that some scientists believe our body has developed a physiological system that encourages us to seek out our relationships, especially in times of stress (Taylor et al., 2000). **Social integration** is *the concept used to describe the number of social roles that you have* (Cohen & Willis, 1985). For example, you might be a daughter, a basketball team member, a Humane Society volunteer, a coworker, and a student. Maintaining these different roles can improve your health via encouragement from those around you to maintain a healthy lifestyle. Those in your social network might also provide you with social support (e.g., when you are under stress). This support might include emotional help (e.g., a hug when you need it), tangible help (e.g., lending you money), or advice. By helping to improve health behaviors and reduce stress, social relationships can have a powerful, protective impact on health, and in some cases, might even help people with serious illnesses stay alive longer (Spiegel, Kraemer, Bloom, & Gottheil, 1989).
Caregiving and Stress: A disabled child, spouse, parent, or other family member is part of the lives of some midlife adults. According to the National Alliance for Caregiving (2015), 40 million Americans provide unpaid caregiving. The typical caregiver is a 49-year-old female currently caring for a 69-year-old female who needs care because of a long-term physical condition. Looking more closely at the age of the recipient of caregiving, the typical caregiver for those 18-49 years of age is a female (61%) caring mostly for her own child (32%) followed by a spouse or partner (17%). When looking at older recipients (50+) who receive care, the typical caregiver is female (60%) caring for a parent (47%) or spouse (10%).

difference in how one is affected by the stress of caring for a child with special needs. Using data from the Study of Midlife in the United States, Ha, Hong, Seltzer, and Greenberg (2008) found that older parents were significantly less likely to experience the negative effects of having a disabled child than younger parents. They concluded that an age-related weakening of the stress occurred over time. This follows with the greater emotional stability noted at midlife.

Spousal Care: Certainly, caring for a disabled spouse would be a difficult experience that could negatively affect one's health. However, research indicates that there can be a positive health effect on caring for a disabled spouse. Beach, Schulz, Yee, and Jackson (2000) evaluated health-related outcomes in four groups: Spouses with no caregiving needed (Group 1), living with a disabled spouse but not providing care (Group 2), living with a disabled spouse and providing care (Group 3), and helping a disabled spouse while reporting caregiver strain, including elevated levels of emotional and physical stress (Group 4). Not surprisingly, the participants in Group 4 were the least healthy and identified poorer perceived health, an increase in health-risk behaviors, and an increase in anxiety and depression symptoms. However, those in Group 3 who provided care for a spouse, but did not identify caregiver strain, actually identified decreased levels of anxiety and depression compared to Group 2 and were actually similar to those in Group 1. It appears that greater caregiving involvement was related to better mental health as long as the caregiving spouse did not feel the strain. The beneficial effects of helping identified by the participants were consistent with previous research (Krause, Herzog, & Baker, 1992; Schulz et al., 1997).

concerns with the opinions of others (Arai, Sugiura, Miura, Washio, & Kudo, 2000). Also contributing to women’s poorer caregiving outcomes is that disabled males are more aggressive than females, especially males with dementia who display more physical and sexual aggression toward their caregivers (Eastley & Wilcock, 1997; Zuidema, de Jonghe,
Verhey, & Koopmans, 2009). Female caregivers are certainly at risk for negative consequences of caregiving, and greater support needs to be available to them.

**Stress Management:** On a scale from 1 to 10, those Americans aged 39-52 rated their stress at 5.3, and those aged 53-71 rated their stress at 3.9 (American Psychological Association, 2017). The most common sources of stress included the future of our nation, money, work, current political climate, and violence and crime. Given that these sources of our stress are often difficult to change, a number of interventions have been designed to help reduce the aversive responses to duress, especially related to health. For example, relaxation activities and forms of meditation are techniques that allow individuals to reduce their stress via breathing exercises, muscle relaxation, and mental imagery. Physiological arousal from stress can also be reduced via **biofeedback**, a technique where the individual is shown bodily information that is not normally available to them (e.g., heart rate), and then taught strategies to alter this signal. This type of intervention has even shown promise in reducing heart and hypertension risk, as well as other serious conditions (Moravec, 2008; Patel, Marmot, & Terry, 1981). Reducing stress does not have to be complicated. For example, exercise is a great stress reduction activity (Salmon, 2001) that has a myriad of health benefits.

**Coping Strategies:** Coping is often classified into two categories: Problem-focused coping or emotion-focused coping (Carver, Scheier, & Weintraub, 1989). **Problem-focused coping** is thought of as actively addressing the event that is causing stress in an effort to solve the issue at hand. For example, say you have an important exam coming up next week. A problem-focused strategy might be to spend additional time over the weekend studying to make sure you understand all of the material. **Emotion-focused coping,** on the other hand, regulates the emotions that come with stress. In the above examination example, this might mean watching a funny movie to take your mind off the anxiety you are feeling. In the short term, emotion-focused coping might reduce feelings of stress, but problem-focused coping seems to have the greatest impact on mental wellness (Billings & Moos, 1981; Herman-Stabl, Stemmler, & Petersen, 1995). That being said, when events are uncontrollable (e.g., the death of a loved one), emotion-focused coping directed at managing your feelings, at first, might be the better strategy. Therefore, it is always important to consider the match of the stressor to the coping strategy when evaluating its plausible benefits.
Erikson: Generativity vs Stagnation

generativity encompasses procreativity, productivity, and creativity. This stage includes the generation of new beings, new products, and new ideas, as well as self-generation concerned with further identity development. Erikson believed that the stage of generativity, during which one established a family and career, was the longest of all the stages. Individuals at midlife are primarily concerned with leaving a positive legacy of themselves, and parenthood is the primary generative type. Erikson understood that work and family relationships may be in conflict due to the obligations and responsibilities of each, but he believed it was overall a positive developmental time. In addition to being parents and working, Erikson also described individuals being involved in the community during this stage. A sense of stagnation occurs when one is not active in generative matters, however, stagnation can motive a person to redirect energies into more meaningful activities.

Middle Adult Lifestyles

Singlehood: According to a Pew Research study, 16 per 1,000 adults age 45 to 54 and 7 per 1000 age 55 and over have never married in the U. S. (Wang & Parker, 2014). However, some of them may be living with a partner. In addition, some singles at midlife may be single through divorce or widowhood. DePaulo (2014) has challenged the idea
that singles, especially the always single, fair worse emotionally and in health when compared to those married. DePaulo suggests there is a bias in how studies examine the benefits of marriage. Most studies focus on comparisons between married versus not married, which do not include a separate comparison between those always single, and those who are single because of divorce or widowhood. Her research has found that those who are married may be more satisfied with life than the divorced or widowed, but there is little difference between married and always single, especially when comparing those who are recently married with those who have been married for four or more years. It appears that once the initial blush of the honeymoon wears off, those who are wedded are no happier or healthier than those who remained single. This might also suggest that there may be problems with how the “married” category is also seen as one homogeneous group.

Online Dating: Montenegro (2003) surveyed over 3,000 singles aged 40–69, and almost half of the participants reported their most important reason for dating was to have someone to talk to or do things with. Additionally, sexual fulfillment was also identified as an important goal for many. Alterovitz & Mendelsohn (2013) reviewed online personal ads for men and women over age 40 and found that romantic activities and sexual interests were mentioned at similar rates among the middle-age and young-old age groups, but less for the old-old age group.

Marriage: As you read in Chapter 7, there has been a number of changes in the marriage rate as more people are cohabitating, more are deciding to stay single, and more are getting married at a later age. As you can see in Figure 8.34, 48% of adults age 45-54 are married; either in their first marriage (22%) or have remarried (26%). This makes marriage the most common relationship status for middle-aged adults in the United States. Marital satisfaction tends to increase for many couples in midlife as children are leaving home (Landsford, Antonucci, Akiyama, & Takahashi, 2005). Not all researchers agree. They suggest that those who are unhappy with their marriage are likely to have gotten divorced by now, making the quality of marriages later in life only look more satisfactory (Umberson, Williams, Powers, Chen, & Campbell, 2005).

![Figure 8.34](https://socialsci.libretexts.org/Bookshelves/Social_Work_and_Human_Services/Remix%3A_Human_Behavior_and_the_Soci...)

**Figure 8.34**  Age Composition, by Present Marital Status

- In first marriage: 20, 22, 22, 36
- Remarried: 5, 16, 26, 53
- Divorced: 9, 18, 27, 46

Notes: “Remarried” includes only those who are currently in a second or higher order marriage. “Divorce” includes all currently divorced adults, including those who had been in a remarriage. Figures may not add to 100% due to rounding.

Source: Pew Research Center analysis of 2013 American Community Survey (1%

Divorce: Livingston (2014) found that 27% of adults age 45 to 54 were divorced (see Figure 8.32). Additionally, 57% of divorced adults were women. This reflects the fact that men are more likely to remarry than are women. Two-thirds of divorces are initiated by women (AARP, 2009). Most divorces take place within the first 5 to 10 years of marriage. This
timeline reflects people’s initial attempts to salvage the relationship. After a few years of limited success, the couple may decide to end the marriage. It used to be that divorce after having been married for 20 or more years was rare, but in recent years the divorce rate among more long-term marriages has been increasing. Brown and Lin (2013) note that while the divorce rate in the U.S. has declined since the 1990s, the rate among those 50 and older has doubled. They suggest several reasons for the “graying of divorce”. There is less stigma attached to divorce today than in the past. Some older women are out-earning their spouses, and thus may be more financially capable of supporting themselves, especially as most of their children have grown. Finally, given increases in human longevity, the prospect of living several more years or decades with an incompatible spouse may prompt middle-aged and older adults to leave the marriage.

**enhancers**, those who had used the experience to better themselves and seek more productive intimate relationships, and the **competent loners**, those who used their divorce experience to grow emotionally, but who choose to stay single, the overwhelming majority were women.

**Dating Post-Divorce:** Most divorced adults have dated by one year after filing for divorce (Anderson et al., 2004; Anderson & Greene, 2011). One in four recent filers report having been in or were currently in a serious relationship, and over half were in a serious relationship by one year after filing for divorce. Not surprisingly, younger adults were more likely to be dating than were middle-aged or older adults, no doubt due to the larger pool of potential partners from which they could to draw. Of course, these relationships will not all end in marriage. Teachman (2008) found that more than two-thirds of women under the age of 45 had cohabited with a partnership between their first and second marriages.

**gatekeep,** that is, they regulate the flow of information about their new romantic partner to their children, in an attempt to balance their own needs for romance with consideration regarding the needs and reactions of their children. Anderson et al. (2004) found that almost half (47%) of dating parents gradually introduce their children to their dating partner, giving both their romantic partner and children time to adjust and get to know each other. Many parents who use this approach do so to avoid their children having to keep meeting someone new until it becomes clearer that this relationship might be more than casual. It might also help if the adult relationship is on the firmer ground so it can weather any initial push back from children when it is revealed. Forty percent are open and transparent about the new relationship at the outset with their children. Thirteen percent do not reveal the relationship until it is clear that cohabitation and or remarriage is likely. Anderson and colleagues suggest that practical matters influence which gatekeeping method parents may use. Parents may be able to successfully shield their children from a parade of suitors if there is reliable childcare available. The age and temperament of the child, along with concerns about the reaction of the ex-spouse, may also influence when parents reveal their romantic relationships to their children.

**Rates of remarriage:** The rate for remarriage, like the rate for marriage, has been declining overall. In 2013 the remarriage rate was approximately 28 per 1,000 adults 18 and older. This represents a 44% decline since 1990 and a 16% decline since 2008 (Payne, 2015). Brown and Lin (2013) found that the rate of remarriage dropped more for younger adults than middle-aged and older adults, and Livingstone (2014) found that as we age we are more likely to have remarried (see Figure 8.35). This is not surprising as it takes some time to marry, divorce, and then find someone else to marry. However, Livingstone found that unlike those younger than 55, those 55 and up are remarrying at a higher rate than in the past. In 2013, 67% of adults 55-64 and 50% of adults 65 and older had remarried, up from 55% and 34% in 1960, respectively.
Success of Remarriage: Reviews are mixed as to the happiness and success of remarriages. While some remarriages are more successful, especially if the divorce motivated the adult to engage in self-improvement and personal growth (Hetherington & Kelly, 2002), a number of divorced adults end up in very similar marriages the second or third time around (Hetherington & Kelly, 2002). Remarriages have challenges that are not found in first marriages that may create additional stress in the marital relationship. There can often be a general lack of clarity in family roles and expectations when trying to incorporate new kin into the family structure, even determining the appropriate terms for this kin, along with their roles can be a challenge.

Children's Influence on Repartnering: Does having children affect whether a parent remarry? Goldscheider and Sassler (2006) found children residing with their mothers reduces the mothers' likelihood of marriage, only with respect to marrying a man without children. Further, having children in the home appears to increase single men's likelihood of marrying a woman with children (Stewart, Manning, & Smock, 2003). There is also some evidence that individuals who participated in a stepfamily while growing up may feel better prepared for stepfamily living as adults. Goldscheider and Kaufman (2006) found that having experienced family divorce as a child is associated with a greater willingness to marry a partner with children.
Grandparents

remote as they rarely saw their grandchildren. Usually, they lived far away from their grandchildren but may also have had a distant relationship. Contact was typically made on special occasions, such as holidays or birthdays. Fifty-five percent of grandparents were described as companionate as they did things with their grandchildren but had little authority or control over them. They preferred to spend time with them without interfering in parenting. They were more like friends to their grandchildren. Fifteen percent of grandparents were described as involved as they took a very active role in their grandchild’s life. The involved grandparent had frequent contact with and authority over the grandchild, and their grandchildren might even have lived with them. Grandmothers, more so than grandfathers, played this role. In contrast, more grandfathers than grandmothers saw their role as a family historian and family advisor (Neugarten and Weinstein, 1964).
Internet Friendships: What influence does the Internet have on friendships? It is not surprising that people use the Internet with the goal of meeting and making new friends (Fehr, 2008; McKenna, 2008). Researchers have wondered if the issue of not being face-to-face reduces the authenticity of relationships, or if the Internet really allows people to develop deep, meaningful connections. Interestingly, research has demonstrated that virtual relationships are often as intimate as in-person relationships; in fact, Bargh and colleagues found that online relationships are sometimes more intimate (Bargh, McKenna, & Fitsimons, 2002). This can be especially true for those individuals who are more socially anxious and lonely as such individuals are more likely to turn to the Internet to find new and meaningful relationships (McKenna, Green, & Gleason, 2002). McKenna and colleagues suggest that for people who have a hard time meeting and maintaining relationships, due to shyness, anxiety, or lack of face-to-face social skills, the Internet provides a safe, nonthreatening place to develop and maintain relationships. Similarly, Benford (2008) found that for high-functioning autistic individuals, the Internet facilitated communication and relationship development with others, which would have been more difficult in face-to-face contexts, leading to the conclusion that Internet communication could be empowering for those who feel frustrated when communicating face to face.

Workplace Friendships: Friendships often take root in the workplace, due to the fact that people are spending as much, or more, time at work than they are with their family and friends (Kaufman & Hotchkiss, 2003). Often, it is through these relationships that people receive mentoring and obtain social support and resources, but they can also experience conflicts and the potential for misinterpretation when sexual attraction is an issue. Indeed, Elsesser and Peplau (2006) found that many workers reported that friendships grew out of collaborative work projects, and these friendships made their days more pleasant.
In addition to those benefits, Riordan and Griffeth (1995) found that people who worked in an environment where friendships could develop and be maintained were more likely to report higher levels of job satisfaction, job involvement, and organizational commitment, and they were less likely to leave that job. Similarly, a Gallup poll revealed that employees who had close friends at work were almost 50% more satisfied with their jobs than those who did not (Armour, 2007).

**Women in Midlife**

**Religion and Spirituality**

benefit, but so too do those identified as being spiritual. According to Greenfield, Vaillant, and Marks (2009) religiosity refers to engaging with a formal religious group’s doctrines, values, traditions, and co-members. In contrast, spirituality refers to an individual’s intrapsychic sense of connection with something transcendent (that which exists apart from and not limited by the material universe) and the subsequent feelings of awe, gratitude, compassion, and forgiveness. Research has demonstrated a strong relationship between spirituality and psychological well-being, irrespective of an individual’s religious participation (Vaillant, 2008). Additionally, Sawatzky, Ratner, & Chiu (2005) found that spirituality was related to a higher quality of life for both individuals and societies.
personal growth, purpose in life, positive relationships with others, self-acceptance, environmental mastery, and autonomy. In contrast, formal religious participation was only associated with higher levels of purpose in life and personal growth among just older adults and lower levels of autonomy. In summary, it appears that formal religious participation and spirituality relate differently to an individual’s overall psychological well-being.

Age: Older individuals identify religion/spirituality as being more important in their lives than those younger (Beit-Hallahmi & Argyle, 1998). This age difference has been explained by several factors including that religion and spirituality assist older individuals in coping with age-related losses, provide opportunities for socialization and social support in later life, and demonstrate a cohort effect in that older individuals were socialized more to be religious and spiritual than those younger (Greenfield et al., 2009).

Gender: In the United States, women report identifying as being more religious and spiritual than men do (de Vaus & McAllister, 1987). According to the Pew Research Center (2016), women in the United States are more likely to say religion is very important in their lives than men (60% vs. 47%). American women also are more likely than American men to say they pray daily (64% vs. 47%) and attend religious services at least once a week (40% vs. 32%). Theories to explain this gender difference include that women may benefit more from the social-relational aspects of religion/spirituality because social relationships more strongly influence women’s mental health. Additionally, women have been socialized to internalize the behaviors linked with religious values, such as cooperation and nurturance, more than males (Greenfield et al., 2009).

Worldwide: To measure the religious beliefs and practices of men and women around the world, the Pew Research Center (2016) conducted surveys of the general population in 84 countries between 2008 and 2015. Overall, an estimated 83% of women worldwide identified with religion compared with 80% of men. This equaled 97 million more women than men identifying with a religion. There were no countries in which men were more religious than women by 2 percentage points or more. Among Christians, women reported higher rates of weekly church attendance and higher rates of daily prayer. In contrast, Muslim women and Muslim men showed similar levels of religiousness, except the frequency of attendance at worship services. Because of religious norms, Muslim men worshiped at a mosque more often than Muslim women. Similarly, Jewish men attended a synagogue more often than Jewish women. In Orthodox Judaism, communal worship services cannot take place unless a minyan, or quorum of at least 10 Jewish men, is present, thus ensuring that men will have high rates of attendance. Only in Israel, where roughly 22% of all Jewish
adults self-identify as Orthodox, did a higher percentage of men than women report engaging in daily prayer.

**Figure 8.41**

---

**References**


American Heart Association (2016). *Saturated fats*. Retrieved from www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/Saturated-Fats_UCM_301110_Article.jsp


Borland, D. C. (1982). A cohort analysis approach to the empty-nest syndrome among three ethnic groups of women: A


wellness, and life satisfaction, _Adultspan Journal_, 5, 67-80.


UK: Cambridge University Press.


https://socialsci.libretexts.org/Bookshelves/Social_Work_and_Human_Services/Remix%3A_Human_Behavior_and_the_Soci...


Clinic Journal of Medicine, 75, S35–S38.


Slevin, K. F. (2010). "If I had lots of money…I'd have a body makeover": Managing the aging body. *Social Forces, 88*(3), 1003-1020.


