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Emerging Elderhood: Transitions from Midlife

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Abstract

As the number of older adults grows exponentially, social work and psychology practice must embrace a more nuanced appreciation of the aging process. Family life is evolving in unprecedented ways, leaving adults with new challenges and choices for how best to live out their lives. Adults may face difficult decisions and increased anxieties regarding their own health, concern for loved ones, and uncertainties about the future. The noteworthy trends associated with the "new adulthood" holds clinical significance and raises important questions for contemporary practice. Our collective clinical and research experience with older adults suggests a re-envisioning of the threshold from midlife to older adulthood as well as an expansion of clinical sensitivity to issues raised by clients. We conceptualize this transition period as Emerging Elderhood (EE) and propose key tasks, developmental opportunities, and suggestions for clinicians to guide clients toward adaptation and change.

Keywords Aging · Emerging Elderhood · Life cycle · Narrative identity · Productive aging · Clinical practice · Life stage

Introduction

Margalit, age 55, recently launched her youngest child to college. She requested therapy to manage a sense of foreboding and diminishing self-worth. She realized that in recent years she had focused all of her attention on her family challenges, which included the care of her father as he struggled with progression of a dementing illness for 8 years, a child with special needs who required adjunctive therapies throughout her schooling, and a spouse who had been unemployed since the 2008 recession. She recognized that throughout these challenges she diverted attention from her own needs. She was embarrassed that she no longer "looked pretty," and ashamed that this seemed important. She became acutely aware that "aging was coming to get her." She stated clearly that she simply did not know how to approach and accept being an "older" woman.

Elsa, age 63, felt isolated and alone. Recently widowed, she was further restricted by the pandemic of 2020. She faced an uncharted future with less confidence in herself. This once politically and socially active woman expressed great concern and increased anxiety about not being able to envision her future. She wondered if the quarantine required in response to COVID-19 was a metaphor for the anticipated isolation and invisibility she feared.

The above vignettes exemplify the issues that stimulated our thinking about the complexity of the progression from midlife to older adulthood. Adults exiting midlife face an estimated 30 years—the longest adulthood in history. Our understanding of the lifespan owes a debt of gratitude to the theory of Eric Erikson, and throughout this paper we rely on his conceptualization to orient our thinking. However, the expansive heterogeneity of these potential 30-plus years in addition to the acknowledged limitations to the linearity of his model suggests the value of re-thinking the challenges and opportunities older adults face. The later years are highly complex, and we observed that clients repeatedly expressed confusion and angst as they navigated the shifting

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of prescribed roles, multiple body changes, and overall uncertainty about the future.

Some of these clients were anticipating the end to their careers or previous family roles while others had retired and were uncertain about next steps. Recurrent themes revolve around fears of isolation, invisibility, and loss of purpose. Many feel they have been sidelined by employment and health concerns in themselves or a loved one. Our observations concur with Aronson's description that a person's arrival at older adulthood is "less a switch thrown than a series of ill-defined thresholds crossed" (Aronson 2019, p. 79). Emerging elders may be more likely to engage in a tension or struggle to imagine their future, not just their past.

While the current pandemic has upended individuals of all ages, those in the transition to older adulthood face a unique constellation of stressors. Having just navigated a period of relatively high and stable midlife well-being (Baird et al. 2010; Carstensen et al. 1999; Galambos et al. 2015), balanced multiple roles, made family life transitions, and experienced opportunities and challenges (Infurna et al. 2020), many adults are now poised on the threshold of older adulthood and, in the words of a client, "looking for a roadmap."

Existing models of aging vacillate between decline and reinvention, tending to homogenize individuals at either end of the continuum. Ultimately this categorization fails to adequately reflect the lived experiences of those from roughly 55 to 75 years. The term, proposed in this paper, Emerging Elderhood, is defined as a perception of and reaction to the realities of the aging process. Emerging Elderhood is the time when individuals navigate the reworking of family and sociocultural identities, inclusive of losses and in anticipation of older adulthood. Emerging Elderhood implies a process and relies upon a life cycle framework of development. It is not intended to replace or exclude the contributions of previous formulations; rather, it aims to capture a deeper understanding of the stories of aging, as told by the individuals at the threshold of their older years.

We identify six unique tasks that we have found to represent both the challenges and opportunities for continued development. They are: acknowledgment and acceptance of the realities of aging; normalization of associated angst about the future; active reminiscence and possible longing for the past; accommodation to physical, cognitive, and social changes; search for new emotionally meaningful goals; and the expansion of the capacity to tolerate ambiguity and complexity of life circumstances. The potential outcome of these tasks is a future orientation with a more realistic, accommodating, and hopeful perception of aging for both Emerging Elders and overall society.

As clinicians, we actively work with the stories our clients bring us. We have found a narrative approach to lifecycle development (McAdams 2015) to be the best fit for understanding the complexity that accrues as individuals age. This paper utilizes our collective clinical experiences, including workshops and retreat transcripts as well as a series of studies on storytelling between committed partners in nonclinical and clinical settings, which has been described elsewhere (Gildersleeve et al. 2016; Singer and Skerrett 2014). The overarching question of the ways in which individual stories translate into a story that might enhance resilience over the life course is being explored in a related and ongoing pilot project of adults from age 29 to 87 (Skerrett 2019). Volunteers are interviewed in person or respond to questions online in which they tell stories about significant events, memories, challenges, and successes at various points across their life cycle. Data from these stories, in conjunction with clinical stories evaluated for themes across multiple ages and genders, forms the framework for the tasks and ideas presented in this paper.

A Changing Lifecycle and the Long Course of Adulthood

Since lives are lived in historical, geographical, and social contexts, life stories are created in the context of larger systems (Randall and McKim 2008). The seminal work on family lifecycle stages identified the impact of biological aging on all aspects of family life and also acknowledged the differential impact across cultures and historical periods (McGoldrick et al. 2016; Carter and McGoldrick 1989). Certainly aging in different periods of history with different realities of medical care and consequent limits on lifespan altered the experience and perceptions of the aging process. For instance in the twentieth century, American society viewed older people as an increasing burden on loved ones as well as the economy due to increasing physical decline and increased dependency. Such early theories of loss, decline, and cumulative disadvantages have influenced the subjective perception older people have of themselves (Dannefer 2003; Levy et al. 2002) and that the society perceives of aging (Aronson 2019).

A lifecycle lens has long proved valuable for clinicians but may be less frequently recognized as an explanatory framework for our clients (Fishel 2018; Singer and Skerrett 2014). As clinicians, we regularly encounter depressed or chronically ill clients whose difficulties can be traced to a struggle to accept and integrate typical developmental change and reorganize the family system in response. It is common for clients to jump to "there must be something wrong with me," the challenge seen as some sort of deficit that only adds to the burden they are already experiencing. Developmental models allow us to view life's difficulties as a part of the move toward psychological wholeness rather than as pathology and helps us become

more sensitive to normal gains, necessary losses, and multiple disruptions across time. A lifespan perspective places change and growth in a multidimensional context, one with biological, social, psychological, and spiritual dimensions; how people develop results from the interaction of a wide variety of forces. It is a process in which gains and losses occur simultaneously and change in one area influences change in another.

Eric Erikson's (1968) lifecycle developmental stage model was the first to move psychological change beyond childhood and adolescence and to propose specific tasks to be mastered within each stage. At the core of Erikson's stage theory is the concept of epigenesis—the idea that development happens gradually over time with each stage building upon the gains of the last and becoming increasingly complex. However, Erikson's theory only previews the latter half of life with less recognition of the ongoing forces that propel midlife adults across the journey of aging.

Erikson addresses two stages of adult life. Generativity is characterized as a time of procreation, productivity, and creativity expressed in work and family roles and a myriad of pursuits. The alternative to generativity in midlife is the risk of stagnation and a foreclosure of opportunities to expand beyond the self. In Emerging Elderhood, adults begin to realize that the usual sources of productive and creative opportunities may be less available. For instance, productive activity may shift from full-time work to part-time volunteer activity, involving a transition to different levels of financial (in)security. We have observed that many Emerging Elders feel a loss as to what to do next in their lives.

Erikson postulated an eighth stage in older age that he called the development of integrity. By this point, older adults move to an acceptance of their life as having been worthwhile. Regrets are renounced and despair averted. Emerging elders are not yet prepared psychologically to face the tasks associated with such an acceptance and need to be advantaged by a working-through of the tasks we propose to be associated with Emerging Elderhood. Many may continue to long for previous times in their lives and are not yet ready to shift toward a reckoning with the prospect of decline and death. Many in the years from 55 to 75 may continue to focus on the opportunities for continued growth.

The biggest catalyst to the study of adult development coincided with the 50% increase in the average lifespan in western cultures over the last century. Baby Boomers, born from 1946 to 1964, have added to the population surge of adults over 65, now projected to rise to 400 million by 2050 (Mather et al. 2015). This shifting demographic ensures the increased potential for both challenges and opportunities over a more extended period of years, requiring scholars and clinicians to reevaluate current perspectives on aging. Advances in medical care and a substantial scientific knowledge base has developed around aging during the past 40 years (Lichtenberg 2010; Schaie and Willis 2011; Scogin and Shah 2012).

However, psychosocial challenges of the resulting expanded lifespan have received less attention. Earlier projections of the life course insufficiently anticipated the complexity of change in family responsibilities and work requirements, which result in new perceptions of self and identity. Laslett (1989) noted that implications of reasonable health beyond the milestone of retirement, marking a "third age," has been largely unnoticed. In addition, certainly no one could have predicted the more macro challenges created by COVID-19 and the ensuing pandemic.

Over the past 100 years, the extending life expectancy and the shrinking of family size have created the longest period of adulthood in history. Adults are typically living 30 years longer than they did in 1900, with 75% of the population living beyond their 65th birthday. Entry to adult family and work roles now comes later than ever before, and there are more adults who are single or coupled but child-free. Caring for children no long absorbs the entirety of young adult life. The knowledge economy requires greater educational preparation and skill development, which has given rise to a phase called "pre-adulthood" and sent many back home to benefit from extended parental economic and social support. Each generation is no longer wealthier and/or more accomplished than its predecessors, and we see greater numbers of couples struggling with fears of outliving their financial resources and their ability to take care of aging parents. (Arnett et al. 2020; Walsh 2015). Adults now have a wide array of choices available for how to construct their lives as well as more time in which to do so. The long scope and complexity of the lifespan makes it easy to understand why a stage approach has been dominant for so long. Unfortunately, psychology had proposed universal life stage theories based on tiny segments of the human population and applied them widely.

Some current writers have sounded the death knell for the idea that our lives progress through a uniform set of stages or passages, describing instead that we all live "nonlinear" lives, filled with multiple disruptors (Feiler 2020). Disruptors are events, positive or negative, that interrupt the flow of everyday life such as a geographic move, a new job, or illness in a family member. Levinson (1986) was the first to conclude that stage models are not invariant like a developmental conveyor belt, but that each life has the capacity for major revision and restructuring every 10–20 years. Disruptions across the arc of adulthood as well as at the end of midlife occur much more frequently in contemporary times, making it a priority to identify these transitions and help our clients navigate through them.

In the special issue of the APA devoted to conceptualizing the new adulthood (2020), contributing scholars propose it to be: Emerging Adulthood (18–29 years), Established Adulthood (30–45), Midlife (45–65), and Late Adulthood
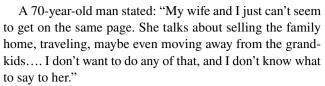
and Old Age (65 and beyond). Current thinking directs us away from predictability or a linear course. Instead, the challenges and opportunities presented at any point across the adult lifespan should be defined by the array of roles and place in the family, workforce, and community. Aging is increasingly understood as a malleable process with the person as the agent of their own development (Staudinger 2020).

Emerging Elderhood

Emerging Elderhood (EE) depicts a period of disequilibrium of roles and identity, an age of feeling in between the structures created by a trajectory of family life, work, and personal milestones. Anxieties about uncertain futures may arise. While most often observed in the years between 55 and 75, it is the individual's perception of reaching the threshold to old age that characterizes EE. Identities organized around family and work life are shaken by prospects for a future that may focus on challenges, health concerns, and potential losses. Individuals may also create redefinitions of themselves through new priorities and opportunities. Development in this period appears to be a highly dynamic transition, simultaneously a time of loss and deterioration as well as growth and renewal.

This new period is inspired by psychologist Jeffrey Arnett's work on an extended period of adolescence known as Emerging Adulthood (Arnett 2015). Emerging Elderhood is proposed as a time beyond Midlife, during which adults appear to share some of these same issues as Emerging Adults, particularly the anxiety and insecurity connected to the loss of the direction afforded by previous responsibilities and roles.

Many same-age adults struggle with the transition between roles that serve to organize their identities and often face ambiguity about the future. One person at 65 could be launching children to college while another is caring for teenage grandchildren. Another individual, age 70, is in a caregiving role for a spouse diagnosed with dementia. Some at 65 are retiring, while others of the same age are crafting new careers. The experiences of these individuals are not tied to a chronological aging process as much as the psychological and social response to the shift between those roles and activities that defined life and new uncertainty about what life will bring. Comparing ourselves to others, so common during earlier points in the lifecycle, is more challenging given the widespread heterogeneity of this period. It is often exactly what promotes clients to express feeling "rudderless," lacking direction and unsure of the best course of action. One client put it well: "I guess I'm at that age where I wonder what will go first…my brain or my body, how fast, and what if they both go at once?".

A 70-year-old man stated: "My wife and I just can't seem to get on the same page. She talks about selling the family home, traveling, maybe even moving away from the grandkids…. I don't want to do any of that, and I don't know what to say to her."

A 63-year-old woman requested psychotherapy services to manage heightened anxiety. She described a sense of worthlessness as she faced decisions about accepting a retirement package from her long-term employer. She stated: "I always felt excited about new opportunities. I thought I would be enthused in retirement about more time to myself and less responsibility. Now the pandemic has further restricted my activities in ways that I feel retirement is defined as enforced isolation. My sense of community is gone. I feel like my world is shrinking and I'm scared about how to adjust—to stay connected. I feel I am useless and like I'll be invisible to the world."

There are undoubtedly many older adults who are vital, productive, active, and enjoying their lives. These individuals appear to move seamlessly into new opportunities and definitions of self as they progress through the journey of life; certainly those individuals seldom present in clinical settings. However, we have observed that the questions older adults do ask of themselves and the level of emotional distress reported is seldom contextualized as a developmental phenomenon. Many express feelings of unfamiliarity with themselves; their bodies, their purpose, and direction. Many face shrinking social networks and fear isolation. The characterization of this prolonged time of life is dependent on multiple factors, including identification with cultural perspectives, personality traits and life circumstances, and anticipated and unexpected changes.

Researchers find that self-perceptions of cognitive and health status are impacted by a lifetime of these undesirable images and beliefs about aging (Levy 2003). Gullette (2018) argues that it is ageism we must fight, not aging. These internalized negative stereotypes may also be compounded by the intersectionality of ageism, racism, and sexism as older adults may face the oppressive nature of these systems alongside the negative socio-cultural view of aging itself. Previous years of oppression do not end with older adulthood. The social determinants of healthy growth, including education, income, housing, and access to health care in early years, influence the process of aging and may further stigmatize older people. The following individuals emphasize the prolonged impact of such discrimination.

A 72-year-old woman of color continued to face a lifetime of gender and racial inequality, limiting her opportunities for advancement at work, and as she aged, she was further stigmatized by ageist beliefs about her limited capacity. A trans man, age 75, identified with the LGBTQ community, speaks about enduring bullying from peers in his youth and rejection by his biological family when he announced

his intention to transition. As he has aged, he feels more isolated, often rejected by others in the lesbian and gay community.

Inevitably, the overall aging process includes the need to accommodate physical changes, functional limitations, and a myriad of differences in psychological and social functioning. (Bundick et al. 2010). Many individuals face financial constraints and feel the uncertainty spill over into opportunities for work, retirement, caregiving, and personal identity (Brauner-Otto and Geist 2018). Emerging Elderhood acknowledges this uncertainty and the need for social policies to facilitate and support productive roles for older people in the workplace (Gonzales et al. 2015).

In the latter part of the twentieth century and in the twenty-first century, attempts to describe more positive courses of aging emerged (Reitz and Staudinger 2017; Cohen 2005). Staudinger (2020) argues for plasticity as a constituent characteristic of human development and aging, focusing on the enormous potential for modification and change. The more positive views of aging emphasize growth and opportunity and provide clinicians (as well as individuals) hope for continued quality of life.

Neugarten (1972) recommended that more attention be paid to an individual's subjective experience of aging. This is consistent with how Emerging Elders feel about and frame their own experience of aging, which rests on cultural prescriptions as well as personal expectations. Poised at the cusp of Erikson's final stage of development—the achievement of integrity—development now requires a reconciliation between past accomplishments with more future possibilities (Erikson 1968; Agronin 2013). Emerging Elders may not be ready to see themselves as older and worry about how to characterize their future life. They may be apprehensive about accepting change and worry about what to do with the rest of life. Those who felt invincible in their younger days now confront the need to modify life plans. As one person lamented, "I keep searching for the cosmetics and clothing that will fool everyone and myself into believing I am still part of the youth movement!" Another person remarked, "I didn't think I would feel so lost or stuck when my kids left home." The challenge of Emerging Elderhood invites an acceptance of self and the normalization of change. It requires shifts in perception of self and the capacity to search for answers without committing to the stereotyped expectations for old age. Anxieties may surface while the Emerging Elder considers a new direction or opportunity versus holding to the familiarity and comfort of old hobbies and pastimes.

There is a direct relationship between knowledge about aging and level of worry, which is mediated by an intolerance of uncertainty (Nuevo et al. 2009). That is, as individuals age and are aware that they are aging, they may become more worried due to the low tolerance for uncertainty. By creating a dialogue around the normalcy of change and its pivotal role, older adults can increase their awareness of the intricacies of the aging process. In other words, one can reduce the intolerance for uncertainty by normalizing it. Creating this additional transition of Emerging Elderhood is a step in the direction toward awareness and normalization. At the crux of identity formation and the role of uncertainty is the construction of a self-defining story.

Narratives of Emerging Elderhood

Beginning in the 1980s, scholars developed the idea that identity is, in part, an integrated life story (McAdams 1985; Ricoeur 1984). Today, the notion of a narrative identity refers to the internalized and evolving story of the self that one constructs to provide his or her life with unity, purpose, and meaning (McAdams and McLean 2013).

Considering a story metaphor for the construction of self has many advantages to understanding adults as they progress to Emerging Elderhood. Applying a storyline, with a beginning, middle, and end, inclusive of challenges along the way, offers opportunities to identify continuities and discontinuities across time. McAdams (2015) and colleagues advanced this perspective by integrating personality development across the life course with the growth of the storied self (McAdams and Cox 2010). McAdams (1995) argues that personality follows three lines of development over the life course, each of which corresponds to a layer of psychological individuality. (1) When young people begin to reinterpret the past and imagine the future in ways that provide life with meaning, purpose, and temporal continuity, they begin to formulate internalized life stories (McAdams 2013, 2015). (2) These stories impact individuals as they age, providing assumptions and expectations of the ages to come. (3) The progression of the story, including the winding paths it may take, extends from youth through late stages of aging.

Current research further suggests that we are hardwired to absorb stories that have a moral or meaning-making component (Gottschall 2012; Kenyon and Randall 2007). Stories in which narrators draw lessons about the self, important relationships, or life, in general, are primarily associated with better adjustment and greater emotional maturity (Blagov and Singer 2004). Such redemptive life narratives may confer hope and even confidence to Emerging Elders insofar as suffering holds some advantage and that it is crucial to continue to search for meaning and purpose in future life experiences (McAdams 2013).

Meaning, a concept of great scholarly interest in its own right (Webster et al. 2017), is a central focus for the individual from early adulthood onward. Emerging Elders are tasked with the prospect of adding new meaning to their life stories by making sense of the array of choices and sorting

through new feelings, relationships, and pursuits. This process has many implications for well-being. Emerging Elders come from a set of lifelong activities to then face opportunities for redefining their sense of purpose. Such processing in the sense of purpose has also proven critical to both mental and physical health and appears to buffer a variety of life stressors (Reitz and Staudinger 2017). For example, studies show that older adults who retain a sense of purpose are less likely to develop cognitive issues, heart attacks, and strokes and are more likely to live longer than people without this kind of underlying motivation (Carstensen et al. 2011). Individuals are likely to experience higher levels of life satisfaction if they voluntarily release less valued roles, relationships, and activities while investing in those that are most meaningful (Carstensen 2006; Lockenhoff and Carstensen 2004). Here, the emphasis is on the continuity or stability of meaningful engagement.

Recognizing the complexity of aging, we suggest that Emerging Elders face six primary tasks as they transition into later life. These tasks form much of the thematic content of the narratives they share. They are:

acknowledgment and acceptance of the realities of aging;
normalization of associated angst about future;
active reminiscence and possible longing for the past;
accommodation to physical, cognitive, and social changes;
search for new emotionally meaningful goals;
expansion of the capacity to tolerate ambiguity and complexity of life circumstances

Acknowledging and working through these tasks may promote a sense of realistic optimism, which may best characterize the goal for Emerging Elders. Realistic optimism is the ability to look at what is, as well as what is possible, and choose a perspective that enhances the ability to make the best of the moment (Seligman 2018). It provides a path to create a future orientation that includes a sense of meaning and purpose.

The following case examples of Judith, Rico, and Francine highlight the stories of selected indicviduals as they work through the tasks of Emerging Elderhood. (Case narratives reflective of these tasks are presented and have been anonymized with sociodemographic details altered to preserve confidentiality.) The tasks are often tackled simultaneously, though each may be prioritized at different moments in an individual life and represent both challenges and opportunities for continued development.

Judith, age 62, shared concerns about her inability to sleep and anxiety about facing the day. She stated that her life had previously been filled by making sure her family was cared for and that she got to work on time. Her first words were "I have suddenly become old and useless."

Judith's 78-year-old husband of 25 years died 2 years before her seeking psychotherapy. She had provided care for him through his progressive neuromuscular illness. She recently attended the wedding of her only son. She had been dismissed from her work (due to restructuring), and she felt lost. Many of her friends were moving away from the community in which they had raised their children together. Judith's definition of self, which would have corresponded to Erikson's stage of generativity, seemed to come to a halt. McAdams might observe that Judith struggled to find continued meaning in her story of life (McAdams and Cox 2010). Expanding the view to reflect aspects of a broader narrative, Judith viewed her life as a series of losses and saw herself as a victim, depriving her of the roles around which she previously organized her identity.

Judith asked questions about the meaning of her life, now that she was alone, without family, and without work. She needed to integrate her reconstructed memories of her past with an imagination of a future as a developing person (McAdams and McLean 2013). After a short course of psychotherapy, Judith found solace in the stories she told about her marital life and her relationship with her son (which was changing, but not ending). She remembered the creative energy she invested in both the care of her husband (creating Velcro closures on his pants to make dressing easier as he physically declined) as well as the importance of making her environment beautiful. She was referred to an autobiographical writing group (Birren and Cochran 2001), and the reminiscences spurred by her experiences there seemed to fill her with the recognition of her continued need for creative outlets. As she was uncertain about re-engaging in the workforce, she returned to an earlier pleasure in painting. Eventually, she became a docent in an art museum and filled her days with classes about art history.

Judith's distress can be accurately understood as the grief she experienced in response to all of the losses. However, understood in the context of the phase Emerging Elderhood, there is a developmental context for her story. She associated her losses with a recognition that she had become old. She was facing a new phase without the support of the relationships around whom she organized her life. She relinquished the physical ties to important people in her life while preserving the emotional bonds that ultimately served to ground her and give her strength. She needed to build a new story guided by the experiences she had already lived and the opportunities and choices now available to her.

Judith's story illustrates the concept of a narrative challenge (Randall and Khurshid 2016). This challenge reflects the tasks that characterize Emerging Elderhood. Her social connections were narrowed as the people who defined her were leaving. There were fewer in her circle to witness or add to her story, which Hedelund and Nikolajsen (2013) described as narrative loneliness. She epitomized all the

characteristics of Emerging Elderhood. Though she faced the angst of aging, she ultimately used active reflection and reminiscence of her previous life story to find strength and help in the search for new emotionally meaningful goals.

Rico is a 64-year-old Hispanic man, self-described as "semi-retired" from his work as an electrician. He has been married for 37 years and is the father of four adult children. The following is his transcribed response to the open-ended question: "Describe your life at this point in time." In his own words, he expresses a confrontation with the altered expectations of his life:

> Guess I'm not getting any younger. I spend time worrying about my parents, who are still in Mexico and really getting up in years. I've been trying to get them to come up here permanently but now they're afraid with all that immigration stuff going on. I talk to them a couple times a week…always the same, we end up in a stalemate. But I know I don't wanta spend the next five years of MY life flyin' down there checking up on them, that's not what I had in mind. My brothers are useless, they typically let me make all the decisions. It's a lot, you know? I guess I just never thought by this point that there'd be so much to worry about. You spend your life working, raising your kids and figure at some point, you're gonna catch a break. Cash in on what all that work was for, you know? More & more I wonder, when's that gonna be?

Rico's narrative suggests that he is just beginning to be aware of the realities of aging. It points to the fluidity and flux of this time of life, a life that he expected would be somehow different than it currently is. There is the increasing recognition of uncertainty, but he seems disinclined or too busy to do much reflection. There is the ongoing complexity of evolving relationships with his wife and children, the responsibilities of caregiving to aging parents, plus continued work pressures. Frequently, for individuals less accustomed to personal reflection, it takes some kind of a shake-up event to crystallize the awareness of aging that signifies the onset of Emerging Elderhood. For Rico, it might take the form of a personal or family illness or the acute distress of a pile-up of stressors. Depending on his ability to grapple with change, his story may result in "premature foreclosure" or the notion that his life story has ended (Freeman 2000).

Francine, a 75-year-old widow, spoke of her adjustments to entering old age during an inpatient social work assessment. She described her fondest life hobbies as decorating her home, regularly socializing with her friends, and painting. In our discussion, Francine described her newfound decision-making process of attaching or detaching from these interests. She stated, "My favorite place in the world was my home. It was quaint yet incomparably charming. My favorite part was the basement living area. There was a large

sliding door that looked back at my garden. This is where I spent most of my time. I used to joke with my husband that I would just build a bedroom right there… For years, I used to collect little decorative pieces to place around my home. It wasn't much, but it was beautiful. You know, I sold this home, out of love, to my son. Now, I live with my daughter and son-in-law in Chicago. I just stay in my room now and don't spend much time in other areas of the house."

In addition to describing her living situation, Francine said she used to have friends with whom she would regularly exchange letters. "I cherished these letters. Writing to my friends and reading their cards felt just like we were sitting down for a cup of coffee. They've all died—my friends. Now my daughter and son-in-law are always busy with their work."

When asked about potential social activities, Francine stated, "You know, at my age, I just had a few good friends. I can't connect with those seniors at those senior centers." Francine shared that she now prefers to spend time alone due to her developing physical ailments, but she also misses the ability to share her stories. "I lived through the great depression and multiple wars. You know, people my age have some stories to tell. Things that really squeeze the heart." Describing her third favorite hobby, Francine stated that she was an avid painter and enjoyed creating detailed pictures. Francine noted that due to her new visual impairments, she is unable to paint images to the level of detail she appreciates but is considering finding new mediums of art to explore.

The example of Francine battling to either evolve or reprimand her identities elaborates on the dynamic nature of Emerging Elderhood. Francine is undoubtedly active in her decision-making regarding which identities she is refining and which ones she is willing to let go. Throughout this process, it is evident that she has a narrative she wants to explore and share but is unsure of the platform she can use to share it. A key task for Francine appears to be making accommodations to the physical changes she is experiencing. She was referred to a storytelling group (Skerrett 2005), which increased her engagement in assessment, reminiscence, and reintegration. Having others bear witness to her stories provided profound affirmation and a renewal of hope for her future. She was able to find meaning and purpose through her connections to the stories of others and solace in the relationships she created through the group.

These narratives highlight the simultaneous shifts in adjustment individuals make to facilitate a continued sense of a coherent self. The Emerging Elders profiled here expressed a pause in their life story. They may momentarily feel stuck as they face the realities of the respective changes in their lives, particularly if they believe they had a singular purpose and fixed identity. They grapple with themes around purpose, invisibility, value, direction, and the anticipation of health concerns and disability. However, there are also

themes of novelty and opportunity. Adaptation depends on specific personal and societal circumstances and the resources mobilized. Development occurs through the exercise of individual agency in which choices are made amid the opportunities and constraints recurring across the entire span of life (Elder et al. 2003). Aging, and this transition in particular, invites individuals to take the long view, tolerate ambiguity, deepen one's emotional life, and thoughtfully let go. Without the everyday activities, meanings, and purpose, individuals can feel unmoored and challenged to craft either a story of decline or growth. Pauses like this transition provide a chance for reflection and reevaluation. While this can happen at any time in life, the pause of Emerging Elderhood holds great significance because it may set the course for all that comes next.

These stories illustrate that despite approaching losses and challenges, many years of future investment in self and others are possible. McAdams and Cox (2010) identify that development of story continues through the lifespan and demonstrates an understanding that there are moments of disruption during which the authors of each story struggle to get beyond feeling stuck. Emerging Elderhood captures the moment of feeling stuck and the means by which people attempt resolution and a restart in their life course.

Implications for Practice

Our stories become more complex through life experiences. Often, the role of the clinician is to "thicken" the stories that clients present of their lives by expanding the stories from a thin, problem-centered narrative into a complex story that instills hope for positive change (McAdams 2015). Recognition must be given to those who are convinced their stories are thinning as they pass the roles and activities that have previously occupied their lives. Such an appreciation would enable those who work with this age group to more fully understand the tensions and address the unique needs of this life transition.

We have found the newer approaches of future-directed therapy (FDT) to be particularly appropriate (Oettingen et al. 2018) in helping our clients work through the six tasks of Emerging Elderhood toward the goal of "realistic optimism." Asking our clients to contemplate their ideal future and then think through small, doable acts that work toward achieving them stimulates proactive engagement and infuses hope (Roepke et al. 2018; Vilhauer et al. 2013). Activities that encourage contemplation of a best possible future self boosts well-being and reported happiness (King 2001). In working with adults in this phase of development, we find it vital that we remain aware of both the many strengths and commonalities our clients retain because and in spite of changes they confront. It is also important to promote

our clients' awareness of their sense of self over time and the opportunities for using skills and adaptations cultivated over a lifetime. Continued work, volunteerism, and care for others revitalizes the sense of purpose and value in the later years. The normalization of uncertainty and encouragement of self-reflection afforded by Emerging Elderhood assists in doing just that.

We frame this transition as a time to reflect and cultivate new stories that help preserve and redefine a sense of meaning, value, and purpose. It is a time for potential expansion, restructuring, and relinquishment of previous roles; a time of creating meaning in life while looking forward to a future. The focus is whole-person and relationship-centered, energized by new and expanding identities and the pursuit of personal strengths. Ideally, Emerging Elderhood is a period during which individuals strive to achieve psychological and social well-being and a sense of coherence and flexible movement between multiple identities, roles, and activities. The questions individuals may ask at earlier stages of life becomes more compelling now. "Am I living the life I want to live?" "What and who is most important?" "Do I engage in the kind of relationships that feel fulfilling?" In Emerging Elderhood, an awareness of the end of life is now in sight, and Emerging Elders can actively consider what to do with the time remaining.

Conclusion

It is essential for clinical practitioners to recognize and honor the diversity of people over 55 and undermine the trend toward homogenization. Emerging Elderhood is a dynamic phase representing a psychological and social transition between midlife adult responsibilities and entry into older adulthood. As family and work life shifts, many individuals emerge from midlife with questions about personal identity and sense of purpose. Individuals face uncertainty as the rhythms of their lives change, and they realize they have accomplished many of the goals around which they had organized their lives. Emerging Elderhood is the time of life that transcends the concept of a social clock. It is a transition that is associated with psychological and social disequilibrium but frequently ends in enhanced well-being. Recognition of the experiences of those traversing the six tasks of EE may provide individuals with the opportunity to develop a sense of coherence between multiple identities, and exercise choice in roles and activities. A reconceptualization of self is fostered through new roles, activities, priorities, and other facets of life experience. However, more attention must be given to those for whom the cumulative impact of social factors such as financial stress, social isolation, and reduced resources influence the accomplishment of the tasks outlined and obstruct opportunities for positive aging.

Traditional views and theories of aging are insufficient to understand the dilemmas and choices individuals and families face to preserve the best quality of life. We contend that conceptions of aging include recognition of an expanded lifespan and the diversity of meanings that afford both opportunity and challenge. Clinicians play a pivotal role in educating our clients and the wider public about the complexities of older adulthood. Our conceptualization invites both scholarly and clinical examination. Critical investigation should address the empirical and practical advantages of another parsing of the life cycle as well as the appropriateness of our description to a variety of lives. Research should include studies of adults as they age within diverse cultures and ethnicities, including the identification of how the later life course evolves in those communities. Future collaborations of clinicians and scholars can be mutually informative as this potential new perception of growing older gains applications to practice.

Compliance with Ethical Standards

Conflict of interest No conflicts of interests exist with other associations.

Informed Consent Informed consent was obtained from all individual participants included in the cited study. Informed consent was obtained from individuals described outside of any study. All case material throughout the manuscript has been fully anonymized.

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