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## The Problems and Concerns of Middle Age

### SUMMARY

Middle age is not defined solely by chronological age, but is a product of biological, social, and psychological factors. As a period in the life cycle, middle age poses many obstacles, or developmental tasks, to personal growth. Failure to deal successfully with these tasks may have a negative impact on a person's physical and psychological health. The family physician's role should be to learn the middle-aged patient's problems and concerns, to allow him to express such concerns, and to help place problems in perspective. (Can Fam Physician 1984; 30:1089-1093).

### SOMMAIRE

L'âge moyen ne se définit pas seulement par sa dimension chronologique; il est le résultat de facteurs biologiques, psychologiques et sociaux. En tant que période du cycle de la vie, l'âge moyen pose beaucoup d'obstacles ou de tâches de développement à la croissance de l'individu. L'échec à franchir avec succès ces étapes peut avoir un impact négatif sur la santé physique et psychologique. Le rôle du médecin de famille devrait être de connaître les problèmes et les préoccupations du patient d'âge moyen, lui permettre d'exprimer ses inquiétudes et contribuer à situer les problèmes dans une perspective adéquate.

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**F**AMILY PHYSICIANS are aware that mid life presents many predictable and challenging stresses for patients. It is also a time when patients visit their doctors more frequently for recurrent or serious problems.<sup>1</sup> Medical, sociological, psychological, and governmental publications are replete with information about the geriatric population and the strain this group will cause on many aspects of society,

including the health care system.<sup>2, 8, 43, 44</sup> The elderly are less able to adapt to change.<sup>2</sup> If family physicians believe they have a role to play in anticipatory or preventive care, they might help patients deal with some of the problems of old age by assisting with or counselling about life problems in middle age.

### Middle Age in the Life Cycle

From birth until death, individuals pass through specific and defined stages of development. This is a universal theme, recorded in "The Sayings of the Fathers" in the Hebrew Talmud, by the Greek poet Solon (700 B.C.), and by Confucius (c. 500 B.C.).<sup>3</sup> Seventeenth century documentation appeared in Shakespeare's *As You Like It*, where there is reference to the seven stages of life. The psychoanalyst Erik Erikson<sup>4</sup> postulated a theory of "Eight Ages of Man", which has prompted contemporary study of human psychological development. Erikson described growth as the predictable movement

through psychosexual stages with corresponding psychosexual challenges.

Although Erikson focused primarily on infant, child and adolescent development, he also referred to older people. The seventh stage, adulthood, corresponds to mid life, and represents a potential period of productivity and creativity. Success in this stage produces generativity, a concern in guiding the next generation. Failure leads to stagnation, a condition of personal impoverishment and regression to an obsessive need for pseudointimacy.<sup>4</sup>

Recent longitudinal studies by Gould,<sup>5, 6</sup> Vaillant,<sup>7</sup> and Levinson et al.<sup>3</sup> have extended the life cycle literature beyond adolescence, and indicate that personality development continues through the fifth decade of life. From independent, prospective research with predominantly healthy, white, middle-class males, stages of adult life have been described.<sup>3, 5-7</sup>

### Definition of Middle Age

A large part of adult life is made up of the mid-life period. This has been

associated with many descriptive terms: mid-life syndrome, mid-life crisis, middlecence, empty nest syndrome, second adolescence, second honeymoon, age of fulfillment, menopause, and 'boom'<sup>3</sup> (becoming one's own man). This is a time that Theodore Lidz, one of the authorities on the human life cycle, describes as being "initiated by an awareness that the peak years of life are passing, and that the body is slowing down".<sup>8</sup>

The age range of the mid-life period is variable, depending on the author. Bernice Neugarten suggests that chronological age is not as meaningful a marker as it is in early life, and that attention should be placed on life contexts.<sup>9</sup> The traditional interval of 45-65 years of age is being expanded by prospective studies to include people aged 35-65.<sup>3, 5-7</sup> Studies of hundreds of individual biographies and autobiographies suggest that the timing of the life cycle is not only established by biographical or chronological age, but also by social and psychological age.<sup>10</sup> The ages parallel each other, but one often lags behind as the result of different life experiences or different social expectations among socioeconomic groups.<sup>11</sup> Ages at marriage, parenthood, the 'empty nest', and grandparenthood often depend on class, and are influenced by cultural trends. The age range has been broadened to ages 35-65 to incorporate research on the concepts of biological, social, and psychological age,<sup>12</sup> and to recognize that events in the family life cycle may occur earlier.<sup>11</sup>

## Developmental Tasks Of Middle Age

Duvall noted that the lifespan of a family and its members may be described by specific and sequential phases through which it passes.<sup>13</sup> Within each stage of the life cycle there are defined activities called developmental tasks that must be accomplished before going on to the next step in the life cycle. Havinghurst<sup>14</sup> stated that "a developmental task is one which arises at or about a certain period in the life of an individual, successful achievement of which leads to happiness with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks". The longitudinal case studies of Vaillant<sup>7</sup> and Levinson et al.<sup>3</sup> indicate that the tasks

are often culturally and socioeconomically defined. Further, they may be disruptive or painful, but can ultimately be desirable since they may result in personal growth. The tasks are experienced by both sexes, but often at different ages, as a result of varying combinations of biological, social (familial), and psychological factors.<sup>15</sup> The mid-life period has unique developmental tasks which are summarized in Table 1,<sup>15, 16</sup> and reviewed below.

**TABLE 1**  
**Developmental Tasks of Middle Age\***

1. Adjusting to the body's physical and physiological changes
2. Adjusting to the reality of the work situation
3. Assuring economic security for old age
4. Helping children leave home and become responsible adults
5. Maintaining contact with children and grandchildren
6. Reorganizing living arrangements
7. Readjusting to being a couple again
8. Participating in the community
9. Assuring adequate medical supervision for old age
10. Making living arrangements for one's own parents
11. Reaffirming the values of life that have real meaning

\* Adapted from Medalie<sup>15, 16</sup>

### *Adjusting to physical and physiological changes*

The physical and physiological changes that occur with middle-age often require adjustment of self-image. Facial wrinkles, graying or loss of hair, 'pot belly', sagging breasts, increasing weight (and decreasing ability to lose it), deteriorating vision and hearing, and disease of teeth and gums may occur as reminders of aging.<sup>15</sup> Injuries take longer to heal, and non-specific pains are frightening suggestions of the potential for serious illness. Changes in sexual performance also may occur during this period.<sup>17, 18</sup> Women experience decreased vaginal lubrication and varying libido. Men may complain of increased time needed to achieve erection and decreased ability to maintain it, as well as impotence and varying libido.<sup>17, 18</sup>

Many people maintain what for them is a satisfactory sexual relationship into their seventies and even

eighties.<sup>47</sup> The sexual problems referred to above may be secondary to normal physiological changes, to illness, or to medication. Additionally, they may be the result of anxiety about sexual performances due to upbringing and family influences, social norms, level of education, understanding of sexual relationships, and the degree to which a couple has learned to communicate on a day to day basis.<sup>47-49</sup>

Menopause, with its associated questioning of sexual role and self-image, hot flushes, and emotional lability, is viewed either positively or negatively, depending on age, familial and cultural norms, and level of education.<sup>19</sup> For some women, the end of the child-bearing era depressingly suggests advancing age; for others, it is greeted with relief and newfound freedom.<sup>20</sup> The depression, often ineffectively treated with hormones, may be a component of mourning the passing of a significant stage of life. As mourning for the dead may ultimately lead to greater self-awareness,<sup>21, 22</sup> so may mourning for the childbearing years act as a stimulant to a woman's growth, development, and creativity.<sup>23</sup>

A corresponding period of male menopause has been postulated. However, attempts to associate depletion of male hormones with problems such as decreasing self-image, loss of confidence, sexual dysfunction, extramarital affairs, etc., have been unsuccessful.<sup>24</sup> These problems may be part of, or the products of, the male developmental tasks of mid life.

### *Adjusting to the reality of the work situation*

In the mid-life period people re-evaluate their vocational accomplishments.<sup>3, 7, 25</sup> There may be regrets for having pursued a particular vocation, for not having risen high enough on the ladder of success, or for neglecting family in favor of work. This is particularly evident for men, although it may be observed in women once they have been studied long enough and in greater numbers. A popularized discussion of the female life cycle has accentuated the traditional woman's dilemma of choosing from amongst marriage, motherhood and career, or attempting to combine the three.<sup>26</sup>

For both men and women there may be the fear or even the reality of being fired or laid off, of having conflict

with a colleague or a superior, of a health problem that limits work, of a business failure, or of a planned or forced retirement. The final acceptance of the reality of the work situation may prepare the individual for the role of mentor to a younger person in the same vocation.

#### *Assuring economic security for old age*

Concern about the adequacy of financial resources for old age is a reality for most middle-aged people. Such concerns include having enough money to meet day to day expenses, being able to pay the rent or mortgage, worries about whether savings will be eroded by inflation, anxieties about illness and the associated expenses (medicine, home care, paramedical services, specialized housing needs, etc.), and whether government or private pension funds will yield the anticipated and necessary income. Voluntary or forced retirement reduces income and may markedly alter lifestyle. Retirement becomes the "rite of passage between productive maturity and non-productive old age".<sup>27</sup>

#### *Helping children leave home and become responsible adults*

Adolescents question, rebel, and challenge parental authority.<sup>8</sup> Paradoxically, they reserve the right to fall back upon parents in moments of crisis. With the resolution of a crisis, many adolescents resume their independence and rebellion, leaving some parents uncertain about their actual role. Concurrently, parents have conflicting feelings; they feel a need to assert their values to children, but often identify with them in an attempt to relive their own youth.

The children ultimately leave home to pursue an education, a job, or to start their own families. While parents want their children to develop, when the children leave home, parents may feel lonely and question their own mortality; these feelings are commonly associated with the empty-nest syndrome. However, the child maintains contact with the family for ceremonial occasions, financial assistance, and during crises.<sup>8, 28</sup>

#### *Maintaining contact with children and grandchildren*

The arrival of a grandchild produces a three generational family, and estab-

lishes the potential for many of the life events seen in mid life. In their interviews of 70 sets of American grandparents, Neugarten and Weinstein observed varying levels of comfort with the role of grandparent.<sup>29</sup> They also noted differences in the significance of the grandparent role and in the style of grandparenting. Differing perceptions about this role between the new parent and grandparent can produce conflict. Areas of disagreement include how to feed, discipline, and educate the child.<sup>8, 29, 45, 46</sup>

#### *Reorganizing living arrangements*

When children leave home, parents may desire smaller living quarters, or simply a move that produces a change. This may involve a different locale or a different climate, with its associated readjustments in lifestyle. A move may mean disposing of property and mementoes that have important memories. It may result in an emotionally traumatic geographical separation from children and grandchildren.<sup>8</sup>

#### *Readjusting to being a couple again*

Pineo observed that in the middle years there is a general decrease in marital satisfaction and adjustment (disenchantment), and a loss of intimacy (confiding, kissing, reciprocal settling of arguments).<sup>30</sup> Deutscher's<sup>20</sup> door-to-door surveys of post-parental couples, and Vaillant's<sup>7</sup> prospective studies of aging men indicate that the 'empty nest' may improve or worsen this situation. People need the reassurance of their partner's presence and couples often attempt to develop a new closeness. The absence of children as diversions or scapegoats may force husband and wife to talk directly and openly to each other, and to do things they have not had an opportunity to do before. For others, the absence of children only serves to accentuate a loss of intimacy, and often results in quarrels, extra-marital affairs, sexual dysfunction, and, in some instances, divorce.<sup>8</sup>

#### *Participating in the community*

Medalie has said that as women age they show greater involvement in the community than do men.<sup>15</sup> Men show a decrease in "affective expressiveness and emotional investment", while women become "more self-con-

fidant, more expansive, and more expressive". As a result, women often assume more of a leadership role in both the family and the community.<sup>15</sup>

#### *Ensuring adequate medical supervision for old age*

Transcultural studies indicate varying attitudes to health with aging.<sup>31</sup> People may be realists, pessimists, or optimists. Despite this variation, health supervision appears to be an important priority for aging people, and they visit their doctors more frequently for check-ups and the investigation and management of both acute and chronic problems.<sup>1, 15</sup>

#### *Making living arrangements for one's own parents*

Three generation families are the norm, and four generation families are becoming more frequent.<sup>32</sup> The middle-aged person becomes sandwiched between young and old generations, both struggling with their own issues of dependency/independency, and relying on the middle-aged person (who often is in transition himself) during crises. This results in increased demands on time and energy, less time for self and spouse, increased sources of emotional conflict, and frequent feelings of self-induced or externally imposed guilt over not being able to devote more time to aging and often demanding parents.<sup>8</sup>

#### *Reaffirming the values of life that have real meaning*

The mid-life period challenges the individual to accept successes or failures, whether they are vocational or interpersonal. Vaillant's studies indicate that this is a gradual process, and it may facilitate adopting the role of a mentor, or solidifying family involvement.<sup>7</sup> As part of the process of mentorship, one becomes a teacher or guide to enhance a young person's skills or intellectual development. The mentor serves as a guide to initiate changes in the social and occupational world of a younger colleague. This role may give increased meaning to a middle-aged person's life.

## **Studies of Problems in Middle Age**

Middle-aged patients appear to believe quite strongly that it is appro-

appropriate for their family doctors to ask them about their non-medical problems.<sup>33</sup> A physician may enquire about such issues in the context of regular history taking. In research or in clinical practice, problems may also be identified by administering to patients inventories that identify psychosomatic or psychoneurotic profiles,<sup>34</sup> questionnaires of family function,<sup>35, 36</sup> or life event scales.<sup>37-39</sup> Smith et al. proposed the use of life event scales in family practice to suggest the possible etiology of a medical problem, and for counselling patients about the appropriate timing for a specific life event change.<sup>40</sup>

What are the problems that middle-aged people might identify? Patients with a mean age in the mid-life period attending a general medicine ambulatory clinic in Cleveland reported a mean of 1.9 life events in the preceding year of care.<sup>41</sup> In contrast, our own

study of middle-aged patients attending private family physicians' offices in southwestern Ontario found a mean of 4.7 middle life events and concerns over one year.<sup>42</sup> These studies reflect only one specific 12 month interval and therefore it is feasible that over a number of years the family physician might be able to identify in his patients many of the life events and concerns summarized in this article.

We also investigated the type of life event or concern often identified by middle-aged patients.<sup>42</sup> The rank order of middle life events reported by 116 patients is summarized in Table 2. The most frequently identified events or concerns were: increased personal concern for health, death of a friend or relative, change in wage/salary, and concern for change in physical appearance. If one remembers that these data represent life events or concerns of a single year, it is possible that the order

or content of this ranking could vary from time to time. However, we noticed that for the group of middle-aged patients studied, concern for health-related events was paramount (see Table 3).<sup>42</sup> This finding is consistent with those of other authors, particularly Medalie,<sup>15, 16</sup> who said that adjustment to the body's physical and physiological changes is a major developmental task of middle age.

It is important to realize that events or concerns identified by patients were not necessarily associated with a negative impact or effect. We noted that of the 548 life events reported by patients attending family physicians, approximately 25% were perceived by the patients as having a good effect, 25% as having no effect or an unknown effect, and 50% as having a negative effect.<sup>42</sup> This suggests that while events or concerns with a negative effect are predominantly reported, the patient also experiences good or neutral events that may be of some importance to his health and wellbeing.

**Table 2<sup>42</sup>**  
**Rank Order of Middle Life Events/Concerns**

Life Events/Concerns	Frequency of Life Events	% of 116 Patients Who Identified the Events
Increased personal concern for health	63	54.3
Death of friend or relative	50	43.1
Change in wage/salary	44	37.9
Concern for change in physical appearance	40	34.5
Other family-related events*	38	32.8
Other health-related events*	37	31.9
Concern about aging	35	30.2
Change in work load	32	27.6
Change in sexual activities of self/partner	23	19.8
Other finance-related events*	20	17.2
Change in family get-togethers	18	15.5
Illness of spouse	18	15.5
Move to new home/location	16	13.8
Change in relations with spouse	15	12.9
Other work-related event*	13	11.2
Demotion/being fired/laid off/retired	13	11.2
Children leaving home	11	9.5
On/off welfare	10	8.6
Menopause/change of life as a concern	9	7.7
Problem with in-laws	8	6.9
Mortgage problem	7	6.0
Change in jobs	6	5.2
Trouble with boss	6	5.2
Legal problems	5	4.3
Engagement or marriage	4	3.4
Separation or divorce	3	2.7
Extramarital affair	2	1.7
Business failure/loss	2	1.7
Death of spouse	0	0.0
<b>Total</b>	<b>548</b>	

\* Most life events/concerns identified by patients were selected from a list of 25 issues common to middle-age. Events recorded by patients which did not correspond to those on the list were grouped under the headings of 'other' family-related, health-related, finance-related, and work-related events.

## The Physician's Role

What can a family physician do to help patients with concerns during middle age? First, he might make himself available to the patient by expressing interest in such issues when the patient comes to see him because of anxiety about health. Such an expression of interest may be particularly appropriate when a patient presents with one or more of the symptoms often associated with problems of living: back pain, abdominal pain, pelvic discomfort, headaches, tenseness, fatigue, sleeplessness, and other non-specific ailments.

Second, the physician may communicate to the patient, both verbally and non-verbally, his permission to express these concerns. What may be important to the patient is the mere presence of an empathetic person who will listen to worries, memories, fears, and hopes, all the while keeping the pa-

**TABLE 3<sup>42</sup>**  
**Frequency of Reported Life Events and Concerns by General Class**

Class of events	N	% of All Events
Middle-age health-related events	275	50.2
Family-related events	120	21.9
Finance-related events	81	14.8
Work-related events	72	13.1
<b>Total</b>	<b>548</b>	<b>100.0</b>

tient's concern about illness in context.

Third, a physician with knowledge of the stages of human development and the frequency of certain concerns during middle age can help patients place their problems in perspective. Patients may be relieved to realize that they are not alone with their life problems and concerns. Some may find this insight reassuring.

Talking and listening to a patient experiencing the painful adjustments of middle age will not necessarily create immediate change and instant solutions. However, on the basis of longitudinal studies, Vaillant<sup>7</sup> is optimistic in noting that while life crises may be emotionally painful, they also may force people to take unusual or unexpected actions which over time may prove to be beneficial. ●

## Acknowledgements

This research was funded, in part, by a grant from the W. K. Kellogg Foundation. Dr. Yaffe was a Kellogg Fellow in Family Medicine jointly at the University of Western Ontario and at the W. K. Kellogg Centre for Advanced Studies in Primary Care, McGill University. The research was conducted as the thesis requirement for the M Cl Sc program at the University of Western Ontario. We also wish to thank thesis advisors Drs. Martin Bass and John Biehn.

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