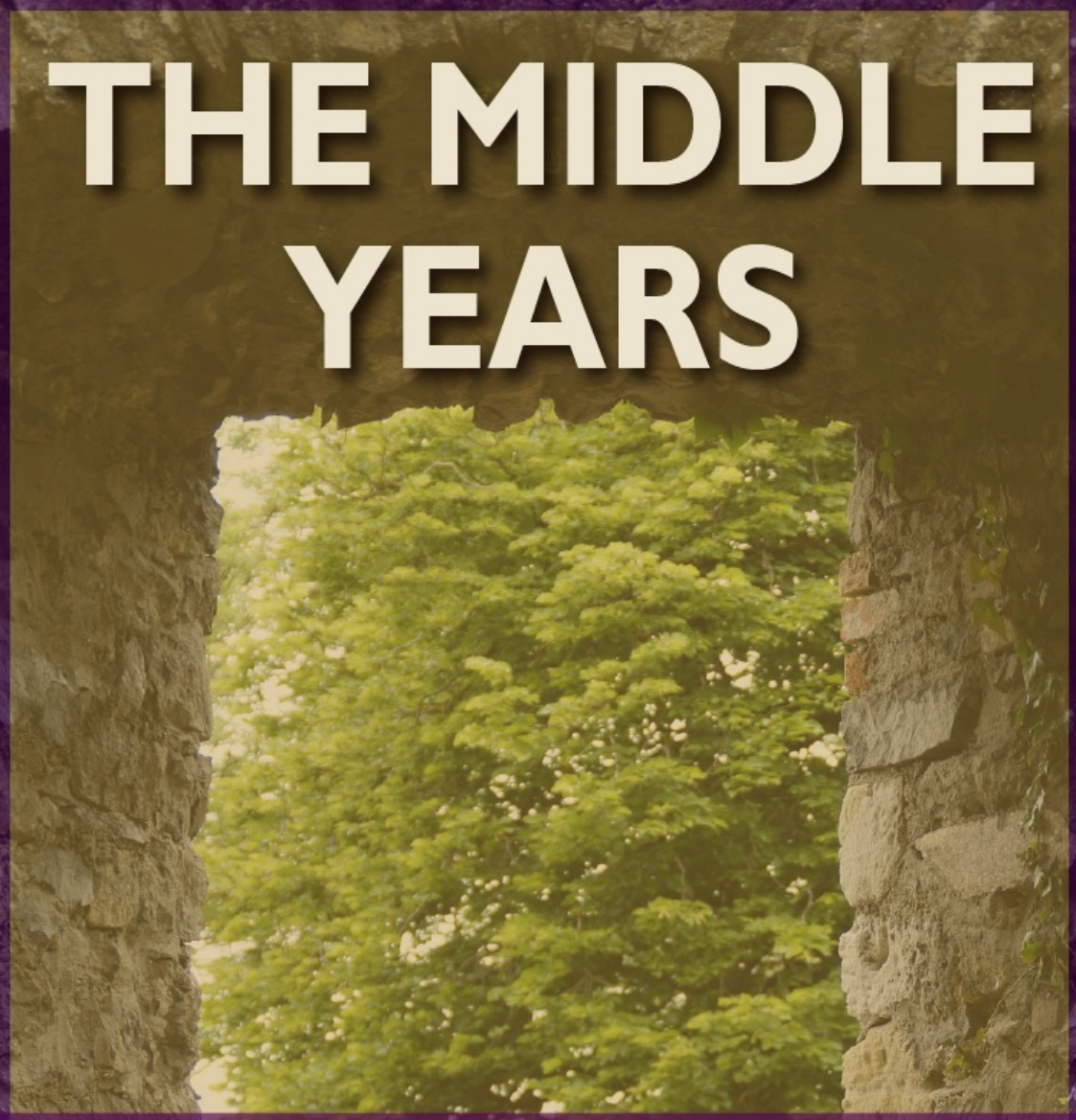
THE MIDDLE YEARS



BERNICE L. NEUGARTEN
NANCY DATAN

AMERICAN HANDBOOK OF PSYCHIATRY

THE MIDDLE YEARS

Bernice L. Neugarten and Nancy Datan

e-Book 2015 International Psychotherapy Institute

From *American Handbook of Psychiatry: Volume 1* edited by Silvano Arietti

Created in the United States of America

Table of Contents

THE MIDDLE YEARS

Bernice L. Neugarten and Nancy Datan

Middle life has received relatively little attention from students of the life cycle. The early part of life, paced by a biologically timed sequence of events, continues to attract major attention from behavioral scientists; and in the past few decades a large body of research has grown up about old age. The years of maturity, by contrast, are less understood. Only a few attempts have been made to develop a psychology of the life cycle, and the search for regular developmental sequences of personality change in adulthood is relatively new. This neglect of middle life has led by default to the uncritical view on the part of many psychologists that personality is stabilized and the major life commitments completed in the period of youth and that nothing of great significance occurs for the long time until senescence appears. Clinicians, on the other hand, have shown considerable awareness of the potential hazards to mental health that arise in midlife. For women the climacterium is thought to constitute one such crisis; for men the perception of decline in sexual prowess is considered a serious crisis; and the phenomenon of depression in middle age has received much attention. All this has led to somewhat unbalanced views of middle age as either plateau or crisis.

The focus of this chapter is upon social psychological perspectives,

rather than upon the psychodynamics of personality change. In taking note of salient biological, psychological, and social changes of middle age, we shall draw upon such empirical studies as exist and focus primarily upon investigations of so-called normal or nonclinical populations.[1]

The Changing Boundaries of Middle Age

The boundaries of middle age have been defined by various indices. Chronological age definitions are perhaps the most arbitrary. Typically the period being described is 40 to 60 or 65, but it is sometimes as broad as a 30 year span, 30 to 60, or sometimes only a single decade, the forties. There is no consensus that any single biological or social event constitutes the lower boundary of middle age. While it is often said that retirement constitutes the upper boundary for men, there is 110 agreed upon boundary for women. The major life events that characterize the middle part of the life span—reaching the peak of one's occupational career, the launching of children from the home, the death of parents, climacterium, grandparenthood, illness, retirement, widowhood—while they tend to proceed in a roughly predictable sequence, occur at varying chronological ages and are separated by varying intervals of time. Most behavioral scientists therefore concur that chronological age is not a meaningful index by which to order the social and psychological data of adulthood; and the individual's own awareness of entry and exit from middle age, as will be described in more detail below, seems to

emerge from a combination of biological and social cues rather than from a fixed number of birthdays. Since there are no clear boundaries, it is sometimes said that middle age should be described as a state of mind rather than as a given period of years. If so, it is a state of mind that has an important influence upon the individual's perceptions of himself and his strategies for managing his world.

For both observer and observed, middle age cannot meaningfully be separated from that which precedes and follows it in the life cycle, for the individual always assesses his present in terms of both his past and his future. Accordingly, perceptions of the life cycle are meaningful data in understanding the middle- aged.

Perceptions of the Life Cycle

Perceptions vary from one person to the next regarding the timing and rhythm of major life events and the quality of life at successive periods of adulthood, but important bases of consensus are to be found as well as consistent group differences. In one study of the views of men and women aged 40 to 70 (a community sample drawn from a metropolitan area), adulthood was generally seen as divided into four periods: young adulthood, maturity, middle age, and old age, each period having its unique characteristics. These major periods of life were recognized by all

respondents, but there were differences in the views of men and women and differences according to socioeconomic level. Men saw a succession of minor dividing points and a relatively gradual progression from one period of life to the next. Women saw one major dividing point that outweighed the others in significance, and they often described adult life in terms of two somewhat disconnected lives, one before and one after 40. Among business executives and professionals, a man did not reach middle age until 50, nor old age until 70. For the blue- collar worker, on the other hand, life was paced more rapidly, and a man was described as middle-aged by 40 and old by 60.

The themes of life associated with middle age varied also with the social status of the respondent. For the upper-middle class, young adulthood (20 to 30) was described as a time of exploration and groping, of "feeling one's way" in job, marriage, and other adult roles, and as a period of experimentation. Maturity (30 to 40) was the time of progressive achievement and increasing autonomy. Middle age was described as the period of greatest productivity and of major rewards, the "prime of life." Women, while mentioning the adjustments required by the departure of children from the home, also described middle age as a period of mellowness and serenity. Old age was viewed as a period of relaxation, leisure, security, partial withdrawal, and resting on one's laurels.

The blue-collar worker had a different view. Both men and women

described young adulthood as the period, not when issues are explored, but when they become settled, and when life's responsibilities loom up as inescapable. One becomes increasingly sensible, older, wiser, and quieter. Not only does middle age come early, but it is described in terms of decline—slowing down, physical weakening, becoming a has-been. Old age is the period of withdrawal and progressive physical decline and is described in pessimistic terms, the "old age, it's a pity" theme.

In a related study of over 600 middle-aged men and women, there was a striking consistency in attitudes about growing older. While the largest proportion of responses were neutral, in those persons who expressed negative or contingent attitudes the fear of dependency was paramount. (Contingent attitudes were those in which the respondent said, "Growing old will be fine if my health stays good," or "I don't mind old age as long as I don't become a burden to anyone.") Dependency was always seen as having two sources, loss of income and loss of health. Fear of death was never expressed, nor fear of social isolation. Fear of dependency was the only theme to occur with any frequency, and it occurred approximately as often for men as for women and for people at all social class levels.

The Changing Rhythms of the Life Cycle

Perceptions of the life cycle are influenced, of course, by social change.

From a historical perspective there is documentation to show that not until the seventeenth and eighteenth centuries, with the growth of industrialization, a middle class, and formal educational institutions, did the view appear that childhood was a discernible period of life with special needs and characteristics. The concept of adolescence can be viewed as essentially a twentieth- century invention. Most recently a case has been made for a new stage called youth, a stage that has appeared only in the last few decades when social change has become so rapid that it threatens to make obsolete all institutions and values within the lifetime of each generation and when a growing minority of young persons face the task of reconciling the self with the social order. It has been suggested that, in terms of the developmental polarities suggested by Erikson, in which the central psychological issue of adolescence is identity versus diffusion, the central issue for youth is individuation versus alienation.

A parallel case can be made for the fact that the period of middle age is a recently delineated stage in the life cycle. In this instance the significant dimensions of social and technological change are the enormous increase in longevity that has occurred since the beginning of this century and the growth of leisure in the affluent postindustrial society. At the risk of overdoing these parallelisms, it might be ventured that the central psychological task for middle age relates to the use of time, and the essential polarity is between time mastery and capitulation.

From a somewhat narrower historical perspective, social change creates alterations in the rhythm and timing of life events, alterations that have their inevitable effects upon perceptions of what it means to be middle-aged. This can be illustrated from changes in the family cycle and the work cycle. Dramatic changes have occurred over the past several decades as age at marriage has dropped, as children are born earlier in the marriage and are spaced closer together, as longevity and consequently the duration of marriage has increased.

Census data show, for instance, that in 1890, only 80 years ago, the average American woman left school at about age 14, married at 22, had her first-born child within two to three years and her last-born child when she was 32. Her husband died when she was only 53, her last child married when she was 55, and she herself lived to about 68. The average woman was widowed, then, before her last child left home.

In 1966 this picture was very different. Then the average woman left school at age 18; she married at 20; her first child was born within one year; her last child, by the time she was 26; and all her children were in school fulltime when she was only 32. The projections for this group of women were that the last child would marry when she was 48, her husband would die when she was 64, and she herself could expect to live to almost 80. Thus, our average woman can now look forward to some 45 years of life after her last-

born child is in school.

These trends are equally reflected, of course, in the lives of men. Historically the family cycle has quickened for both sexes as marriage, parenthood, empty nest, and grand- parenthood all occur earlier, and as the interval of time becomes extended (now some 16 years) when husband and wife are the remaining members of the household. (While the family cycle runs its course a few years later for men and women at higher social class levels, the general pattern of historical change is the same for both higher and lower levels.)

Parent-child relationships in middle age have been affected by the fact that parenthood has been coming earlier in life. Changes in parental behavior, with, for example, fathers becoming less authoritarian, may in part reflect this increasing youthfulness. It is the relative youth of both parents and grandparents, furthermore, that may be contributing to the complex patterns of help between generations that are now becoming evident, including the widespread financial help that flows from parents downward to their adult children. In a study of three-generation families in which styles of behavior by grandparents were delineated, it was found that younger grandparents (those under 65 as compared with those over 65) more often followed the fun-seeking pattern. The fun-seeker is the grandparent whose relation to the child is informal and playful and who joins the child for the purpose of having fun,

somewhat as if he were the child's playmate. Grandchildren are viewed by these grandparents as a source of leisure activity, as a source of self-indulgence. Authority lines become irrelevant, and the emphasis is upon mutual gratification. Similarly, with grandparenthood coming earlier in life, there is the emergence of an extended family system that encompasses several generations. (In 1962, 40 per cent of all persons in the United States who were 65 or over had *great*-grandchildren.)

Changes in the work cycle are also changing rapidly, affecting the perceptions of middle age. With longer education and later entry into the labor force, and with earlier retirement, the proportion of the life span spent at work is diminishing for men. For women the trend is the opposite. While fewer women work, and fewer work full-time, the trend is to extend the proportion of the life span spent in the labor force. With more than half of all women aged 50 to 55 now in the labor force, middle-aged women have gained in status relative to men, and relationships are changing not only between the sexes but between the generations within the family. Not only the mother goes to work now, but also the middle-aged grandmother.

While direct data are lacking, it is probable that these changes in the family and in the economy are contributing to major differences between the sexes in adaptations to middle age and in patterns of aging. For women, although there is an increased burden of caring for aged parents, lightened

family responsibilities, the marriage of the last-born child, and the taking on of new economic and civic roles now tend to coincide with the biological changes of the climacterium, probably producing an increasingly accentuated new period of life and contributing to the new sense of freedom expressed by many middle-aged women.

The rhythms of the work career show great variability at different occupational levels, and there are large differences from one occupation to another in the timing of career stages, in the rewards that come at each stage, and in the relationships between younger and older participants in the work setting. Increased complexity of knowledge is required, not only of the practicing professional, but for a wide variety of occupations. Even more significant is the accompanying problem of obsolescence of skills and technical knowledge, a problem that characterizes most occupational groups. Age lines tend to become blurred and age-deference systems weakened in instances where a younger man's up-to-date knowledge has the advantage over the older man's experience. To take but one example, studies of business leaders show that the average age of the business elite rose steadily from 1870 to 1950. The increase in size, complexity, and bureaucratization that characterizes big business today has been accompanied by a lengthening of the early phases of the career line. It has been taking longer than in earlier generations for a man to rise to the top of the administrative ladder, a fact that perhaps underlies some of the efforts now being made by business firms

to push young men into leadership roles.

The changing technology, the changing job patterns, as well as the changing family cycle, are all influencing the experience of middle age.

The Subjective Experience of Middle Age

Middle-aged men and women, while they recognize the rapidity of social change and while they by no means regard themselves as being in command of all they survey, nevertheless recognize that they constitute the powerful age group vis-a-vis other age groups; that they are the norm bearers and the decision makers; and that they live in a society that, while it may be oriented toward youth, is controlled by the middle-aged. There is space here to describe only a few of the psychological issues of middle age as they have been described in one of our studies in which 100 highly placed men and women were interviewed at length concerning the salient characteristics of middle adulthood. These people were selected randomly from various directories of business leaders, professionals, and scientists.

The enthusiasm manifested by these informants as the interviews progressed was only one of many confirmations that middle age is a period of heightened sensitivity to one's position within a complex social environment, and that reassessment of the self is a prevailing theme. As anticipated most of this group were highly introspective and verbal persons who evidenced

considerable insight into the changes that had taken place in their careers, their families, their status, and in the ways in which they dealt with both their inner and outer worlds. Generally the higher the individual's career position, the greater was his willingness to explore the various issues and themes of middle age.

The Delineation of Middle Age

There is ample evidence in these reports, as in the studies mentioned earlier, that middle age is perceived as a distinctive period, one that is qualitatively different from other age periods. Middle-aged people look to their positions within different life contexts—the body, the career, the family—rather than to chronological age for their primary cues in clocking themselves. Often there is a differential rhythm in the timing of events within these various contexts, so that the cues utilized for placing oneself in this period of the life cycle are not always synchronous. For example, one business executive regards himself as being on top in his occupation and assumes all the prerogatives that go with seniority in that context, yet, because his children are still young, he feels he has a long way to go before completing his major goals within the family.

Distance from the Young

Generally the middle-aged person sees himself as the bridge between the generations, both within the family and within the wider contexts of work and community. At the same time he has a clear sense of differentiation from both the younger and older generations. In his view young people cannot understand nor relate to the middle-aged because they have not accumulated the prerequisite life experiences. Both the particular historical events and the general accumulation of experience create generational identification and mark the boundaries between generations. One 48 year old says,

> I graduated from college in the middle of the Great Depression. A degree in Sociology didn't prepare you for jobs that didn't exist, so I became a social worker because there were openings in that field. . . . Everybody was having trouble eking out an existence, and it took all your time and energy. . . . Today's young people are different. They've grown up in an age of affluence. When I was my son's age I was supporting my father's family. But my son can never understand all this . . . he's of a different generation altogether.

The middle-ager becomes increasingly aware of the distance—emotionally, socially, and culturally—between himself and the young. Sometimes the awareness comes as a sudden revelation:

> I used to think that all of us in the office were contemporaries, for we all had similar career interests. But one day we were talking about old movies and the younger ones had never seen a Shirley Temple film. . . . Then it struck me with a blow that I was older than they. I had never been so conscious of it before.

Similarly, another man remarked:

> When I see a pretty girl on the stage or in the movies, and when I realize she's about the age of my son, it's a real shock. It makes me realize that I'm middle-aged.

An often expressed preoccupation is how one should relate to both younger and older persons and how to act one's age. Most of our respondents are acutely aware of their responsibility to the younger generation and of what we called "the creation of social heirs." One corporation executive says,

> I worry lest I no longer have the rapport with young people that I had some years back. I think I'm becoming uncomfortable with them because they're so uncomfortable with me. They treat me like I treated my own employer when I was 25. I was frightened of him. . . . But one of my main problems now is to encourage young people to develop so that they'll be able to carry on after us.

And a 50-year-old-woman says,

> You always have younger people looking to you and asking questions. . . . You don't want them to think you're a fool. . . . You try to be an adequate model.

The awareness that one's parents' generation is now quite old does not lead to the same feeling of distance from the parental generation as from the younger generation.

> I sympathize with old people, now, in a way that is new. I watch my parents, for instance, and I wonder if I will age in the same way.

The sense of proximity and identification with the old is enhanced by

the feeling that those who are older are in a position to understand and appreciate the responsibilities and commitments to which the middle-aged have fallen heir.

> My parents, even though they are much older, can understand what we are going through; just as I now understand what they went through.

Although the idiosyncrasies of the aged may be annoying to the middle-aged, an effort is usually made to keep such feelings under control. There is greater projection of the self in one's behavior with older people, sometimes to the extent of blurring the differences between the two generations. One woman recounted an incident that betrayed her apparent lack of awareness (or her denial) of her mother's aging:

> I was shopping with mother. She had left something behind on the counter and the clerk called out to tell me that the "old lady" had forgotten her package. I was amazed. Of course the clerk was a young man and she must have seemed old to him. But I myself don't think of her as old.

Marriage and Family

Women, but not men, tend to define their age status in terms of the timing of events within the family cycle. Even unmarried career women often discuss middle age in terms of the family they might have had.

> Before I was 35, the future just stretched forth, far away. ... I think I'm doing now what I want. The things that troubled me in my thirties about marriage and children don't bother me now because I'm at the age where

> many women have already lost their husbands.

Both men and women, however, recognized a difference in the marriage relationship that follows upon the departure of children, some describing it in positive, others in negative terms, but all recognizing a new marital adjustment to be made.

> It's a totally new thing. Now there isn't the responsibility for the children. There's more privacy and freedom to be yourself. All of a sudden there are times when we can just sit down and have a conversation. And it was a treat to go on a vacation alone!

> It's the boredom that has grown up between us but which we didn't face before. With the kids at home, we found something to talk about, but now the buffer between us is gone. There are just the two of us, face to face.

A recent review of the literature on the family of later life points to the theme of progressive disenchantment with marriage from the peak of the honeymoon to the nadir of middle life, and to the fact that a number of studies indicate that middle-aged marriages are more likely than not to be unsatisfactory. There are other studies, however, that indicate the opposite. In either case, and whatever the multiplicity of possible interpretations, middle age is not the point at which marriages characteristically break up. On the contrary, nationwide statistics show that divorce rates are highest for teen-age marriages, then drop steadily with age and duration of marriage.

One difference between husbands and wives is marked. Most of the

women interviewed feel that the most conspicuous characteristic of middle age is the sense of increased freedom. Not only is there increased time and energy available for the self, but also a satisfying change in self-concept takes place. The typical theme is that middle age marks the beginning of a period in which latent talents and capacities can be put to use in new directions.

Some of these women describe this sense of freedom coming at the same time that their husbands are reporting increased job pressures or-— something equally troublesome— job boredom. Contrast this typical statement of a woman,

> I discovered these last few years that I was old enough to admit to myself the things I could do well and to start doing them. I didn't think like this before. . . . It's a great new feeling.

with the statement of one man.

> You're thankful your health is such that you can continue working up to this point. It's a matter of concern to me right now, to hang on. I'm forty-seven, and I have two children in college to support.

or with the statement of another man, this one a history professor,

> I'm afraid I'm a bit envious of my wife. She went to work a few years ago, when our children no longer needed her attention, and a whole new world has opened to her. But myself? I just look forward to writing another volume, and then another volume.

The Work Career

Men, unlike women, perceive the onset of middle age by cues presented outside the family context, often from the deferential behavior accorded them in the work setting. One man described the first time a younger associate held open a door for him; another, being called by his official title by a newcomer in the company; another, the first time he was ceremoniously asked for advice by a younger man.

Men perceive a close relationship between life line and career line. Middle age is the time to take stock. Any disparity noted between career expectations and career achievements— that is, whether one is “on time” or “late” in reaching career goals—adds to the heightened awareness of age. One lawyer said,

> I moved at age forty-five from a large corporation to a law firm. I got out at the last possible moment, because if you haven’t made it by then, you had better make it fast, or you are stuck.

There is good evidence that among men most of the upward occupational mobility that occurs is largely completed by the beginning of the middle years, or by age 35." Some of the more highly educated continue to move up the ladder in their forties and occasionally in their fifties. On the other hand, some men, generally the less schooled, start slipping sometime in the years from 35 to 55. The majority tend to hold on, throughout this period, to whatever rung they managed to reach. Family income does not always reflect a man’s job status, for by the time of the mid-forties such large

numbers of wives have taken jobs that family income often continues to rise. For this and other reasons there is considerable variation in family income in middle age as compared to earlier periods in the family cycle.

The Changing Body

The most dramatic cues for the male are often biological. The increased attention centered upon his health, the decrease in the efficiency of the body, the death of friends of the same age—these are the signs that prompt many men to describe bodily changes as the most salient characteristic of middle age.

> Mentally I still feel young, but suddenly one day my son beat me at tennis.

Or,

> It was the sudden heart attack in a friend that made the difference. I realized that I could no longer count on my body as I used to do . . . the body is now unpredictable.

One 44 year old added,

> Of course I'm not as young as I used to be, and it's true, the refrain you hear so often in the provocative jokes about the decrease in sexual power in men. But it isn't so much the loss of sexual interest, I think it's more the energy factor.

A decrease in sexual vigor is frequently commented on as a normal

slowing down: “my needs have grown less frequent as I’ve gotten older,” or “sex isn’t as important as it once was.” The effect is often described as having little effect on the quality of the marriage.

> I think as the years go by you have less sexual desire. In fact, when you’re younger there’s a *need,* in addition to the desire, and that need diminishes without the personal relationship becoming strained or less close and warm. ... I still enjoy sex, but not with the fervor of youth. . . . Not because I’ve lost my feelings for my wife, but because it happens to you physically.

Although a number of small-scale studies have appeared recently, the data are poor regarding the sexual behavior of middle-aged and older people. It would appear that sexual activity remains higher than the earlier stereotypes would indicate and that sexual activity in middle age tends to be consistent with the individuals’ earlier behavior; but at the same time there is gradual decrease with age in most persons, and the incidence of sexual inadequacy takes a sharp upturn in men after age 50. Masters and Johnson, making many of the same points made earlier by Kinsey and others, point to the manifold physiological and psychological factors involved in sexual behavior in both sexes. Most clinicians seem to agree with their view that in a high percentage of cases men can be successfully treated for secondarily acquired impotence, and that the diminution of both the male’s sexual prowess and the female’s responsiveness is the reflection of psychological rather than biological factors, mainly the boredom and monotony of repetitious sexual relationship, preoccupations with career or family

pressures, mental or physical fatigue, health concerns, and, particularly for the male, fear of performance associated with any of these factors.

Changes in health and in sexual performance are more of an age marker for men than for women. Despite the menopause and other manifestations of the climacterium, women refer much less frequently to biological changes or to concern over health. Body monitoring is the term we used to describe the large variety of protective strategies for maintaining the middle-aged body at given levels of performance and appearance; but while these issues take the form of a new sense of physical vulnerability in men, they take the form of a rehearsal for widowhood in women. Women are more concerned over the body monitoring of their husbands than of themselves.

That widowhood is a critical concern for middle-aged women is borne out by other studies. Not only is there the grief and reorganization of established life patterns to face, but widows experience a drop in status with the death of their husbands. The situation of many resembles that of a minority group who are singled out for unequal treatment and who regard themselves as objects of social discrimination. Many widows feel demeaned by limiting their socializing to other widows and feel that friends avoid them in the attempt to ignore the whole subject of death and grief. The rehearsal for widowhood is obviously reality-based. With 20 to 25 per cent of all women aged 55 to 65 living as widows, most married women number among

their friends or relatives other women who have been recently widowed.

The Changing Time Perspective

Both sexes, although men more than women, talked of the new difference in the way time is perceived. Life is restructured in terms of time left to live rather than time since birth. Not only the reversal in directionality, but the awareness that time is finite, is a particularly conspicuous feature of middle age. Thus,

> You hear so much about deaths that seem premature. That's one of the changes that comes over you over the years. Young fellows never give it a thought.

Another said,

> Time is now a two-edged sword. To some of my friends, it acts as a prod; to others, a brake. It adds a certain anxiety, but I must also say it adds a certain zest in seeing how much pleasure can still be obtained, how many good years one can still arrange, how many new activities can be undertaken.

The recognition that there is "only so much time left" was a frequent theme in the interviews. In referring to the death of a contemporary, one man said,

> There is now the realization that death is very real. Those things don't quite penetrate when you're in your twenties and you think that life is all ahead of you. Now you know that death will come to you, too.

This last-named phenomenon we called the personalization of death: the awareness that one's own death is inevitable and that one must begin to come to terms with that actuality. Death rates over the life span show a sudden and dramatic rise at middle age. The rate for men aged 45 to 64 is six times as high as it is in the preceding 20-year period, and for women it is three times as high. A second factor that may be equally significant is that from childhood through early adulthood the leading cause of death is accidents, but for the age range 45 to 64, for both men and women, malignant neoplasms and heart disease account for nearly two-thirds of all deaths. To put this another way, in early life death is exceptional and accidental; but in middle age not only does death strike frequently, but it strikes from within.

The Prime of Life

Despite the new realization of the finiteness of time, one of the most prevailing themes expressed by middle-aged respondents is that middle adulthood is the period of maximum capacity and ability to handle a highly complex environment and a highly differentiated self. Very few express a wish to be young again. As one of them said,

> There is a difference between wanting to *feel* young and wanting to *be* young. Of course it would be pleasant to maintain the vigor and appearance of youth; but I would not trade those things for the authority or the autonomy I feel— no, nor the ease of interpersonal relationships nor the self-confidence that comes from experience.

The middle-aged individual, having learned to cope with the many contingencies of childhood, adolescence, and young adulthood, now has available to him a substantial repertoire of strategies for dealing with life. One woman put it,

> I know what will work in most situations, and what will not. I am well beyond the trial and error stage of youth. I now have a set of guidelines. . . . And I am practiced.

Whether or not they are correct in their assessments, most of our respondents perceive striking improvement in their exercise of judgment. For both men and women the perception of greater maturity and a better grasp of realities is one of the most reassuring aspects of being middle-aged.

> You feel you have lived long enough to have learned a few things that nobody can learn earlier. That's the reward . . . and also the excitement. I now see things in books, in people, in music that I couldn't see when I was younger. . . . It's a form of ripening that I attribute largely to my present age.

There are a number of manifestations of this sense of competence. There is, for instance, the 45 year old's sensitivity to the self as the instrument by which to reach his goals; what we have called a preoccupation with self-utilization (as contrasted to the self-consciousness of the adolescent):

> I know now exactly what I can do best, and how to make the best use of my time. ... I know how to delegate authority, but also what decisions to make myself. ... I know how to protect myself from troublesome people . . . one well-placed telephone call will get me what I need. It takes time to learn

> how to cut through the red tape and how to get the organization to work for me. . . . All this is what makes the difference between me and a young man, and it's all this that gives me the advantage.

Other studies have shown that the perception of middle age as the peak period of life is shared by young, middle-aged, and older respondents. In one such study there was consensus that the middle-aged are not only the wealthiest, but the most powerful; not only the most knowledgeable, but the most skillful.

There is also the heightened self-understanding that provides gratification. One perceptive woman described it in these terms:

> It is as if there are two mirrors before me, each held at a partial angle. I see part of myself in my mother who is growing old, and part of her in me. In the other mirror, I see part of myself in my daughter. I have had some dramatic insights, just from looking in those mirrors. ... It is a set of revelations that I suppose can only come when you are in the middle of three generations.

In pondering the data on these men and women, we have been impressed with the central importance of what might be called the executive processes of personality in middle age: self-awareness, selectivity, manipulation and control of the environment, mastery, competence, the wide array of cognitive strategies. We are impressed, too, with reflection as a striking characteristic of the mental life of middle-aged persons: the stocktaking, the heightened introspection, and, above all, the structuring and

restructuring of experience— that is, the conscious processing of new information in the light of what one has already learned and the turning of one's proficiency to the achievement of desired ends. These people feel that they effectively manipulate their social environments on the basis of prestige and expertise; and that they create many of their own rules and norms. There is a sense of increased control over impulse life. The middle- aged person often describes himself as no longer "driven," but as the "driver"—in short, "in command."

Although the self-reports quoted here were given by highly educated and successful persons, they express many of the same attitudes expressed less fluently by persons of less education and less achievement, persons who also feel in middle age the same increasing distance from the young, the stocktaking, the changing time perspective, and the higher degrees of expertise and self-understanding.

Furthermore, while these self-reports are taken from a single study, they demonstrate the salient issues identified by researchers who have studied middle age in various biological, social, and psychological contexts, and they are remarkably consistent with theoretical formulations of development in adulthood as set forth by psychologists and psychiatrists. They seem to us, for instance, to be congruent with the views of students of the life cycle such as Erikson, Jung, Buhler, and others who conceive of midlife

as a developmental period in its own right, a period in which the personality has new dilemmas and new possibilities for change; and when the personality is not to be understood as fixated upon the conflicts of childhood. These self-reports are also congruent with the views of Havighurst, Peck, and others who have described the developmental tasks of middle-age, and with the insights of clinicians like Butler, Levinson, Gould, and Soddy, who have turned their attention to gathering data on nonclinical populations.

Is Middle Age a Crisis Period?

As mentioned earlier, middle age is often described in the psychiatric as well as in the popular literature as a period of crisis. The climacterium and the departure of children from the home are usually mentioned as trauma-producing events for women; and for men, health problems, sexual impotence, and career decline. The implication is often that early middle age is second only to adolescence as a period of stress and distress.

The Climacterium

Like puberty and pregnancy the climacterium is generally regarded as a significant turning point in a woman's psychosexual development; one that frequently reflects profound psychological as well as endocrine and somatic changes. Because it signifies that reproductive life has come to an end, it has

often been described as a potential threat to a woman's feminine identity, and adaptation to the climacterium as one of the major tasks of a woman's life.-' Benedek is one of the few psychoanalysts who has taken a more optimistic view; she regards it as a developmental phase in which psychic energy previously used to cope with the fluctuations of the menstrual cycle and reproduction is now released for new forms of psychological and social expansion.

Although there is a large medical and popular literature on the climacterium, there is a conspicuous lack of psychological research with nonclinical samples. While an estimated 75 per cent of women experience some discomfort during the climacterium, only a small proportion receive medical treatment, suggesting that conclusions drawn from clinical observations cannot be generalized to the larger population.

For example, in one study of 100 working-class and middle-class women aged 43 to 53, all of them in good health, all with children of high school age, data were obtained on a large number of psychological and social variables, including both overt and covert measures of anxiety, life satisfaction, and self-concept. It was found that these women minimized the significance of the menopause, regarding it as unlikely to produce much anxiety or stress. Among the aspects disliked most about middle age, only one woman of the 100 mentioned menopause, and even after considerable time

given to the topic on two different interview occasions, only one-third could think of any way that a woman's physical or emotional health was likely to be adversely affected. Many welcomed menopause as relief from menstruation and fear of unwanted pregnancies. A majority maintained that any changes in health, sexuality, or emotional status during the climacteric period were caused by idiosyncratic factors or individual differences in general capacity to tolerate stress. "It depends on the individual. Personally I think if women look for trouble, they find it."

On a specially devised checklist of attitudes toward menopause, the large majority attributed no discontinuity in a woman's life to the climacterium. Three-fourths took the view that, except for the underlying biological changes, women even have a relative degree of control over their symptoms. Using a checklist of those menopausal symptoms most frequently reported in the medical literature (hot flushes, paresthesia, irritability, and so on), it was found that even those women with high symptom scores discounted the importance of the climacterium as a factor in their current morale. And using several different measures of psychological well-being, some based on standardized tests, others on projective tests, some on direct self-report, very little correlation was found between psychological wellbeing and measures of climacteric status, symptoms, or attitudes toward menopause. The study produced no evidence, in short, to support a crisis view of the climacterium.

In two related studies the attitudes-toward- menopause and the symptom checklists were administered to several hundred women who ranged in age from 13 to 65. It was found that young women (under 40) had more negative and more undifferentiated views of menopause, but the middle-aged and older women saw it as only a temporary inconvenience. Highest frequency of symptoms occurred in the adolescents and in the menopausal women; but at adolescence the symptoms were primarily emotional, at menopause, primarily somatic. In only a few scattered instances were psychological symptoms reported more frequently by menopausal women than by any of the other age groups.

A similar picture among European-born women emerged in a cross-cultural study that included women of three Israeli subcultures: European immigrants, Near Eastern Jewish immigrants, and Israeli-born Muslim Arabs. When European-born women were interviewed about their concerns at middle age, they seldom related them to climacteric change. This was not true, however, of the other two cultural groups, both of whom came from traditional settings in which the role of women had altered relatively little since Biblical times. For women in the latter groups climacteric changes were more salient and more closely related to their perceptions of major changes at middle age.

Nor did our data support the common view that the cessation of fertility

is perceived as a major loss. Among the 100 American women just described, no regret over lost fertility was expressed: on the contrary, many women stated that they were happy to be done with childrearing/' A survey of nearly 1,200 middle-aged women of five Israeli subcultures that varied from traditionalism to modernity produced a parallel finding. Despite great differences in family size (an average of more than eight children among the most traditional women, and an average of two children among the most modern women), women in every cultural group emphatically welcomed the cessation of fertility.

All this is not to gainsay the fact that while perhaps most middle-aged women attach only secondary significance to the climacterium, some experience considerable disturbance and should and do seek out treatment. Some clinicians have proposed that any physiological or psychological distress at climacterium is primarily due to temporary endocrine imbalance and should be treated by correcting the estrogen deficiency; others have come to view the menopause as itself a hormone-deficiency disease, advocating estrogen maintenance from puberty to death;- but still others take a different view and see the distress as primarily due to psychodynamic factors or failure in psychosocial adaptation. Therapeutic approaches vary accordingly, although it is usual for the therapeutic approach to be geared to both physiological and psychological dimensions. In restricting the present chapter to the discussion of social psychological factors, we wish merely to

point to the importance of biological and psychodynamic factors as well, but to leave this last topic to be treated at greater length elsewhere in this *Handbook.*

Climacterium in men is discussed by many writers; it is generally concluded that although there are exceptional occurrences of abrupt involution comparable to ovarian involution, and occasional reports of symptoms such as headaches, dizziness, and hot flushes, if there is any change at all for the majority of men other than the gradual involution of senescence, the change is neither abrupt nor universal. It has been pointed out also that even if there is a decline in spermatogenesis the psychological consequences of such a change are unknown. Redlich and Freedman are among those who suggest that the mild depressive symptoms seen among men in their fifties are perhaps related to a career decline rather than to intrinsic organic change. Soddy, however, compares the climacteric period to adolescence, noting that although there is no definitive physiological marker among adolescent boys comparable to menarche in girls, the psychological changes are probably similar. He suggests that the logical inference is that there are very few differences between the sexes in attitude changes that are due directly to hormonal influences; sex differences are more likely due to cultural and social factors related to the more manifest climacteric changes in women.

The Empty Nest

With regard to another presumed crisis, the empty nest, available studies indicate that it, too, has been given exaggerated importance in terms of its consequences for mental health. One set of evidence comes from the women whose reactions to the menopause have just been described. These women were divided according to family stage: the intact stage, in which none of the children had yet left home; the transitional stage, with one or more gone but one or more remaining; and the empty nest stage. Those women who had children under age 14 at home were also compared with those whose youngest child was 15 or older. Life styles or role orientations were identified, and the sample was separated into those who were primarily home-oriented, community-oriented, work-oriented, or mixed home-community-oriented. These women were studied also for *change* in the pattern of role activities, assessing the extent to which each woman had expanded or constricted her activities in family and in nonfamily roles over the past five to ten years. The women were grouped into "expanders," "shifters," "statics," and "constrictors." The relationships between these social role patterns and measures of psychological well-being were low. Rather than being a stressful period for women, the empty nest or postparental stage was associated with a somewhat *higher* level of life satisfaction than were the other family stages. For at least the women in this sample, coping with children at home was presumably more stressful than seeing their children launched into adult society.

There is other evidence. For example, a study of 54 middle-aged men and women whose youngest child was about to leave home showed that while some persons in the sample had serious problems, the problems were not related to the departure of the children. The authors concluded that the confrontation of the empty nest, when compared with retrospections of the low points in the past and expectations of the future, is not of a nature to justify the use of the term "crisis."

Indices of Mental Health

Somewhat the same case can be made for the effects of other life events. While important alterations in the life space of the middle- aged person take place and may necessitate a certain degree of personal reorganization, it can be argued that the normal life events of middle age do not in themselves constitute emergencies for most people. This argument is supported by national statistics for age of first admission to mental hospitals (1967), which rise from childhood to a peak in the period 25 to 34—that is, during young adulthood—and then drop gradually through middle age, rising sharply after age 65. Similarly, in a study of 2,500 adults 21 and over, reports of past emotional crises were given by about a fifth in all age groups, but by a slightly higher proportion in the group aged 35 to 44, with the proportion then dropping steadily with age. The same study also showed that self-reported symptoms of psychological distress rise somewhat with age, but show no

tendency to peak in middle age. Finally U.S. suicide rates climb steadily with age for males but do not peak in middle age, while for females the rate remains low with a slight drop after age 60 to 69. Thus, neither self-reports nor gross external criteria such as these support the crisis view of the middle years.

We interpret all this as support for our view of the "normal, expectable life cycle." Adults develop a set of anticipations of the normal life events, not only what those events should be, but also when they should occur/' They make plans, set goals, and reassess those goals along a time line shaped by those expectations. Adults have a sense of the life cycle: that is, an anticipation and acceptance of the inevitable sequence of events that occur as men grow up, grow old, and die; and they understand that their own lives will be similar to the lives of others and that the turning points are inescapable. This ability to interpret the past and foresee the future, and to create for oneself a sense of the predictable life cycle, presumably differentiates the healthy adult personality from the unhealthy one. From this point of view the normal, expectable life events are seldom trauma-producing. Women in their forties and fifties regard the climacterium as inevitable; they know that all women survive it; and most women therefore take it in stride. Similarly men and women expect their children to grow up and leave home, just as they themselves did in their own youth, and their feelings of relief and pride are important parts of their mixed emotions.

The normal, expectable life event too superficially viewed as a crisis event can be illustrated for events at the upper boundary of middle age as well. To an increasingly large proportion of men, retirement is a normal, expectable event. Yet in much of the literature on the topic, the investigator conceptualizes it as a crisis, with the result that the findings from different studies arc at variance, with some investigators unprepared for their discovery of no significant losses in life satisfaction or no increased rates of depression following retirement. The fact is that retirement is becoming a middle-aged phenomenon, with many workers now being offered and accepting the opportunity to withdraw from work at age 55. The latest national survey indicates that a surprisingly large proportion of workers in all industries are choosing to retire earlier and earlier, with the main, if not the single, determining factor being level of income—as soon as a man establishes enough retirement income, he chooses to stop working. A more recent study shows that nearly 70 per cent of persons who retired as *planned* were content in their retirement, compared with less than 20 per cent of the unexpected retirees, those who retired unexpectedly because of poor health or loss of job. Even death becomes a normal, expectable event to the old, and there are various studies that describe the relative equanimity with which it is anticipated. Judging from our many interviews with old people gathered in the course of large-scale studies of aging, the crisis is not death itself as much as the manner in which one will die. It appears that it is the prospect of dying

in a nonnormal, unexpected circumstance (in an institutional setting, say, rather than in one's accustomed family setting) that creates the crisis.

The situation with regard to widowhood is more equivocal; yet even here one study has shown that while somatic symptoms increased somewhat for both younger and older widows in the months following bereavement, consultation rates for psychiatric symptoms were very high for women under 65 but not for women over 65. In a large-scale study of American widows, it has been pointed out that the hardest hit are those who experience widowhood earlier than their associates. On the same point a review of epidemiological data regarding the widowed as a high-risk group in terms of mental illness, physical illness, and mortality indicate that there is excess risk at younger rather than at older ages for both sexes. Is this because by the time a woman reaches old age the death of her husband, a husband usually several years her senior, moves into the category of the expected?

All these findings are not to deny that the expectable life event precipitates crisis reactions in some persons, especially in those who come to the attention of the mental health professional. But even for the minority it may more often be the *timing* of the life event, not its occurrence, that constitutes the problematic issue. This observation is not a denial of the fact that many of the major life events in middle age (and in old age) are losses to the individuals concerned and that grief is their accompaniment. It is to say,

rather, that the events are anticipated and rehearsed, the grief work completed, the reconciliation accomplished without shattering the sense of continuity of the life cycle.

In drawing a distinction between illness and health, between the clinical and the normal, the psychology of grief is not synonymous with the psychology of mental illness. The relationships between loss, grief, physical illness, and mental illness are complex, and "loss" is itself a multidimensional factor. A recent study supporting this point revealed that persons who had experienced retirement or widowhood in the three years prior to being interviewed were not more frequently diagnosed by psychiatrists as mentally ill, nor had they found their way into mental hospitals with any greater frequency than others. Mental illness, on the other hand, was associated with self-blame, with reports of having missed one's opportunities or having failed to live up to one's potentials; in short, with intrapunitiveness.

The distinction is worth making then, that it is the unanticipated, not the anticipated, that is likely to represent the traumatic event. Major stresses are caused by events that upset the sequence and rhythm of the expected life cycle, as when the death of a parent comes in adolescence rather than in middle age; when marriage does not come at its desired or appropriate time; when the birth of a child is too early or too late; when occupational achievement is delayed; when the empty nest, grandparenthood, retirement,

major illness, or widowhood occur off time.

From this perspective it is an inaccurate view that middle age constitutes a crisis period in the life cycle any more than any other period of life. For most persons middle age brings with it the anticipated changes in family and work and health. Some of these changes are not necessarily interpreted as losses by the people who experience them. Whether perceived as losses or gains, the life events of middle age may produce new stresses for the individual, but they also bring occasions to demonstrate an enriched sense of self and new capacities for coping with complexity.

Bibliography

Anderson, J. E. (Eel), *Psychological Aspects of Aging*, American Psychological Association, Washington, D.C., 1956.

Aries, P., *Centuries of Childhood,* Random House, New York, 1962.

Back, K. W., and Bourque, L. B., "Life Graphs: Aging and Cohort Effects," *J. Gerontol.,* 25.249-255, 1970.

Baler, L. A., and Golde, P., "Conjugal Bereavement: Strategic Area of Research in Preventive Psychiatry," in *Working Papers in Community Mental Health*, Vol. 2, No. 1, Harvard School of Public Health, Department of Public Health Practice, Cambridge, 1964.

Barfield, R., *The Automobile Worker and Retirement: A Second Look,* Institute for Social Research, University of Michigan, Ann Arbor, 1970.

Bart, P., "Depression in Middle-Aged Women: Some Socio-Cultural Factors," Ph.D. diss., University of California, Los Angeles, 1967.

Benedek, T., "Climacterium: A Developmental Phase," *Psychoanal. Quart.,* 1,9.1-1950.

_____, "On the Psychic Economy of Developmental Processes," *Arch. Gen. Psychiat.,* 17:271-276, 1967.

Bigelow, N., "The Involutional Psychoses," in Arieti, S. (Ed.), *American Handbook of Psychiatry,* Vol. 1, pp. 540-545, Basic Books, New York, 1959.

Birren, J. E. (Ed.), *Relations of Development and Aging,* Charles C Thomas, Springfield, Ill., 1964.

Botwinick, J., *Cognitive Processes in Maturity and Old Age,* Springer, New York, 1967.

Brim, O. G., and Wheeler, S., *Socialization after Childhood,* John Wiley, New York, 1966.

Buhler, C., "The Course of Human Life as a Psychological Problem," *Human Dev., 11:* 184-200, 1968.

_____, and Massarik, F. (Eds.), *The Course of Human Life,* Springer, New York, 1968.

Butler, R. N., "Toward a Psychiatry of the Life Cycle," *Psychiat. Res. Rep.,* 2,3:23,3- 248, 1968.

Cameron, P., "The Generation Gap: Which Generation Is Believed Powerful versus Generational Members' Self-Appraisals of Power," *Develop. Psychol.,* 3:403—404, 1970.

Cohen, S., Ditman, K. S., and Gustafson, S. R., *Psychochemotherapy: The Physician's Manual,* rev. ed., Western Medical Publications, Los Angeles, 1967.

Coleman, R., and Neugarten, B. L., *Social Status in the City,* Jossey-Bass, San Francisco, 1971.

Cristenson, C. V., and Gagnon, J. H., "Sexual Behavior in a Group of Older Women," *J. Gerontol.,* 20:351-357, 1965.

Datan, N., "Women's Attitudes towards the Climacterium in Five Israeli Subcultures," Ph.D. diss., University of Chicago, 1971.

_____, Maoz, B., Antonovsky, A., and Wijsenbeek, H., "Climacterium in Three Cultural Contexts,"

Tropical & Geographical Med., 22:77-86, 1970.

Davis, M. E., Lanzl, L. H., and Cox, A. B., "Detection, Prevention and Retardation of Menopausal Osteoporosis," *Obstetrics & Gynecol.,* 36.187-198, 1970.

de Beauvoir, S., *The Second* Sex, Knopf, New York, 1953.

Demos, J., and Demos, V., "Adolescence in Historical Perspective," *J. Marriage & Fam., 31:*632-638, 1969.

Deutsch, H., "The Climacterium," in Deutsch, H., *The Psychology of Women,* Vol. 2, *Motherhood,* Grune & Stratton, New York, 1945.

Deutscher, I., "Socialization for Postparental Life," in Cavan, R. S. (Ed.), *Marriage and Family in the Modern World,* 2nd ed., Thomas Y. Crowell, New York, 1965.

Dunlop, E., "Emotional Imbalance in the Premenopausal Woman," *Psychosom.,* 9: 44-47. 1968.

Erikson, E. H., *Childhood and Society,* Norton, New York, 1950.

Frenkel-Brunswick, E., "Adjustments and Reorientations in the Course of the Life Span," in Neugarten, B. L. (Ed.), *Middle Age and Aging,* University of Chicago Press, Chicago, 1968.

Glick, P. C., Heer, D. M., and Beresford, J., "Family Formation and Family Composition: Trends and Prospects," in Suss- man, M. B. (Ed.), *Sourcebook in Marriage and the Family,* 2nd ed., Houghton Mifflin, Boston, 1963.

Gould, R. L., "The Phases of Adult Life: A Study in Developmental Psychology," *Am. J. Psychiat.,* 129:521-531, 1972.

Goulet, L. R., and Baltes, P. B., *Life Span Developmental Psychology,* Academic Press, New York, 1970.

Gregory, F. W., and Neu, I. D., "The American Business Elite in the 1870's," in Miller, W. (Ed.), *Men in Business,* Harvard University Press, Cambridge, 1952.

Gurin, G., Veroff, J., and Feld, S., *Americans View Their Mental Health: A Nationwide Interview Study,* Basic Books, New York, 1960.

Gutmann, D. L., "An Exploration of Ego Configurations," in Neugarten, B. L., *et al., Personality in Middle and Late Life,* Atherton Press, New York, 1964.

Havighurst, R. J., "Changing Roles of Women in the Middle Years," in Gross, I. (Ed.), *Potentialities of Women in the Middle Years,* Michigan State University Press, Lansing, 1956.

_____, "The Social Competence of Middle-aged People," *Genet. Psychol. Monog.,* 56:297-375, 1957.

Jacques, E., "Death and the Mid-life Crises," *Internal. J. Psychoanal., 46:*502-514, 1965.

Jaffe, A. J., "The Middle Years," *Industrial Gerontology,* September 1971, special issue.

Jung, C. G., "The Stages of Life," in C. G. Jung, *The Collected Works of C. G. Jung,* Vol. 8, *The Structure and Dynamics of the Psyche,* Pp. 387—403, Pantheon Books, New York, 1960.

Keniston, K., "Youth as a Stage of Life," *Am. Scholar,* 39:631-654, 1970.

Kerr, M. D., "Psychohormonal Approach to the Menopause," *Modern Treatment,* 5; 587-595. 1968.

Kinsey, A. C., *et al., Sexual Behavior in the Human Female,* W. B. Saunders, Philadelphia, 1953.

Klerman, G. L., and Levinson, D. J., "Becoming the Director: Promotion as a Phase in Personal-Professional Development," *Psychiatry, 32:*411-427, 1969.

Lieberman, M. A., and Coplan, A. S., "Distance from Death as a Variable in the Study of Aging," *Develop. Psychol., 2:* 71-84, 1970.

Lopata, H., *Widowhood in an American City,* Schenkman Publishing Co., Cambridge, Mass., 1972.

Lowenthal, M. F., and Chiriboga, D., "Transition to the Empty Nest," *Arch. Gen. Psychiat.,* 26:8-14, 1972

_____, *et al., Aging and Mental Disorder in San Francisco: A Social Psychiatric Study,* Jossey-Bass, San

Francisco, 1967.

Maoz, B., Dowty, N., Antonovsky, A., and Wijsenbeek, H., "Female Attitudes to Menopause," Soc. *Psychiat.,* 5:35-40, 1970.

Masters, W. H., and Johnson, V. E., *Human Sexual Response,* Little, Brown, Boston, 1966.

Munnichs, J. M. A., *Old Age and Finitude: A Contribution to Psychogerontology,* Karger, Basel, 1966.

Myrdal, A., and Klein, V., *Women's Two Roles: Home and Work,* 2nd ed., Rout- ledge and Kegan Paul, London, 1968.

Neugarten, B. L., "The Awareness of Middle Age," in Owen, R. (Ed.), *Middle Age,* British Broadcasting Co., London,

_____, "Dynamics of Transition of Middle Age to Old Age: Adaptation and the Life Cycle," *J. Gcriatric Psychiat.,* 4:71-87, 1970.

_____(Ed.), *Middle Age and Aging: A Reader in Social Psychology,* University of Chicago Press, Chicago, 1968.

_____, *et al., Personality in Middle and Late Life,* Atherton Press, New York, 1964.

_____, and Carron, D. C., "Attitudes of Middle-aged Persons toward Growing Older," *Geriatrics, 14:*21-24, 1959-

_____, and Gutmann, D. L., "Age-Sex Roles and Personality in Middle Age: A Thematic Apperception Study," *Psychol. Monog.,* 72, 1958.

_____, Havighurst, R. J., and Tobin, S. S., "The Measurement of Life Satisfaction," *J. Gerontol., 16:*134-143, 1961.

_____, and Kraines, R. J., "Menopausal Symptoms in Women of Various Ages," *Psychosom. Med.,* 27:266-273, 1965.

_____, Kraines, R. J., and Wood, V., "Women in the Middle Years," unpublished manuscript on file,

Committee on Human Development, University of Chicago, 1965.

_____, and Peterson, W. A., "A Study of the American Age-grade System," *Proceedings of the Fourth Congress of the International Association of Gerontology,* 3: 497-502, 1957-

_____, and Weinstein, K., "The Changing American Grandparent," *J. Marriage* & *Fam.,* 26.199-204, 1964.

_____, Wood, V., Kraines, R. J., and Loomis, B., "Women's Attitudes toward the Menopause," *Vita Humana* (now *Human Dev.),* 6:140-151, 1963.

Owen, B. (Ed.), *Middle Age,* British Broadcasting Co., London, 1967.

Parkes, C. M., "Effects of Bereavement on Physical and Mental Health: A Study of the Medical Records of Widows," *Brit. Med. J.,* 2:274-279, 1964.

Peck, B. F., and Berkowitz, H., "Personality and Adjustment in Middle Age," in Neugarten, B. L., *et al., Personality in Middle and Late Life,* Atherton Press, New York, 1964.

Redlich, F. C., and Freedman, D. X., *The Theory and Practice of Psychiatry,* Basic Books, New York, 1966.

Riegel, K. F., "On the History of Psychological Gerontology," Working Paper No. 8, Center for Research on Conflict Resolution, History of Science Program, University of Michigan, Ann Arbor, 1971.

Riley, M. W., Foner, A., *et al., Aging and Society,* Vol. 1, *An Inventory of Research Findings,* Russell Sage Foundation, New York, 1968.

_____, Riley, J. W., Johnson, M. E., *et al.* (Eds.), *Aging and Society,* Vol. 2, *Aging and the Professions,* Russell Sage Foundation, New York, 1969.

Rothstein, S. H., "Aging Awareness and Personalization of Death in the Young and Middle Years," Ph.D. diss., University of Chicago, 1967.

Soddy, K., *Men in Middle Life,* Tavistock, London, 1967.

Sonkin, L. S., and Cohen, E. J., "Treatment of the Menopause," *Modern Treatment,* 5: 545-563, 1968.

Sussman, M. B., "The Help Pattern in the Middle Class Family," *Am. Sociol. Rev., 18:*22-28, 1957.

Szalita, A. B., "Psychodynamics of Disorders of the Involutional Age," in Arieti, S. (Ed.), *American Handbook of Psychiatry,* Vol. 3, Basic Books, New York, 1966.

Troll, L. E., "The Family of Later Life: A Decade Review," *J. Marriage & Fam.,* 263-290, 1971.

Vedder, C. B., *Problems of the Middle Aged,* Pp. 45-64, Charles C Thomas, Springfield, Ill., 1965.

Warner, W. L., and Abegglen, J. C., *Occupational Mobility in American Business and Industry, 1928-1*952, University of Minnesota Press, Minneapolis, 1955.

Wilson, R. A., *Forever Feminine,* M. Evans and Co., New York, 1966.

_____, and Wilson, T. A., "The Fate of the Non-treated Post-menopausal Woman," *J. Am. Geriatric Soc.,* 11:347-362, 1963.

[1] Portions of the present chapter have appeared in earlier papers by Bernice Neugarten.