

The Midlife Crisis- “Her” Experience

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Abstract- The study aims to determine difference between the Mental Health of middle aged Working and Non-Working Women, in India. The dimensions under investigation are – ANXIETY, DEPRESSION and STRESS. Instruments used for data collection are ADSS and a Semi-structured Interview Schedule. Working (n=10); Non-Working (n=10) women of ages (45-60) formed the sample. Analysis of Quantitative data used t-test and Qualitative data used Content Analysis. Results indicate difference only in DEPRESSION levels; Non-Working women experience Midlife Crisis relatively more.

Index Terms- Midlife Crisis, Working Women, Mental Health

I. INTRODUCTION

The concept of ‘midlife’ or ‘middle age’ is traced as early as 300 B.C., by Aristotle who spoke of the “*Prime Of Life*”, which according to him, occurred at age 50. The term “Midlife Crisis” was coined by Jaques (1965) in his essay ‘*Death and the Midlife Crisis.*’

According to Erik Erikson, a normal part of development in adulthood during the midlife years lies in the question: "Can I make my life count?" This question typically arises with regards to our work, children, parents, friends, and God. From here commences the period of Midlife Transition. It is a profound phase of closing the first half of life and healthily aligningself with the reality of second half. Midlife is thus viewed as a stage at which adults attain “full maturity” as their responsibilities become more complex. Theorists of the modern era namely Jung (1933), Erikson (1950), Levinson et al. (1978) and Gould (1980) too were of a view that focused upon developmental conflicts. They never emphasised the occurrence of ‘crises’ in midlife, although they did state that if midlife developmental issues and tasks are unresolved, then these regular ‘*transitions*’ can metamorphose into ‘*crises*’. Midlife transition is regarded by many researchers as a period of great changes in relationship dynamics such as marriage, birth of children, illness or death of parent, retirement as well as changes in roles (Arnold & McKenry, 1996; Kruger, 1994; Waskel & Phelps, 1995). Other researchers have focused on internal changes, such as the individual’s behaviour, values and identities (HudsonAllez, 1999; Vaillant, 1977) and have argued that midlife transition requires dealing with the feelings that may arise from these changes. Becker (2006) stated that there are four “fundamental elements of the existential discourse - death, isolation, freedom and meaning”. Ellman (1992) suggested that there are “universal phase specific tasks at midlife and if these are experienced as pathogenic trauma, they can be described as a crisis

event”. Kruger (1994) cited the Midlife Crisis definition of Cytrynbaum et al. as “a state of physical and psychological distress which results from developmental tasks being too overwhelming for a person’s internal resources and social supports”.

B. Neugarten (1968) observed that midlife represents an important turning point with the “restructuring of time and the formulation of new perceptions of self, time and death”. The terms used by her were ‘time’, ‘change’ and ‘interiority’ for individuals tend to become more reflective and self-evaluative during this period. Neugarten also outlines translations like- increasing responsibility for aging parents, awareness of the self as a ‘bridge’ between generations, the need to establish relationships with adult children’s marriage partners and grandparenthood.

Overall, many researchers (Brim, 1974; Cierna, 1985b; Dickstein, 1972; Jaques, 1965, Levinson et al., 1978, Neugarten, 1968b) have defined the concept of Midlife Crisis. The main aspects within these definitions are as follows:

- Deep changes in the psyche, attitudes, values, behaviour
- Fear and anxiety of death
- Emotional turmoil.

II. UNDERSTANDING MIDLIFE FROM THE VIEW OF SUBJECTIVE CHRONOLOGICAL AGE AND DEVELOPMENTAL PARADIGMS:

Midlife is defined as “the part of life between youth and old age.” The boundaries of midlife are fuzzy with no clear demarcation. Subjective views of the period of transition show a wide range. However, the relation of chronological age to social, psychological and biological age may offer a way to study midlife. The most common conception is that midlife begins at the age of 40 and ends at 60 or 65, when old age begins (Lachman et al., 1994; Lachman and James, 1997). Although most surveys report, 40 is the modal entry year and 60 is the modal exit year there is tremendous variability in the expected timing of midlife (Lachman et al., 1995). Those between ages 40 and 60 are typically considered middle aged, but there is at least a 10 year range on either end so that it is not uncommon for some to consider middle age to begin at 30 and end at 75 (Lachman, 2001).

Many people associate the beginning of old age with a decline in physical health (Lutsky, 1980). Thus, those who are still relatively well functioning and healthy in their seventies, may still consider themselves middle aged. This is hence tied to the notion of *Subjective Age* in which middle-aged adults typically report feeling about ten years younger than they are (Montepare and

Lachman, 1989). The use of chronological age as a determinant of midlife may thus not be an ideal approach. Further, many people of the same chronological age may be found placed in different life phases, with regards to, social, family or work events or responsibilities (eg. at age 40, some adults may have become parents for the first time, while other may have grown children and raising grandchildren).

Although no consensus could be established for the points of 'entry' and 'exit' into the Midlife however agreement in the sequence of 'developmental tasks' that normatively occur during this period has been identified. By midlife, individuals are expected to have established a family, found a clear career direction in which they will peak during midlife, and have taken responsibility with respect to their children, their own aging parents, and sometimes their community. When considering the social, psychological and biological experiences of an individual, the domain of *social experiences* deals with the concepts relative to interpersonal relationships within family and societal setups like, family and parenting, friendship across life spans; the *psychological* realm incorporates ideas of change, continuity in life, personality and well-being; while the biological arena focuses upon the changes at *physiological* level eg. changes in sexual function and bodily functions- menopause, incidence of disease.

III. THE SUPPLEMENTARY FACTORS:

The development of an individual during the early years of life has biological unfolding as a key element for progress, however, as the individual progresses towards adulthood, *social*, *cultural* and *environmental* constraints and opportunities come into an active participation in determining the progress, with certain biological events (eg. Menopause) also being important. Neugarten pointed that having an awareness of one's own 'life cycle' has consequences for an individual's goal choices and priorities as it allows comparison of his or her own progress with a view of the normative or societal timing of major events and transitions. Additionally, apart from life events their 'sequencing' is also important as it changes the way in which they are experienced or what they mean to an individual. Thus, Neugarten views Midlife as a potential period of crisis only when the normative events of midlife are experienced 'off-time' or to the extent that the normative progress through this phase is interrupted by unexpected events.

Neugarten further, proposed a change in *time perspective* as one of the main psychological characteristics of middle adulthood. Middle adulthood is characterized by a switch from perceiving one's life primarily as 'time since birth' to 'time left to live.' Middle-aged individuals evaluate themselves as having shown personal growth since their younger years, and look to the future with the expectation of further personal growth (Ryff, 1998). In the late midlife, one may begin to contemplate the end of the life cycle.

The nature of Midlife also varies as a function of such factors as, Gender, Cohort, Socioeconomic Status, Race, Ethnicity, Culture, Personality, Marital Status, Parental Status, Employment Status and Health Status – eg. groups with 'low' *socioeconomic status* reported earlier entry and exit years for Midlife (Kuper & Marmot, 2003). According to Heckhausen, Socioeconomic status at midlife can have a direct impact on an

individual's ability to control stresses such as unemployment and lack of financial resources. Middle class individuals at midlife are more likely to have the resources of finance, education and skill than unskilled, poorly educated and remunerated individuals. Higher the status, greater the ability to control constraints of middle age. The size and density of social networks during midlife is also important according to Heckhausen (2001) since the emotional needs of individuals change as they age.

IV. MIDLIFE- THE CONCEPTUAL FRAMEWORKS:

The classic models of midlife are based on Jung's and Erikson's theories (Lachman & James 1997). A major goal of midlife according to Jung (1971) is reflected in the *individuation* process. *Individuation* involves the integration or balancing of all aspects of the psyche. He discussed the integration of the feminine (anima) and masculine (animus) aspects of the psyche as a part of the individuation process.

Stage models of midlife have also been popular, beginning with Erikson's (1963) discussion of midlife in the context of the Eight Stages of the lifespan. He put forth the base of 'Psychosocial Development' to explain this turning point of life. According to Erikson, the tasks of middle age rest upon successful resolution of earlier tasks, as portrayed in the *epigenetic theory*. At each stage there is a crisis, in the sense of a transition or turning point. In midlife, the central theme is '*Generativity versus Stagnation*'. The associated tasks involve concern with producing, nurturing, and guiding the next generation.

Erikson's theories have been applied and extended by other theorists. As a sequel to the Generativity stage and before achieving ego integrity, Vaillant (1977) included a substage called "keepers of the meaning," representing the focus on transmission of values to society. Levinson et al. (1978) created a stage theory that includes multiple transitions and stable periods throughout adulthood.

V. LIFE DURING MIDLIFE CRISIS

Individuals typically experience a number of life events and role transitions during these years, including those related to physical appearance and health, sexuality, marital status, parenting, grand parenting, caring for aging family members, employment, retirement and many more.

These changes can be broadly categorised as – *physiological*, *affective*, *psychological* and *societal*.

At Physiological Level – physical appearance begins to change in midlife (Etaugh & Bridges, 2006). The body of an individual undergoes changes (like, redistribution of fat throughout the body, bones become thinner, brittle and porous, especially in women, sometimes resulting in painful and crippling fractures of the hip or vertebrae, drying of skin, loss in elasticity of muscles, blood vessels, and other tissues, appearance of wrinkles and age spots).

At Affective Level – individual may experience emotional dysregulation or imbalance, owing to the dissatisfaction for life or unfulfilled goals, a sense of incompetence or lack of having achieved anything substantial.

At Psychological Level – individual may experience random bouts of depression, loneliness, anxiety, disruptions in moods, conflicts with self, identity and/or existential crisis.

At the level of Societal Roles – changes are observable with reference to the roles of spouse, parents, caregivers, and so on.

The phase of Midlife transition is an important, yet often confusing time. This period can either wreak havoc into various domains of life of middle-aged adults, or act as a boon by availing them an opportunity to review their goals and perspective towards life. Erik Erikson suggested that older adults, when faced with mortality or a sense that time is running out, engage in a reminiscence process, the outcome of which may either be 'adaptive' or may result in 'despair'. Thus, midlife can be viewed from two perspectives, which have been discussed below:

- **WHEN MIDLIFE 'CRISIS' SETS IN:** An individual at this stage becomes profoundly aware of one's own mortality, the speed at which life is rushing by and assesses the targets that s/he had set to accomplish in life, the ones that succeeded, as well as, those that remained unaccomplished. There is a need to juggle and balance multiple spheres of life, with the physical changes of aging like fatigue, physical pain and the gradual deterioration of physical vigour surfacing. This often induces a state of unease and dissatisfaction from life, anxiety and pressure. Many people fear the aging process and attempt to deny it happening. Certain signs of an individual entering into 'Midlife Crisis' may include daydreams or erotic fantasies, strange obsessions and struggles, dependencies, a need to cut free of everyone and everything, intense mood shifts, troubles in marriage, physical ailments.
- **MIDLIFE ISN'T ALL ABOUT CRISIS:** When aroused by the demands and stresses of the midlife period, individual is likely to return to the unfinished business of past, while at the same time drifting towards an unknown future. However, midlife transition doesn't necessarily imply a state of disequilibrium; individuals may also be able to embrace the next stage of life in a healthy way through— choice and pursuit of life goals, reflection and re-evaluation, careful planning, decision making and choices about new directions which often lead to growth of the individual. The process of realization often leads one to reinterpret the past and make changes for the future, as well as, to modify the way one feels or thinks about life, including better emotional regulation (Magai and Halpern, 2001), increased wisdom and practical intelligence (Baltes et al, 1999) or a strong sense of mastery (Lachman and Bertrand, 2001).

The process of self-reflection during midlife, using 'regret' as a catalyst for productive change ushers higher well-being (Stewart and Vandewater, 1999).

Midlife may provide a training ground for aging, offering a glimpse of things to come. The midlife period often demands work in multiple domains of work, family, personal health and well-being. There is emerging evidence that midlife is often a period of enhanced mastery and competence, peak functioning, responsibility and balance (Lachman, 2004).

VI. MIDLIFE CRISIS - EXPERIENTIAL DIFFERENCES PERTAINING TO GENDER ORIENTATION:

Little research supports the notion that men and women experience significant differences in the way they process a midlife crisis.

Both men and women reported 'awareness of time passing' as a trigger for midlife crisis; 14% of men and women said the midlife crisis is a time for making major personal changes.

In Men, midlife crisis can be seen to centre on— fancy cars, affairs, unusual new interests. Reportedly, midlife crisis may lead to engagement in youthful behaviours to reassert masculinity (such as taking up activities like motorcycling or skydiving, developing interests for a female counterpart of either younger or same age), trigger concerns on success-failure ratio in career, effects of aging on the desirability and strength, decline in interest in sexuality during and following their male climacteric (male menopause). But for some men, it is more about 'finding meaning' in life.

On the other hand, Women are about as likely as men to experience a midlife crisis. Women may experience pressures to remain youthful and desirable, isolation, loneliness, inferiority, uselessness, non-assertion, or unattractiveness. In our youth-oriented society, the stigma of aging is greater for women than it is for men. A woman's ability to provide sex, companionship and to have children is associated with the physical beauty and fertility of youth.

Men, on the other hand, are seen as possessing qualities— competence, autonomy, and self-control—that rather enhance with age. Thus, the same wrinkles and gray hair that may enhance the perceived status and attractiveness of an older man may be seen as diminishing the attractiveness and desirability of an older woman. Research findings suggest middle-aged women are much more dissatisfied with their appearance than men (Halliwell & Dittmar, 2003); Women are more likely than men to quit working outside the home to rear children. Some women may regret this choice, feel frustrated by limited career options, or feel less fulfilled as their children grow older.

The most distinct change for most midlife women, occurring at physical level, is *menopause*. In Western societies, menopause is often viewed in terms of loss of reproductive capability and decline in sexual functioning. Women in other cultures often have menopausal experiences and attitudes different from those reported by Western women. For example, in India, women of high social castes report very few negative symptoms; 'hot flashes' are virtually unknown among Mayan women. Menopause leads to disruption at hormonal levels which also lay noteworthy impact upon the moods of a female and the way they experience or perceive things around them. Further, middle-aged women may experience an increasing interest in sexuality, which can cause problems in their primary relationship if their significant other loses interest in sexual activity, leading some women to have extramarital affairs, sometimes with younger sexual partners.

However, some empirical evidence also show that midlife women consider this period to be one of *vibrancy* and *opportunity for growth*. According to Ettaugh and Bridges (2006), freedom from reproductive concerns, a sense of accomplishment, the successful

launching of children and increase in available time enables women to focus more on their self-development, partner, job and community.

Overall, Women can experience the same midlife crisis symptoms as Men, such as concerns about an aging body, desirability, career success, and relationships, however, the way in which these crises are experienced by either sex, varies in the light of environmental or situational set up, norms prescribed by the society guidelines and relative expectations.

MIDLIFE ROLE TRANSITIONS

Although, reportedly, few women experience a midlife crisis, many go through a process of life review (an intensive self-evaluation of their lives). One characteristic theme in the life reviews of current midlife women is the 'search for identity'. Many women attempt to affirm their own being, independent of their family, through graduate education, beginning a career, or switching careers. Middle-aged women who are involved in either beginning or building their career are both psychologically and physically healthier than women who are maintaining or reducing their career involvement (Etaugh & Bridges, 2006). For non-working women, being a full-time homemaker can be associated with the same degree of psychological well-being as that experienced by working women. Thus, there are multiple routes to well-being in midlife. It can be inferred that a key factor influencing midlife role evaluation is not the 'nature' of a woman's role but 'fulfilment' of her preferred role.

Although some midlife women remain satisfied with traditional roles, others are disturbed about missed educational or occupational opportunities, often voicing regrets in midlife about earlier decisions. According to Stewart and Vandewater (1999), women who acknowledge their regrets and make modifications based on these feelings experience greater psychological well-being at midlife than those who have regrets but do not use them as a basis for altering their life direction.

Midlife Transitions can be broadly categorised into :

- Transitions in Spousal Role - changes in terms of divorce (can lead to psychological distress, financial breakdown, loneliness or usher independence, autonomy), widowhood, loss of a partner (marked by poor mental and physical health, loneliness, lowered life satisfaction, financial breakdown), remarriage or discovering a potential novel love interest.
- Transitions in Parental Role Changes are in terms of loss of fertility, an "empty nest" (involves departure of the last child from the home) – can avail an opportunity to begin or expand development of personal identity, independent of family roles. For many women, their midlife review involves evaluating life; pursue new careers, further their education or provide service to communities. Women as mothers, remain involved in their children's lives in different ways- with contacts being less frequent, turn to advice, encouragement and financial assistance (Etaugh & Bridges, 2006) greater parent-child strain due to children's greater financial dependency.
- Transitions in Caregiver Role Typically, middle-aged women carry out the care giving and support functions. For middle-aged women likely to be employed, caring

for elderly relatives adds to their list of competing roles and responsibilities (Etaugh & Bridges, 2006).

- Transitions in Grandparental Role About half of women experience this event by age 47 (Etaugh & Bridges, 2006). During their grandchildren's infancy and preschool years, nearly half of grandmothers provide the children's parents with considerable emotional support; help with child care, household chores and economic support. While parenting a grandchild is an emotionally fulfilling experience, there are psychological, health, and economic costs. Grandparents primarily responsible for rearing grandchildren are more likely to suffer from a variety of health problems- depression, diabetes, high blood pressure, heart disease, decline in self-rated physical and emotional health.

VII. REVIEW OF LITERATURE

Some of the studies are –

Judith R. Gordon, Joy E. Beatty and Karen S. Whelan-Berry (2002) found – Women **rebalance and develop new perspectives** at Midlife;

Deborah Carr (1997) found – Women who had fallen short of their earlier career goals suffer from **Lower levels of Purpose** in life and **Higher levels of Depression**;

Usha R. Rout, Cary L. Cooper and Helen Kerslake (1997) found – **Working** mothers reportedly had **better Mental Health** and **less Depression**, as compared to the **Non-Working** mothers. Reportedly, **major stressor** for **Working** mothers was- 'not having enough time to do everything'; whereas for **Non-working** mothers- 'lack of social life'.

L.M. Coleman and T.C. Antonucci (1983) established – **Working** women at Midlife have **higher Self-Esteem**, **less psychological Anxiety** and better physical Health than homemakers. It was suggested- 'Work' may act as a stabilizing force for women during critical periods throughout the life cycle.

VIII. RATIONALE

Midlife Transition is a period of numerable intricate challenges having a primary purpose to enable the advancement of individual towards the quintessential goals of attaining wisdom, personal growth and striking a balance between the subtleties of passions, urges and the credible requisites to lead a life of satisfaction and happiness. However, in case of inability to effectively deal with these challenges often paves way for transformation of the 'transitory' phase into that of 'crisis'. This can be avoided to a good extent if we have awareness and keep a check of requirements and demands from our 'self', 'relationships' and the 'people' around us. And learn to discriminate between our 'goals' and 'desires.'

A significant amount of work has been done on 'Midlife Crisis.' The concept has been dissected for analysis, into various dimensions, to facilitate a comprehensive understanding. Researchers have aimed to study it at primarily 3 levels- *Physiological, Psychological and Social*. The processes and triggers contributing in the midlife crisis can be categorised in

these levels. Further, evidences suggesting the role of ‘Gender’, ‘Socioeconomic status’, ‘Culture’, ‘Personality’, ‘Employment Status’, in creating an experiential disparity among individuals have been found. It can thus be inferred that experience of ‘crisis’ involves - a need of exploring Self and purpose of life, revisiting unfulfilled ambitions, dissatisfaction from life, concern of aging, urge to explore and indulge in risk-taking behaviours, fear of death, marital dissatisfaction, need for attention and appreciation, sense of increased responsibility and at the same time an urge to cut free. This juxtaposition of drives and desires apparently leaves a significant impact on the mental health and well-being of an individual experiencing midlife crisis. Several researches done, thus focus upon the relation of Midlife Crisis with Mental Health, Self-Esteem, Life and Marital Satisfaction and Well-Being of people. Reportedly, Working women were found to show signs of betterment and progression in the above mentioned domains as compared to Non-Working women.

The present study purposes to determine difference between the mental health of Working and Non-Working women, in India, on the dimensions of- Anxiety, Stress and Depression. It further aims to detect presence of Midlife crisis. Among the selected dimensions, earlier studies have been done largely in relation with the ‘Depression’. As such no relevant research was found taking together all the 3 dimensions for evaluation of Mental Health among Working and Non-Working women and then lay ground for comparative assessment. Secondly, very limited research was found available on the Indian sample, in relation with the proposed study. Since, women in our society have a major role to play hence it is important to study the dynamics involved in the way the phenomenon is unique in experience to every female and the role played by Employment Status in re-structuring psychological and emotional upheavals of women during middle-age.

IX. METHODOLOGY

Purpose - To determine difference in the Mental Health of Working and Non-Working women in India during midlife.

Hypothesis-

1. There is a significant difference in the Anxiety level of Working and Non-Working women.
2. There is a significant difference in the Depression level of Working and Non-Working women.
3. There is a significant difference in the Stress level of Working and Non-Working women.

Variables - Dependent Variable: Anxiety, Depression and Stress
Independent Variable: Employment Status

*(IV is a Categorical Variable: i. Working women ; ii. Non-working women)

Research Questions -

- Is midlife crisis experienced by every woman in middle adulthood?
- How the struggles of working and non-working women differ during midlife period?
- What are the possible causes of midlife crisis among working and non-working women?

- How does midlife crisis affect the mental health of working and non-working women in India?

Sample- Sample selected for the present study is of 50 adult females (Working women, N=25; Non-Working, N=25), age ranging from 45-60 years.

The sampling technique used is Purposive Sampling.

Inclusion criteria -

- Working and Non-working adult females with the age ranging from 45-60 years.
- Marital status- Married.

Exclusion criteria -

- Adult females who are below 45 and above 60 years of age.
- Marital status- Single or Divorced.

Tools Used- Data for the present study will be collected using Anxiety Depression Stress Scale (ADSS), developed by Bhatnagar et al., (2016). The scale comprises of 48 items which are divided into 3 Subscales, on which respondents are assessed, namely- Anxiety, Depression and Stress.

A semi-structured interview to be used for the collection of qualitative data from the sample.

Procedure- Researches on the topic of midlife crisis were studied thoroughly and a significant variable regarding an understanding of the midlife crisis faced by the Working and Non-Working women was chosen. A sample of 10 Working and 10 Non-Working women (married) was selected applying Purposive Sampling technique. Anxiety Depression Stress scale developed by Bhatnagar et al. was selected and applied on the sample to extract the data. Further, a Semi-structured interview schedule was administered. Scoring of the ADSS, followed by t-testing and Content analysis of Interview was carried out.

Analysis - t-testing was used for the scores obtained on ADSS to determine the difference between mental health of Working and Non-Working women during Midlife. Further, content analysis was used for the qualitative data collected from interview.

X. RESULTS

Quantitative Data

Table 1. Showing the MEAN values of –
(a) WORKING respondents on ANXIETY, DEPRESSION and STRESS.

	ANXIETY	DEPRESSION	STRESS
Means	3.7	1.4	5.4

(b) NON-WORKING respondents on ANXIETY, DEPRESSION and STRESS.

	ANXIETY	DEPRESSION	STRESS
Means	6.2	4.7	6.5

Table 2. Showing the SD, SED and t-values of the samples on the dimensions - ANXIETY, DEPRESSION and STRESS.

	ANXIETY	DEPRESSION	STRESS
SD	3.19	2.97	3.32
SeD	1.43	1.33	1.48
t-value	1.75	2.48	0.74

DISCUSSION

The present study was conducted with the aim of determining difference between the mental health of the Working and Non-Working Women in India, while taking a stock of the probability of them experiencing Midlife Crisis.

The phenomenon was put on the radar to assess its role in influencing the quality of mental health of the samples.

For conducting the present study, a samples of N = 10 respondents, each, were chosen. Age of the respondents who participated in the study ranged from 47 to 58 years. The pre-established exclusion and inclusion criteria of the study were strictly taken care of.

Herein, post noting the required demographic details, the first step taken was to administer the ADSS to the respondents. The English and Hindi versions of ADSS were employed in compliance with the comfort of each respondent. ADSS administration involved proper feeding of the instructions mentioned in the scale, followed by extension of assistance in case of any ambiguity in the item(s) of the scale. There was no time constraint. This was followed by administration of a semi-structured Interview Schedule. The responses to the questions were made note of by the researcher. Following the mentioned procedure for data collection, a careful scoring of the responses obtained in the ADSS was done. Further, t-testing was done to test the hypotheses framed. Responses obtained in the interview schedule were evaluated using the Content Analysis technique. The workings of two types of data – QUANTITATIVE as well as QUALITATIVE have been discussed in detail onwards.

The Quality of Mental Health of the samples was assessed on the 03 pre-selected dimensions: ANXIETY, DEPRESSION

and STRESS, using the Anxiety Depression Stress Scale (ADSS), developed by Dr. Pallavi Bhatnagar et al., (2016).

Following HYPOTHESES were developed for testing -

- There is a significant difference in the Anxiety level of Working and Non-Working women.
- There is a significant difference in the Depression level of Working and Non-Working women.
- There is a significant difference in the Stress level of Working and Non-Working women.

The VARIABLES under study –

Dependent Variable: Anxiety, Depression and Stress

Independent Variable: Employment Status

*(IV is a Categorical Variable: i. Working women ; ii. Non-working women)

Scores of the samples obtained on the ADSS were computed and 03 separate t-tests were done to obtain a comparative view of mental health of the samples (i.e., Working and Non-Working Women).

The RESULTS obtained were tabulated in –

Table 1 – (a) and (b) which depicts the **MEAN** values of the samples on the 03 dimensions.

For the sample of **WORKING** Women, Mean values obtained on –

ANXIETY = 3.7, DEPRESSION = 1.4 and STRESS = 5.4

For the sample of **NON-WORKING** Women, Mean values obtained on –

ANXIETY = 6.2, DEPRESSION = 4.7 and STRESS = 6.5

Table 2 – depicts the **SD, SED** and **t-values** obtained on the 03 dimensions.

On **ANXIETY**, the value of **SD = 3.19, SED = 1.43** and **t = 1.75**

On **DEPRESSION**, the value of **SD = 2.97, SED = 1.33** and **t = 2.48**

On **STRESS**, the value of **SD = 3.32, SED = 1.48** and **t = 0.74**

From **Table D** (Table of t, for use in determining the significance of statistics) for **df = 18**, at confidence interval **0.05**, the value of **t = 2.10** and at confidence interval **0.01**, the value of **t = 2.88**.

The experimentally obtained t-value, for **ANXIETY = 1.75**, is **INSIGNIFICANT** at **0.05** interval implying, experimentally **NO SIGNIFICANT DIFFERENCE** was found in the **ANXIETY** levels of the samples.

Thus, the hypothesis ‘There is a significant difference in the Anxiety level of Working and Non-Working women’ stands **REJECTED**.

The experimentally obtained t-value, for **DEPRESSION = 2.48**, is **SIGNIFICANT** at the confidence interval **0.05** implying, experimentally, the **DIFFERENCE** in the levels of **DEPRESSION** found was **SIGNIFICANT**.

Thus, the hypothesis ‘There is a significant difference in the Depression level of Working and Non-Working women’ stands **ACCEPTED**.

The experimentally obtained t-value, for **STRESS = 0.74**, is **HIGHLYINSIGNIFICANT** at **0.05** interval implying, experimentally **NOSIGNIFICANTDIFFERENCE** was found in the **STRESS** levels.

Thus, the hypothesis ‘There is a significant difference in the Stress level of Working and Non-Working women’ stands **REJECTED**.

Further, a Semi-Structured Interview Schedule of 05 questions was used to detect the presence of Midlife Crisis by

adjusting a strict focus on and examining the subjective view of respondents on – ‘Life - related experiences’, ‘Changes at intrapersonal level’, ‘their take on these changes’ and ‘satisfaction with life’, in regards with the middle-age. The questions of Interview Schedule were drafted in Hindi Language keeping into view the cultural background of the sample under study.

The 05 Questions used in the schedule are –

1. आप अपनी जिन्दगी के इस पड़ाव पर कैसा महसूस करती हैं?

2.

क्या जिन्दगी के इस पड़ाव पर आपने खुद में किसी प्रकार के कोई परिवर्तन या बदलाव महसूस किए हैं?

3. आपकी जिन्दगी में इन बदलावों का क्या महत्व है?

4. व्यक्तिगत तौर पर इन बदलावों ने आपको किस तरह प्रभावित किया है?

5. आपने अपनी जिन्दगी जैसे बिताई है, अभी तक, क्या आप उससे संतुष्ट हैं?

Content Analysis was employed for analyzing data obtained in the schedule.

On the basis of the Interview Schedule, total **05** major **Categories** have been created-

Life View, Challenges and Changes, Significance of Changes and Life Satisfaction.

Each Category comprises a certain set of **Subcategories**. Each subcategory has been derived from the responses of the respondents in the interview.

Under each Category has been depicted the **PERCENTAGE** value of reporting of the respondents in each Subcategory –

LIFE VIEW

This category focuses on how the respondents perceive and feel about the life they have led and are presently leading. It involved analyzing experiences and give an assembled view. This category consists of **03** subcategories–

- **Feel Good** - includes responses given in terms of *accomplishments* and *achievements* recounted.

Reportedly, **50%** of **Working** and **35.71%** of **Non-Working** responses formed it.

- **Happy and Content** - includes responses depicting *contentment* and *satisfaction* from the life.

Reportedly, **50%** of **Working** and **42.85%** of **Non-Working** responses formed it.

- **Unhappy** - includes responses depicting *dissatisfaction*, *unhappiness* and *loneliness* from the life.

Reportedly, **0%** of **Working** and **21.42%** of **Non-Working** responses formed it.

Fig. 1 (a) and **2 (a)** are pictorial views of the data obtained in this Category -

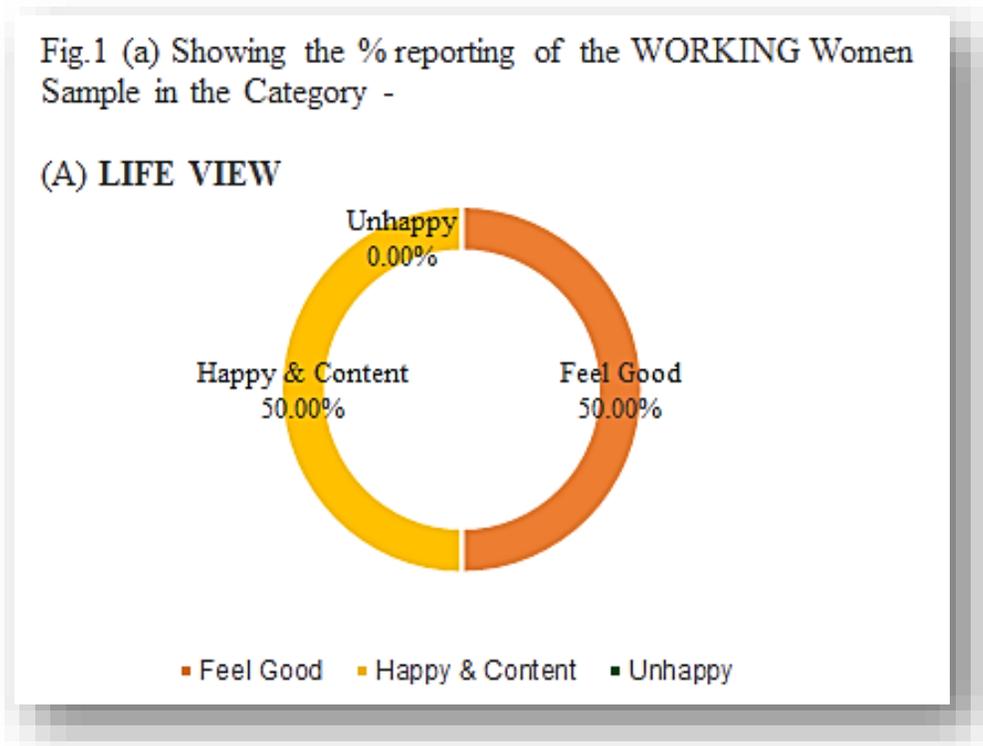
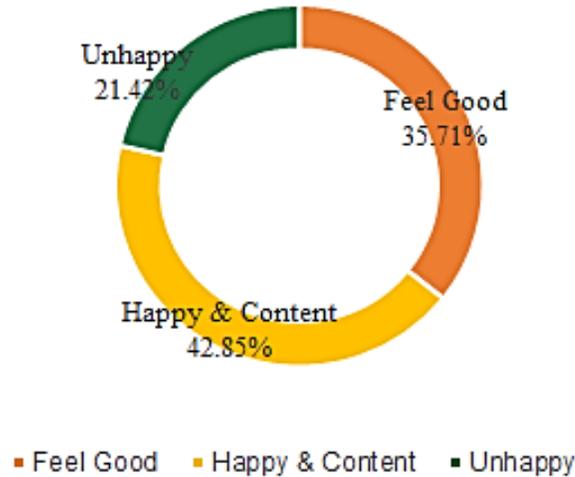


Fig.2 (a) Showing the % reporting of the NON-WORKING Women Sample in the Category -

(A) LIFE VIEW



CHALLENGES and CHANGES

This category focuses on how the respondents view Challenges faced by them, at the present moment, including the significant Changes associated with them.

This category consists of **03** subcategories–

- Childhood phase - includes responses depicting *encounters* and *descriptions of events* from the childhood phase.

Reportedly, **26.32%** of **Working** and **42.11%** of **Non-Working** responses formed it.

- Adolescent phase - includes responses depicting episodes from the adolescent phase. Reportedly, **21.05%** of **Working** and **5.26%** of **Non-Working** responses formed it.
- Adulthood phase–includes responses depicting episodes from the adulthood phase. Reportedly, **52.63%** of **Working** and **52.63%** of **Non-Working** responses formed it.

Fig. 1 (b) and 2 (b) are pictorial views of the data obtained in this Category -

Fig. 1 (b) Showing the % reporting of WORKING Women Sample in the Category -

(B) CHALLENGES and CHANGES

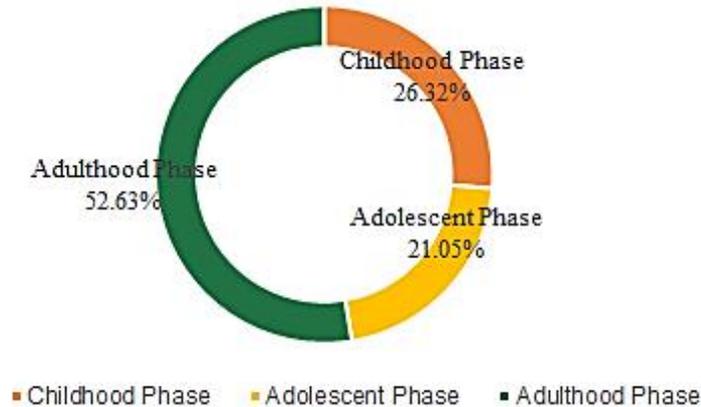
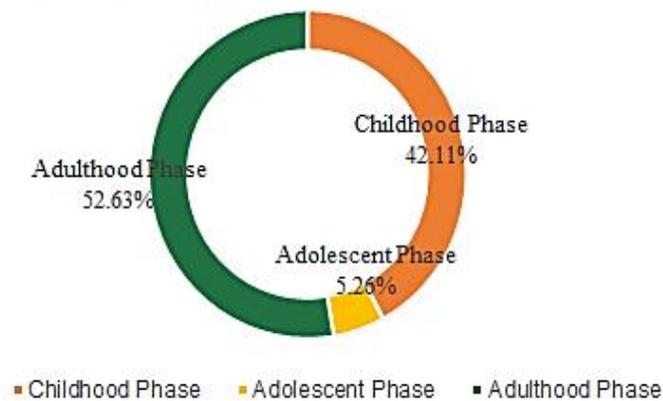


Fig. 2 (b) Showing the % reporting of NON-WORKING Women Sample in the Category -

(B) CHALLENGES and CHANGES



SIGNIFICANCE of CHANGES

This category focuses on determining the significance of the Changes underwent by the respondents and their opinion on how it played a remarkable role.

This category consists of **03** subcategories—

- **Open Mindset** - includes responses depicting changes as the harbingers of a *broad view on life, situations and people, becoming more understanding and accepting.*

Reportedly, **33.34%** of **Working** and **21.05%** of **Non-Working** responses formed it.

- **Life Lessons** - includes responses depicting Changes seen as *pleasant* and *unpleasant* lessons of life. Reportedly, **23.81%** of **Working** and **42.11%** of **Non-Working** responses formed it.

- **Feel Empowered** - includes responses depicting Changes as agents of *ability* and *confidence* to deal with the difficulties of life. Reportedly, **42.86%** of **Working** and **36.84%** of **Non-Working** responses formed it.

Fig. 1 (c) and 2 (c) are pictorial views of the data obtained in this Category -

Fig. 1 (c) Showing the % reporting of WORKING Women Sample in the Category -

(C) SIGNIFICANCE of CHANGES

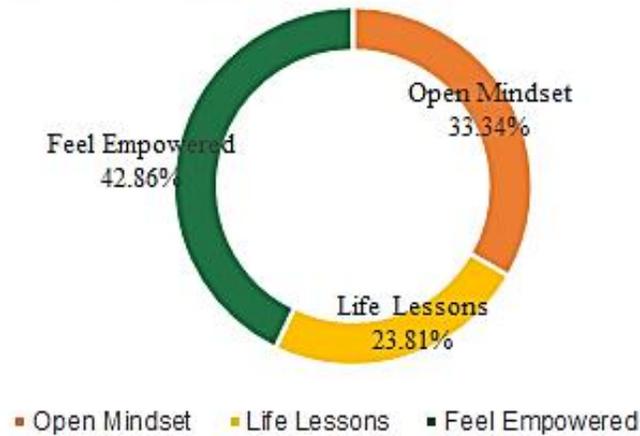
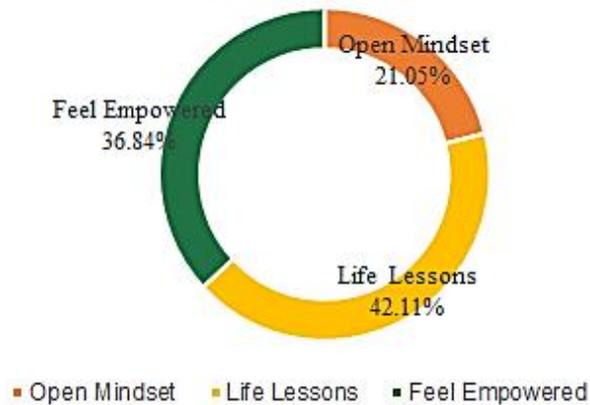


Fig. 2 (c) Showing the % reporting of NON-WORKING Women Sample in the Category -

(C) SIGNIFICANCE of CHANGES



PERSONAL INFLUENCE of CHANGES

This category aims at determining effect of changes on the respondents, at intrapersonal level and how they have evaluate them in their present stage of life.

This category consists of 03 subcategories –

- Experiencing Growth - includes responses depicting constructive effects- *decision making* ability, becoming *responsible, independent* and *confident*.

Reportedly, **38.89%** of **Working** and **33.34%** of **Non-Working** responses formed it.

- Adjustments - includes responses given in terms of episodes on *adjustments* made to deal with situations.

Reportedly, **44.45%** of **Working** and **13.34%** of **Non-Working** responses formed it.

- Compromise - includes responses given in terms of episodes on *compromises* made to deal with situations.

Reportedly, **16.67%** of **Working** and **53.34%** of **Non-Working** responses formed it.

Fig. 1 (d) and **2 (d)** are pictorial views of the data obtained in this Category -

Fig. 1 (d) Showing the % reporting of **WORKING** Women Sample in the Category -

(D) PERSONAL INFLUENCE of CHANGES

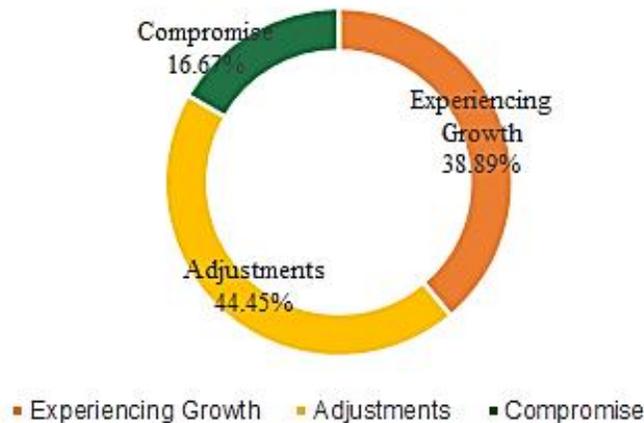
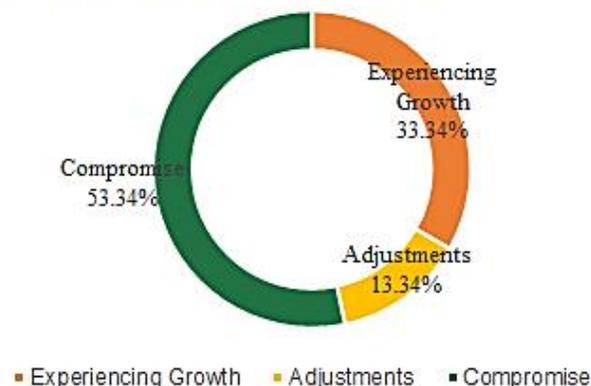


Fig. 2 (d) Showing the % reporting of **NON-WORKING** Women Sample in the Category -

(D) PERSONAL INFLUENCE of CHANGES



LIFE SATISFACTION

This category aims at determining the satisfaction and/or dissatisfaction from life. It further attempts to probe into the aspect of dissatisfaction, in terms of regret(s) and unattended desires.

This category consists of **04** subcategories. They are –

- **Satisfied** - includes responses reflecting *satisfaction* of the respondents towards life. Reportedly, **57.14%** of **Working** and **31.82%** of **Non-Working** responses formed it.
- **Dissatisfied** - includes responses reflecting *dissatisfaction* of the respondents towards life. Reportedly, **0%** of **Working** and **18.19%** of **Non-Working** responses formed it.

- **Regrets** - includes responses depicting *unpleasant accounts* and *issues* that affect the respondents at present. Reportedly, **28.57%** of **Working** and **22.72%** of **Non-Working** responses formed it.
- **Unfulfilled Desires** - includes responses depicting *desires* and the willingness of pursuing it. Reportedly, **14.29%** of **Working** and **27.27%** of **Non-Working** responses formed it.

Fig. 1 (e) and 2 (e) are pictorial views of the data obtained in this Category -

Fig. 1 (e) Showing the % reporting of WORKING Women Sample in the Category -

(E) LIFE SATISFACTION

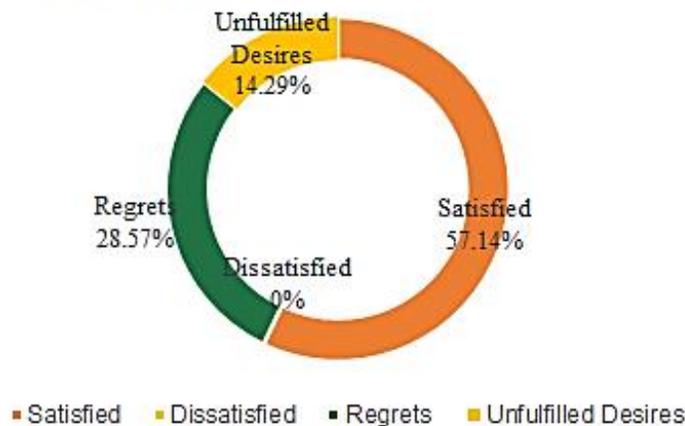
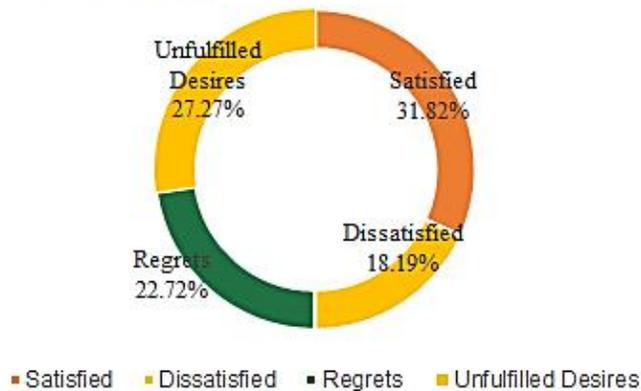


Fig. 2 (e) Showing the % reporting of NON-WORKING Women Sample in the Category -

(E) LIFE SATISFACTION



Results derived from the Interview Schedule apparently expose a cranny in the subjective views of the two samples. This difference is evident through those Subcategories wherein, a significant disparity can be seen in the ‘percentage reporting’ of the two samples–

- Feel Good, Unhappy – LIFE VIEW
- Childhood Phase, Adolescent Phase – CHALLENGES and CHANGES
- Life Lessons, Feel Empowered – SIGNIFICANCE of CHANGES
- Adjustments, Compromise – PERSONAL INFLUENCE of CHANGES
- Dissatisfied, Satisfied, Unfulfilled Desires – LIFE SATISFACTION

On subjecting the responses in the Interview to further scrutiny to probe into the experience of Midlife, some predominant ‘concerns’ were identified–

‘**PARENTING**’ (rearing of the children, responsibilities as a parent, and quality of bond with the children) in the **Non-Working** women was found to be **fairly greater** than **Working** women; ‘**LONELINESS**’ in the **Non-Working** women was found to be **greater** than **Working** women; ‘**SATISFACTION FROM LIFE**’ (episodes ranging from the childhood up to the middle age, the person that they have transitioned into) in the **Non-Working** women was found to be **lesser** than **Working** women; ‘**REGRETS**’ (achievements, aspirations related to career, children, hobbies long lost) in the **Non-Working** women was found to be **slightly lesser** than **Working** women; ‘**PERSONAL VIEW OF SELF**’ (responsible, independent, confident, taking stand of beliefs and opinions, making decisions, valuing self) in the **Non-Working** women was found to be **slightly greater** than **Working** women; ‘**AGING**’ (appearance, decline in vigor) in the **Non-Working** women was found to be **greater** than **Working** women; ‘**DESIRES**’ (urge to fetch and invest in long lost interests, travelling, creating an identity) in the **Non-Working** women was found to be **greater** than **Working** women. The ‘concerns’ noted are seemingly indicative of the Midlife Crisis operating more actively in the sample of Non-Working women. This affirms a relatively **strong influence** of Midlife Crisis **over** the **Non-Working** sample.

Mental Health comprises of various factors among which, Anxiety, Depression and Stress are the primary. Quantitative results obtained on ADSS suggest that the difference observed in the mental health of the two samples on the dimensions – **ANXIETY** stands **INSIGNIFICANT** yet the **mean** values of **Non-Working** sample (= **6.2**) was **HIGHER** than that of **Working** sample (= **3.7**). **STRESS** stands **HIGHLY INSIGNIFICANT** yet the **mean** values of **Non-Working** sample (= **6.5**) was **HIGHER** than that of **Working** sample (= **5.4**). **DEPRESSION** stands **SIGNIFICANT** at 0.05 confidence interval.

Overall these values clearly depict a **moderate** difference in the mental health of the two samples that is apparently **NOT SIGNIFICANT** yet **DOES EXIST**. Finally, the Qualitative results suggest-‘transitions’ that the females go through during middle-age, at social, physiological and psychological levels do affect how they view their life, evaluate

the challenges faced and the related experiences. Some of these transitions were found common to both the samples, however, apparently, in the **NON-WORKING** women sample, they were found to **emerge** in the shape of ‘**crises**’ **moderately more** than the **WORKING** women sample. This proposition is supported by the following evidences –

- **Disparity** seen in the **percentage reporting** of the two samples (**Subcategories**).
- **Concerns** forming the core of responses.

Subcategories and **Concerns** are thus suggested to intricately connect with the mental health of the respondents and give an insight into it’s status. For instance –

Feel Good, Open Mindset, Compromise, Unhappy (SUBCATEGORIES) ; **Loneliness, Regrets, Aging, Personal view of Self (CONCERNS)**

Presence of some difference in the mental health of the **WORKING** and **NON-WORKING** women, in India during middle-age thus stands affirmed.

Several studies have been conducted to investigate the Midlife Crisis phenomenon and the ways in which the Mental Health and Well-Being of women get affected during the middle years of life. For the purpose, several factors have been investigated upon, primarily targeting – the **employment status**. Findings from the present study thus stand in harmony with the previous studies reaffirming the presence of a difference in the quality of mental health of the Working and Non-Working women. However, there are certain **determinants** in the present study that are suggested by the researcher to have played a role–

- **Cultural Background** – present study has been conducted on the sample from Indian population, affecting the transparency of the responses obtained.
- **Menopause** – age of the respondents ranged from 47 to 58 years. Thus, a fair share of respondents was fresh entrances to the Menopause. Adapting to the changes at biological and psychological levels is here, suggested to have affected the results obtained. Where having a professional life might act as a distractor for the **WORKING** women, whereas, the **NON-WORKING** women devoid of an escape hatch.
- **The Empty Nest** –Some of the **Non-Working** women were found to use this time for ‘nurturing self-interests’ while some reported feelings of ‘loneliness’ and ‘sadness’. Whereas Working women had more time in hand to ‘plan for a better retirement’ and slow down to ‘focus on self’.

XI. CONCLUSIONS

Taking the Indian women exclusively on radar, it is apparent that being in the **middle-age** and the ways in which the **transitions** involved in it are **dealt** with has a **significant relationship** with the **mental health** of an individual. This relationship is suggested to be of a **direct proportionality**. An effective management creates room for ‘Growth’ whereas an ineffective coping or mismanagement leads to ‘Crises’. Midlife Crisis can thereby **adversely affect** the mental health of an

individual, prominently on the dimensions of – ANXIETY, DEPRESSION and STRESS.

XII. LIMITATIONS –

Considering some confounding that may have influenced the findings reported this study has potential limitations attached–

- Small sample size is suggested to limit the generalizability of the results obtained.
- Semi-Structured Interview Schedule developed by the researcher was less intensive in approach, in an attempt to cover the major possible dimensions of life.
- Interplay of the cultural biases and personal issues of the sample under study is suggested to have strongly influenced the quality of data.

XIII. IMPLICATIONS –

- Use of further variables – socioeconomic status, marital status, demographic status (rural population) and others can be made to examine their role and obtain a more comprehensive view of mental health.
- Taking a larger sample size under study is recommended to achieve a relative broader insight into the mental health status of women in India and increase applicability of the findings in compliance with the attribute of extensive cultural diversity.

Declaration Statement:

I hereby Declair Availability of my data

Dr .Manini Srivastava

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