UPDATE

WHAT IS MIDLIFE?

How much consideration have you given to midlife — your own or your patients'? Probably not much, and yet experience it you will for the 20 years between 40 and 60. You will feel its inevitable physical and psychological effects, and will either deny it at your own peril or change with it and grow in wisdom and stature. You'll either experience it unconsciously and perhaps foolishly as the butt of midlife crisis jokes, or handle it with some measure of grace. And what are you advising your patients about the transitions in themselves and their relationships that characterise this stage of life?

Very little has been known about midlife because until the developments of modern medicine a fairly small proportion of the world population experienced it. For example, there has been an increase in European and American life expectancy by 30 years since 1900, from approximately 49 in 1900 to 82 in 2006, an increase greater than all of the previous gains over the past 5 000 years. Up until the mid-1940s when antibiotics were developed, the average person still expected to die in his 60s. The mandatory retirement age in the USA for Social Security purposes was established at 65 years old only in 1935 and is now up for review as people wish to work longer.

Now in 2006 in the First World the life expectancy has risen to approximately 79 for men and 82 for women, with the over-85 group the fastest growing segment of the population. It is of course much harder to discuss life expectancy in sub-Saharan Africa with the diverse population groups and the scourge of AIDS. Suffice it to say, though, that trends in sociological, psychological and medical research have been strongly influenced by the emphasis in the First World. Midlife has only recently been in the sight of those establishing societal institutions and influencing attitudes in the North as well as here.

Until very recently a person was considered old at 40 and expected to die in his or her 60s — the very years that we now think of as middle age. Until the mid 20th century there were few distinctions made between what we now consider the three stages of adulthood (roughly 20 - 40), midlife (roughly 40 - 60) and seniority (60+). The least understood has been midlife, with no defined characteristics or roles for women above childbearing age or for men who have lost some of their physical prowess yet are too young to retire.

In South Africa we are still influenced by Western societal institutions that were developed in the First World decades ago to handle the needs of the average person. The institutions of Europe are undergoing the strains of an ageing population. However, in South Africa we are adding into the mix the pressures of affirmative action with very little intelligent consideration of cultural differences let alone of age or life stage. In my executive coaching, I find that in corporate and governmental institutions it is not uncommon to find black women in their late 30s forced to compete with 60-year-old white men with no consideration of their comparative energy levels, acquired wisdom or perspective of their ages.

Consider that in the social institution of marriage, in terms of the ceremony formalised in the Common Book of Prayer written in England in 1550, people make vows that commit them 'until death do us part'. This was easy to do when at least one of the spouses was likely to be dead by 50! We still make the same vow and hardly question the overwhelming probability of divorce, considering we now live 20 - 30 years longer. As we adjust our one-size-fits-all approach to the 60+ years of adulthood, we also need to re-order our expectations and prepare ourselves for three stages of marriage. Either we need to learn to make the transitions in our relationships from one life stage to another, or we need to be prepared to be married to three different spouses!

In counselling adults and couples, I address daily the issues of midlife with many of my clients. In my research and in practice I have identified two transitions or 'crises' that occur during midlife, the first being the transition into midlife around 40, but sometimes as early as 38, which mostly affects us psychologically, and the second menopause or andropause, which we experience when the hormonal and biochemical shifts reach a critical point around 50. In the next two articles in this series I will go into greater detail about the psychological characteristics of these changes.

In his book *The Middle Passage: From Misery to Meaning in Mid-Life* (1993), Jungian analyst and midlife expert Dr James Hollis says that the midlife transition occurs when the 'provisional personality' – shaped by our parents and the requirements of society–is forced to make way for the coming forth of the 'authentic or inherent self'. Our sense of self and the seat of authority shift from outside us to within. The parental voices we have internalised in adolescence have begun to sound more like critical tyrants than like a helpful conscience we relied on in our youth. A crisis is experienced as the familiar manner in which we have handled things in our lives no longer works for us. We begin to feel restless, discontent and we naturally begin to 'soul search'.

The hormonal changes experienced during the course of midlife are accompanied by changes in the psyche with corresponding behavioural changes. While medical research shows that this is true for both women and men, popular thinking still associates the irritability-anxiety-depression syndrome associated with hormonal changes with female menopause. This popular belief is sustained because the changes in women are more physically evident with the rapid decline in oestrogen and the cessation of menses. Hundreds of studies document both the physical and psychological symptoms of menopause and perimenopause. Perhaps because men have been so reluctant to admit to the effects of the gradual loss of their testosterone, which they associate with their image of manhood, medical research has been slow in studying what is popularly called 'andropause'.

But as recent medical research has shown, the well-documented psychotropic effects of testosterone in relation to sexuality, aggression, performance, cognition and emotion are affected as the testosterone levels are gradually lowered during middle age. According to Jed Diamond, author of the popular *Male Menopause* (1997), men make a terrible mistake by ignoring or denying hormonal changes or their affects. The effects on relationships, career and general wellbeing can be dramatic. He cites studies that link the lowering of testosterone levels with stress, depression, anxiety and a decrease in self-esteem. As he says, the sooner the effects of midlife are addressed the better. Alcoholism, violence and suicide rates are much higher in men in midlife than in women.

Genetic inheritance, temperament, brain characteristics, hormones and conditioning from family and society are all involved in determining the way individuals will experience the changes in midlife. Any thorough understanding of patients undergoing this stage and its transitions will take them all into consideration. However, there are obvious things I look for and will share in the following articles in this series. I will also mention the effects on relationships that either undergo a dramatic transformation or end in divorce in midlife. In the last article, I will also suggest a number of supports that can be provided beyond the obvious HRT and antidepressants that medical practitioners typically prescribe.

MARY OVENSTONE

Mary Ovenstone is a Canadian-trained psychotherapist. She specializes in couples training and executive coaching.
Email: evenmits@iafrica.com