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Counseling Middle-Aged Women as They Adapt to Important Changes in Their Lives

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In 1990, the model for understanding adult development most often encountered was one created by Erikson in the early 20th century (1997). His comprehensive life-span model was used regardless of gender, race, ethnicity, socioeconomic status, physical ability, or other possible variations in life experiences (Howell, 2001b). Erikson characterized midlife as involving a psychosocial crisis of “generativity v. self-absorption and stagnation” (p. 67). Individuals needed to achieve “a widening commitment to *take care of* the persons, the products, and the ideas one has learned *to care for*” (p. 67). This occurred in the context of Erikson’s overall goal for human development, individuation.

At the same time that Erikson conducted his research, other researchers and practitioners questioned the viability of using any one psychological model to understand experiences of both men and women. In 1926, Horney (1967) reflected of psychoanalysis that it was “...the creation of a male genius, and almost all those who have developed his ideas have been men. It is only right and reasonable that they should evolve more easily a masculine psychology and understand more the development of men than of women” (p. 54). She later discussed the “fear of not being normal” (p. 196) as a strong source of anxiety for women who did not conform to the norm that was encouraged even in therapy sessions by assessments and interventions focused on achieving male-normed behaviors.

In the late 1940s, Simone deBeauvoir (1989) developed the premise that female gender, by itself, resulted in different life experiences. Gilligan (1993), who had conducted research with Erik Erikson and Lawrence Kohlberg in the 1970s, maintained that when observed in contexts of existing, male-normed developmental theories, women often came out looking inadequate. In 1989, Chodorow called for gender-specific studies of human development, pointing out that gender roles in society heavily influenced individuals’ “sense of self,” “self esteem,” and “relatedness to others” (p. 65). A primary area of concern for Chodorow and Gilligan was expressed by Miller (1986) in the following, “While it is obvious

that all of living and all of development takes place only within relationships, our theories of development seem to rest at bottom on the notion of development as a process of separating from others” (p. xxi).

Levinson (1996) attempted to create an adult developmental model for women. Reflecting the existing paradigm, Levinson used individuation as the goal of development (p. 26). Also, prior to his research with women, Levinson created a developmental model for men. The two versions varied little except for his acknowledgement of the impacts of sexism in the workplace and childcare responsibilities on some women.

Levinson’s (1996) model for women’s midlife development was, in many ways, supported by the (Howell) model that emerged from my naturalistic research in Idaho and New York City (Howell, 2001a; Howell & Beth, 2002; Howell & Beth 2004). Levinson’s (1996) model involved alternating stages of transition and life structure, each approximately 5 years in length, across the adult life span. Transition stages had to do with becoming aware of and endeavoring to understand evolving circumstances in a person’s life. Structures involved establishing and using new working paradigms based on information that came out of previous transition stages. The first midlife transition encompassed ages 40 through 45. The first life structure encompassed ages 45 to 50; the second transition from 50 to 55; the second structure from 55 to 60.

Similarities notwithstanding, some important differences existed between Levinson’s (1996) and Howell’s (2001b) models. The goal of midlife development that emerged from the author’s research was allocating precious resources such as emotional energy, creativity, time, and money in a way that reflected each woman’s unique hierarchy of values, compared to Levinson’s (1996) goal of individuation. Consistent with findings of Chodorow (1989), Gilligan (1993), Horney (1967), and Miller (1986), relationships with others, from intimate to casual, figured at the top of that hierarchy for all participants, even those who had successful careers outside the home. Also, women

in the author's study indicated that midlife did not start as early as age 40. Rather, enough dramatic life occurrences accumulated to initiate the first stage between ages 45 and 50. For some women, the final plateau of midlife lasted into their 70s, making this the longest stage of development for them.

The context of the Howell model was described by a participant: midlife was a process of recreating yourself. Another called it the adolescence of old age. It was a grieving process involving many life changes occurring at the same time, a time of assessment, creativity, and accomplishment. Most of the women interviewed, across socioeconomic and educational levels, across race and culture, regardless of sexual orientation, described midlife as a time of hope, of rebirth. Even during the emotionally painful periods of midlife, women focused on how they wanted to live and what was important to them.

Stages of the Howell model were named to reflect women's locus of control. Hence, during the first stage, external awareness, women viewed the world with an external locus of control. For instance, some women in this stage struggled with ageism, indicating that they had not changed but that people were treating them differently: as if they were invisible or incompetent. Likewise, in focus groups, participants indignantly asked, "Who are you calling middle-aged?," the message being that there must be something wrong with the researcher for labeling them middle-aged. During this time of external locus of control, service providers from beauticians to doctors and psychotherapists were sometimes accused, "Why can't you help me get back to normal?" Confusion and agitation motivated women to ask questions, to gather information so they could achieve the goal of the external awareness stage, deeply understanding the realities of their evolved lives.

Over time, middle-aged women shifted locus of control inward. Hence, during the second stage, internal awareness, women became introspective and explored what midlife changes actually meant to them. This period of introspection often lasted for years as women addressed combined impacts of many important losses. Some women's internal awareness periods imitated depressive episodes (American Psychological Association, 2000 [*DSM-IV-TR*], p. 356). Sadness, emptiness, and emotional isolation were markers of this stage. Participants talked about uncharacteristically declining invitations for activities they had once enjoyed and spending quiet evenings or weekends by themselves. In addition, sleeplessness and weight gain were frequently associated with menopause, as were agitation, fatigue, and problems with concentration and decision making. As their parents' health deteriorated, middle-aged women became acutely aware of their own

mortality. Thus, middle-aged women experiencing predictable midlife symptoms easily satisfied eight of the nine criteria for major depressive episodes (p. 356) when only five were required by the *DSM-IV-TR*. Dramatic midlife changes in behavior upset relationships with family members and friends. Withdrawal and introspection characteristic of the internal awareness period provided energy and time necessary to achieve the goal of this stage: clarity about what was personally important.

Eventually, women entered the third stage of midlife development when they shifted focus and reentered their lives on different terms. During this adjustment stage, women adjusted their use of resources, assessed results, and adjusted again, until they were generally satisfied that they were accomplishing what they could with what they had. Throughout that repetitive process, they used recently acquired insights and refined skills. One example of adjustment was to reduce the number of friends and invest more, emotionally, in the fewer remaining friendships. Another was to choose to stay in certain relationships but to make adjustments so that the relationships could be more satisfying. Every aspect of life was usually involved in midlife adjustments, including relationships from intimate to casual, finances, careers, and health. After adjusting many aspects of their lives, some aspects more than once, until they reached acceptable results, women reached the second plateaus of general life satisfaction, one that could be enjoyed for years until events triggered transition into the final stage of human development, old age. Changes continued to occur in their lives during this plateau period, but prior midlife processes had prepared women so that they could more easily adapt to new circumstances.

The role of counselor with middle-aged women is one of coach. In this context, a good coach provides reflection, encouragement, information, and exercises to develop skills. Client-centered forms of reflection and encouragement are particularly useful when working with middle-aged clients. The counselor shares impressions of the client's feelings, processes, and conflicts and supports the client in exploring what is true for her. Such reflections help ground the client and promote personal insights necessary to make midlife adjustments. People in middle-aged women's frame of reference often react to their behavioral changes with alarm and pressure the women to remain the way they were or enact dramatic changes. A corrective emotional experience, therefore, could result if counselors encourage by listening with interest, neither giving advice nor rushing the women to accept the counselor's insights, as middle-aged women struggled with new

developments and chronic situations in their lives.

Providing information for middle-aged clients is critical. Counselors are in a position to check out service providers and offer sources of information that they know are credible. For instance, researchers recently discovered that prolonged use of hormone replacement therapy for symptoms of menopause increased risk of heart attack, stroke, and certain types of cancer. A particularly good book about menopause was written by Love (1997). A bibliography of scientifically sound resources such as Love's book could be provided to clients. Factual pamphlets could also be provided. Possible topics for which counselors might choose to provide information include heart disease, midlife development, menopause, exercise, diet, meditation, and legal issues such as wills and divorce. Women often examine the importance of culture, religion, and spirituality in their lives during midlife, so fliers for activities and publications in these areas might also be helpful.

Women in the author's study talked about many things that they were doing during midlife to enhance life quality, including meditation, engaging in religious or spiritual activities, writing in journals, and painting. In addition to recommending those activities to middle-aged clients, counselors might consider conducting support groups. The following are some activities that the author has used in groups for middle-aged women: have each member talk about what they would do if they didn't do what they should do; have each member write a description of a middle-aged woman, then have her write on a new piece of paper a description of herself, and process the comparison between the two descriptions; show a film that has middle-aged women in it and discuss aging in the United States (possible films include *Fried Green Tomatoes* and *Revenge of the Middle-Aged Woman*); suggest art therapy, sand box therapy, and dream work.

Important insights came out of the author's focus groups. Most of the participants attended three or four focus group sessions over a period of several weeks. The first session was opened by asking, "What is it like to be a middle-aged woman?" From then on, participants talked about whatever they wanted. Interventions focused only on clarification of what had been said, balancing participation, or bringing discussion back to the room. Participants were gently blocked from giving each other advice. They simply shared their experiences. No problem solving was done during group time. Many times during the focus group sessions, participants described insights that they had achieved when talking themselves, or vicariously when others conceptualized what they were experiencing. Other professors commented about how excited the

group members were, talking with each other as they walked down the halls after sessions.

Many studies have been conducted on menopause, which is only a problem for about 10% of menopausal women. There is a need for a large, comprehensive study of the psychology of women's midlife development. With baby boomers entering this important stage and people living longer, scientifically based information on the process could potentially impact quality of life for an enormous number of women and the people who interact with them. This was an exploratory naturalistic study using grounded theory to analyze data collected from 59 participants. The hope is that more professional counselors will join this effort.

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