

Handbook of Midlife Development

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Preface

The afternoon of human life must also have a significance of its own and cannot merely be a pitiful appendage to life's morning. (Carl Jung, 1933, p. 109)

THIS IS THE FIRST handbook on the topic of midlife development. Currently there is an intense interest in the middle years of the life span due, in large part, to the confluence of major demographic shifts and research breakthroughs. The population explosion of middle-aged adults and the rapid growth in our knowledge about this age period have led to the identification of midlife as a segment of human development worthy of study in its own right. The baby boom generation is moving through midlife in record numbers. In the year 2000, there were over 80 million baby boomers in the United States between the ages of 35 and 54. This cohort represents about 30% of the U.S. population. The effort to differentiate midlife from other periods of human development also reflects a growing interest in optimization of aging. If we can identify the roots of aging earlier in adulthood, it may be possible to delay, minimize, or prevent some of the biopsychosocial changes that occur in later life. With the rapid release of new research findings about midlife, the timing is right for a handbook dedicated to this lengthy, central period of the life span.

Much of the previous research relevant to midlife has been done without a direct focus on this age period. Research on topics such as career changes, preretirement planning, menopause, cardiovascular disease, child-rearing, the empty nest, caregiving, or grandparenting, although not billed specifically as midlife research, has nevertheless been devoted to the study of middle-aged adults. One of the largest research enterprises focused directly on the middle years, conducted by The John D. and Catherine T. MacArthur Foundation Research Network on Successful Midlife Development (MIDMAC), recently completed its 10-year agenda. The findings from their large representative survey of Midlife in the United States (MIDUS) are making their way into the medical, developmental, psychological, and social journals, a summary volume is due to be published in 2001, and plans are underway to extend the survey to a second wave. The literature on midlife is likely to continue growing at a fast pace.

The chapters in this *Handbook* provide a synthesis of findings from many different arenas, bringing them together under one cover. For some topics included in this volume, the picture about midlife is still sketchy, and the authors were challenged to extrapolate from work on other age periods, usually old age. In so doing, the authors raise interesting questions about continuity and change and whether some areas of midlife can be characterized as an extension of young adulthood or a precursor of things to come in later life.

In most topic areas, research and theory on aging is much further along in its development compared to midlife. There are three separate handbooks about aging in the fields of Psychology, Social Sciences and Biology, and their fifth editions are due out shortly. Although a number of edited books on midlife have been published over the past 20 years, there are no journals dedicated to midlife. Research on midlife is usually published in the aging journals and included in textbooks on adult development and aging. Until now there has not been enough information to require a textbook dedicated to middle age. This is changing, with new courses being offered on the topic of midlife and textbooks devoted specifically to this age period on the horizon.

The authors who contributed to this volume were asked to provide state-of-the-art reviews of the literature, not necessarily all-inclusive, but reflecting their vision of directions for future theory and research on their topic. They were asked to take a biopsychosocial approach to midlife with a life-span developmental perspective. In addition, the authors were asked to be particularly sensitive to issues of gender, cohort differences, and ethnic and cultural variations in their coverage. The *Handbook* is rich with contributions on a myriad of topics from key scholars in the field. Thanks to them, for the first time we can enjoy the synthesis of years of work touching on midlife now collated and integrated into one comprehensive work. This *Handbook on Midlife* signals the coming of age of this area of inquiry in the field of human development.

I wish to thank the many people who have made this *Handbook* a reality. Michael Smyer, the Editor for the Adult Development and Aging Series at John Wiley, first identified the need for a summary volume on midlife. I am grateful to him for his vision and for inviting me to edit this *Handbook*. This volume would not have been published without the hard work of the able staff at John Wiley and Sons. I especially would like to acknowledge Jennifer Simon and all members of the editorial staff and production group for pushing me and the authors to meet the deadlines and for bringing this book to fruition. I wish to thank my advisory editors, Paul B. Baltes and Hazel Rose Markus for suggesting ways to shape the volume and identifying potential contributors. I value their wisdom and friendship. The key to

a successful edited book is having the right set of chapters. I thank all the authors for their excellent contributions and hard work.

I want to express gratitude to my MIDMAC colleagues, especially Bert Brim, the chair, who inspired me and provided incredible opportunities for learning and collegiality. The 10 years I spent as a member of MIDMAC marked my entry into midlife both chronologically as well as professionally. The intellectual exchanges among eminent scholars and esteemed colleagues from many disciplines have enriched my life in many ways and contributed immensely to the quality of this volume. I also gratefully acknowledge the financial support I received to conduct my work from the John D. and Catherine T. MacArthur Foundation and from the National Institutes on Aging.

My colleagues, students, and staff at Brandeis University have been supportive and stimulating over the past 20 years. I especially wish to thank Joe Cunningham, Kimberly Prenda, Heather Walen, Mick Watson, Suzie Weaver, Art Wingfield, Judy Woodman, and Leslie Zebrowitz. They were encouraging and available for guidance while I was working on this volume, as always. I thank the members of the Life-span Lab for making sure that things ran smoothly when I was preoccupied with getting this volume completed.

My family deserves much credit for enabling me to devote extended hours to this project. My children, Julia and Neil, have become self-sufficient and reliable, using good judgment, and always willing to take on more responsibility, allowing me time to complete my work. I am proud of you. Finally, I give thanks to my husband for sharing daily responsibilities and life. No matter how frantic things are, with his sense of humor and laid-back perspective on life, Ron is always there cracking a joke, making us laugh, and putting a different spin on things. My heartfelt and sincere thanks to you all.

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Introduction

Middle-aged life is merry, and I love to lead it,
But there comes a day when your eyes are all right
But your arm isn't long enough to hold the telephone book
where you can read it. (Ogden Nash, 1952, p. 5)

Middle-aged adults seem to be preoccupied with how well they *see* and how good they *look*. It's not surprising, considering the term *midlife* conjures up images of reading glasses, thinning or graying hair, sagging chins, fatigue, backaches, hot flashes, forgetfulness, loss of sex drive, grown children leaving home, parents becoming sick or dying, and a multitude of other changes in the physical, psychological, and social realms. Do these experiences we typically associate with midlife truly represent the central themes of the middle years of the life span, or are they just popular misconceptions promoted and exaggerated by talk shows, magazines, and birthday cards? When middle-aged adults experience new challenges or unwelcome changes, do they trigger a midlife crisis or do they create opportunities for growth and adaptation? One thing is clear—there are many views of midlife. At one extreme, the notion of midlife as a period of turmoil or crisis (Levinson et al., 1978; Sheehy, 1976) is in stark contrast to the view that midlife is the period of peak functioning and responsibility (Neugarten, 1968). Are those beyond forty “over the hill,” or does “life begins at forty?” (Pitkin, 1932).

Over 25 years ago, Neugarten and Datan (1974) remarked that midlife, in contrast to old age, had received little attention from lifecycle scholars. They commented that opposing views of researchers and clinicians “led to a somewhat unbalanced view of middle age as either plateau or crisis” (p. 592). On the one hand, many researchers believed that personality is stable during adulthood and that nothing of great significance occurs until senescence. In contrast, clinicians espoused the view that there are problems and crises in mental health brought on by physical changes and social upheavals. Much has been learned over the past quarter century, yet still less is known about the middle years than the later years of the life cycle, leading Brim (1992, p. 171) to refer to the middle years as the “last uncharted territory in human development.”

Some well-known conceptualizations of midlife have emerged from clinicians' accounts of their middle class, middle-aged clients' problems (see Hunter & Sundel, 1989). As a result, midlife is often portrayed as a time of crisis and unrest (Farrell & Rosenberg, 1981; Jacques, 1965; Oldham & Liebert, 1989). Subsequent research with more diverse samples has uncovered a more balanced perspective (Baruch & Brooks-Gunn, 1984; Eichorn, Clausen, Haan, Honzik, & Mussen, 1981; Giele, 1982; Lachman & James, 1997; Rossi, 1994; Ryff & Kessler, in press; Ryff & Seltzer, 1996; Willis & Reed, 1999). In contrast to the view from clinical populations, survey-based findings have characterized those in middle age as being on top of their game, "no longer driven, but now the drivers" (Neugarten, 1974, p. 98). These disparate views can be reconciled if the experiences of midlife are considered from multiple perspectives, recognizing the vast range of possibilities and variations by historical period, timing of events in the life course, gender, culture, race, ethnicity, and social class. The goal of this first edition of the *Handbook of Midlife Development* is to offer such a multidisciplinary and contextual perspective on midlife.

MIDLIFE ISSUES AND CENTRAL DOMAINS

What are the most prevalent issues that are faced by those in midlife? A national survey conducted by the American Board of Family Practice (1990) showed that changes in physical conditions, health, and mental functioning, as well as getting older, were considered the worst aspects of midlife. Respondents especially expressed concerns about increases in chronic illness and being overweight. The best things reported about midlife reflected feelings of more personal control and freedom. Being settled and having life experience were considered the best things, having financial security, and the freedom and independence that come with grown children were also frequently cited. Improving relationships with family and friends, caring for a frail parent or helping children, and saving for retirement were noted as important goals during midlife (American Board of Family Practice, 1990). Thus, it appears that the midlife experience includes both gains and losses (Baltes, 1987; Neugarten & Datan, 1974). For example, the loss of fertility at menopause is sometimes experienced as a gain in sexual freedom (Rossi, 1994). Or, the loss of the active parent role when children move out of the home is often accompanied by newfound gains in marital satisfaction and opportunities for exploring new interests, growth, and fulfillment (Ryff & Seltzer, 1996). The contents of the *Handbook*, drawing on fields such as psychology, sociology, anthropology, human development, economics, biology, epidemiology, and medicine, reflect the wide range of issues and concerns that are integral to persons in

the middle years of the life span. It is a time when themes of juggling multiple roles and achieving balance in life are front and center.

During midlife, there is a tension between the changes in physical functioning and social roles and the psychological resources available to deal with them. All indications are that although middle-aged adults may be faced with multiple challenges, they also are well equipped in many ways to handle them (Aldwin & Levenson, Chapter 6; Heckhausen, Chapter 11; Lachman & James, 1997). For most people in middle age, physical (Avis, 1999; Whitbourne, Chapter 4) and cognitive changes (Dixon, deFrias, & Maitland, Chapter 8; Sternberg, Grigorenko, & Oh, Chapter 7; Willis & Schaie, 1999) occur gradually and do not lead necessarily to disability or impairment. Although some aspects of cognitive functioning may show declines, the middle-aged adult has the resources and experiences to compensate for them (Miller & Lachman, 2000). Most middle-aged adults function well psychologically (Lachman & Bertrand, Chapter 9), and are effective at regulating emotions (Magai & Halpern, Chapter 10) and coping with change (Aldwin & Levenson, Chapter 6; Heckhausen, Chapter 11).

In addition to physical changes, middle age often involves a restructuring of social roles (Bumpass & Aquilino, 1995), especially in the work (Sterns & Huyck, Chapter 13; Kim & Moen, Chapter 14) and family realms (Antonucci, Akiyama, & Merline, Chapter 15; Putney & Bengtson, Chapter 15). Midlife adults have a wide range of circumstances involving their children, determined in part by their social class, children's ages, and geographical propinquity (Ryff & Seltzer, 1997). Some have young children still in the home, and others have grown children who live on their own, or perhaps return to the home after a separation or divorce. Those who had children in their twenties or early thirties will often become grandparents during the early part of their middle years. Midlife adults also must confront changes in their relationships with their own parents, especially due to declining health or death. One of the harsh realities of middle age is captured in the statistics about the number of living parents. According to the National Survey of Families and Households, as adults enter midlife, 41% have both parents alive, while 77% leave midlife with no parents alive (Bumpass & Aquilino, 1995). What these figures do not convey is the emotional anguish and turmoil associated with parental loss. The experiences of midlife adults are complicated by the mobility of our society, in which adult children are often faced with the long distance monitoring of parents with failing health and decreased ability to live independently (Putney & Bengtson, Chapter 15). Adding to the complexity of dealing with parents' illness is that the midlife adult usually has multiple responsibilities at home and in the workplace. This intergenerational, multi-role squeeze in midlife has led to the label, "sandwich generation."

WHAT IS MIDLIFE?

The U.S. Census Bureau (1990) reports there are 74 million middle-aged adults, between the ages of 40 and 60, comprising 27% of the population. This represents an increase of 6% over the past decade, and the numbers are expected to increase by 1% over the next decade. No wonder marketers, not to mention researchers and publishers, are targeting this age group.

According to the online Oxford English Dictionary (2000), the word *midlife* first appeared in Funk and Wagnalls Standard Dictionary in 1895. Midlife is defined as "the part of life between youth and old age." Yet, the boundaries for midlife are fuzzy with no clear demarcation. Subjective views of the midlife period show a wide age range (American Board of Family Practice, 1990, Lachman, Lewcowitz, Marcus, & Peng, 1994; Neugarten & Datan, 1974).

Those between the ages of 40 and 60 are typically considered to be 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. In fact, one-third of Americans in their 70s think of themselves as middle-aged (National Council on Aging, 2000). Research shows that the subjective boundaries of midlife vary positively with age (Lachman et al., 1994). The older one is, the later the reported entry and exit years for the midlife period (Lachman & Bertrand, Chapter 9). Middle-aged adults typically report feeling about 10 years younger than they are (Montepare & Lachman, 1989). Although midlife is a relatively long period, ranging from 20 to 40 years, it has not yet been divided into subperiods akin to the young-old, old-old distinction used to describe later life (Neugarten & Hagestad, 1986).

Middle age is a long period with a great deal going on in many different realms. In both the family and work domains, middle-aged adults play an important role in sharing their experience and transmitting their values to the younger generation (McAdams, Chapter 12). The middle aged are involved with taking care of the young and the old. They may be launching children, adjusting to having children return home, becoming grandparents, taking care of a widowed or sick parent, or getting used to being the oldest generation in the extended family after both parents have passed away. In the work domain, middle-aged adults may reach their peak in position and earnings. They also may be faced with multiple financial burdens from rent, mortgage, child care, college tuition, loans to family members, or bills from nursing homes. They also may decide or be forced to change jobs, face age discrimination, or begin planning or saving for retirement.

For middle-aged adults, health is generally good, and most of the physical changes do not cause disability or alter life styles, even if they do raise concerns and lamentations about the woes of getting older (Whitbourne,

Chapter 4). Some who are less fortunate are faced with chronic illnesses, disease, or health problems that place limitations on their activities (Spiro, Chapter 5). Among those in their early 40s, only 7% report having a disability (Bumpass & Aquilino, 1995). The number of men and women with some form of disability more than doubles by the early 50s (16%) and nearly triples by the early 60s (30%). Thus, for many adults, midlife is characterized by increasing health problems, and this is particularly true for those with low socioeconomic status (Bumpass & Aquilino, 1995). Although adults report an increase in poor health from early to late midlife, during the same period, there is a decrease in negative emotions and an increase in positive mood (Mroczek & Kolarz, 1998). The picture is one of relatively good emotional and psychological health even in the face of stress and declines (Lachman & Bertrand, Chapter 9; Magai & Putney, Chapter 10). There is much evidence for the use of compensatory strategies, resilience, and adaptive behaviors during the middle years (Heckhausen, Chapter 11).

OVERVIEW OF THE HANDBOOK

The *Handbook* is organized in four sections, covering the theoretical, physical, psychological, and social aspects of midlife development. This reflects the multidisciplinary nature of the *Handbook*, with all chapters addressing the interplay of biomedical, psychological, and social factors during the middle years.

Staudinger and Bluck in Chapter 1 review existing theoretical perspectives, including stage models, and demonstrate the utility of the life-span view for guiding research on midlife. The dynamic nature of changes in the middle years can be represented as both gains and losses. The midlife experience is determined by both biological and cultural/environmental influences. In fact, midlife does not exist as a concept in all cultures (Shweder, 1998).

By comparing the nature of the middle years in American, Japanese, and Hindu societies, Menon, Chapter 2, demonstrates variations in the construction of middle age. To illustrate, she points out that even if midlife were defined on the basis of the midpoint of the life span, this too would vary both within and between cultures as a function of the length of life.

Biologically based changes in midlife do not appear to be as dramatic as in other periods of the life span. It is not necessarily a long period of quietude, but one marked by contrasts. Some individuals begin to show health declines during the middle years and others pass through midlife with a clean bill of health. Problems of obesity, chronic illness, cardiovascular disease, as well as changes in sensory functioning, emerge in the middle years. The incidence of illness and disease is tied to many factors such as social class, lifestyle, and heredity. One of the major shifts in the

middle years occurs in the area of reproduction, especially for women. Finch, Chapter 3, discusses midlife, from a biologist's perspective, as a period of decreased fertility or fecundity. The definition of midlife varies by species and life expectancy. There is wide variability in health, and genetic influences such as ApoE are prominent in midlife. ApoE has been associated with cognitive dysfunction and ischemic heart disease, and Finch proposes that it should be considered in relation to psychosocial outcomes. Interestingly, middle age has been studied by biologists to enable the study of reproductive aging free of the confounds of disease.

Whitbourne, Chapter 4, reviews the major physical changes that often occur in middle age. She points out that the timing and magnitude are quite variable and many of these changes are not inevitable. With a healthy diet and exercise, for example, decrements can be delayed or even avoided. Her coverage of the different body systems highlights the interdependence of hormonal cardiovascular, respiratory, and other functions. Spiro, Chapter 5, applies a multidisciplinary, life-span approach to the understanding and treatment of health in midlife. Diseases of midlife can be prevented by minimizing risk factors. Health is presented as a multifaceted construct, and is considered a primary basis for well-being. In the context of chronic illness, midlife adults need to find ways to cope or compensate for losses. Aldwin and Levenson, Chapter 6, point out the connection between stress and health and highlight the need for good coping skills in midlife. They point out there are many stresses that midlife adults encounter in multiple domains of life, such as death of parents or compromised health, and yet most middle-aged adults are able to achieve growth and wisdom in the face of these stressors.

Sternberg, Grigorenko, and Oh, Chapter 7, summarize the evidence for mixed patterns of growth and decline in intelligence. They make an important distinction between practical and academic forms of intelligence and show their differential trajectories of change during adulthood. They present interesting evidence for the development of tacit knowledge and highlight the importance of learning from experience. Midlife provides many good opportunities for making intellectual contributions, given the position of the middle-aged in the family, in the workplace, and in society. In another cognitive domain, there is a common belief that memory declines in midlife, and many people complain that they are becoming more forgetful. Dixon, DeFrias, and Maitland, Chapter 8, provide a clear and cogent review of what we do know about memory in midlife, concluding that there is not much evidence for widespread memory decrements in the middle years. They propose new directions for research such as looking at the influence of hormonal changes and metamemory on memory functioning.

Lachman and Bertrand, Chapter 9, examine how personality affects the midlife experience. They summarize the key theories on personality

that can inform research in this area. Not all aspects of personality are stable. The self plays an important role in midlife, serving as a resource for negotiating the physical changes and social stresses that may be encountered. No one is immune to the complexities of midlife. Yet, those who feel a sense of mastery and control are better able to meet the challenges head on and find effective strategies for reducing or dealing with stress. Magai and Halpern, Chapter 10, explore the emotional aspects of development in midlife, considering both positive and negative affect. This newly emerging area of research is ripe with possibilities for understanding ways in which adults negotiate the terrain of the middle years, including death of one's parents as well as parenting one's children. The concept of emotional regulation is described and applied to the midlife experience. Heckhausen, Chapter 11, explores the psychosocial resources that are at the disposal of the midlife adult. These protective factors help in the adaptation to the losses, developmental deadlines, multiple roles, and other challenges associated with midlife. She engages in a creative analysis of processes such as social comparison and assimilation and accommodation. Although primary control plays a central role in the middle years, it becomes a less effective strategy compared to secondary control in circumstances where goals are unattainable.

McAdams, Chapter 12, presents a comprehensive and insightful coverage of the generativity construct, a central theme in the middle years. Moving leaps and bounds beyond the original Eriksonian view, he discusses the variations in generativity by race/ethnicity and history/cohort. The multifaceted and multidimensional view of generativity, in the domains of parenting and societal involvement, reflects the critical role that commitment to others plays in the development of well-being in midlife.

Sterns and Huyck, Chapter 13, convincingly make the case for the centrality of work during the middle years. They cover career development and consider the variations by gender, cohort, culture, and race. The progression of career trajectories including job mobility and reentry into the workforce in midlife are highlighted. Unemployment and layoffs may have a different impact depending on the age of the person or whether or not they occur in the context of a good job market.

Kim and Moen, Chapter 14, expand the coverage of the work cycle to the transition to retirement. They consider the context of preretirement, identifying the impact of historical variations, timing, planning, adjustment, and resources that are brought to bear on retirement decisions. This work is integrated with work on agency and the self as well as societal transitions. Variations by gender, ethnicity, and cohort are considered and emphasized.

Putney and Bengtson, Chapter 15, provide a compelling analysis of the role of families and intergenerational relationships in midlife within the context of ethnic and gender variations. They cover important midlife

phenomena such as the sandwich generation, caregiver stress, grandparenting, family conflict, kinkeeping, the boomerang generation, co-residence, and the cluttered versus empty nest. Antonucci, Akiyama and Merline, Chapter 16, highlight the supportive role of social relationships in midlife. The midlife adult is a major supporter but also reaps the benefits of support from others as they negotiate the trials and tribulations of midlife. Social relations provide a major source of satisfaction and contribute to well-being and health in midlife (Walen & Lachman, 2000). The absence of support or the experience of strain can wreak havoc on middle-aged adults, leading to stress and illness. Relationships in midlife involve not only the family but also friends and coworkers, and differences by gender are important to consider.

There are many interesting questions about midlife that are addressed throughout the *Handbook* chapters. Can midlife experiences be traced to characteristics or events from earlier in life, such as personality, social relations, or education? Does midlife provide a window on aging? To what extent can we prepare for old age during midlife? What can we do in midlife to optimize the later years? The authors consider whether there is continuity from young adulthood through midlife and into old age. Resources accumulated during the middle years can serve as the basis for security during later life, whether in the economic, social, physical, or psychological realms. How much can be done to make up for omissions and losses (e.g., can we take calcium supplements to make up for poor nutrition or thinning bones? Can advanced education or a challenging job in midlife protect us from cognitive declines?).

Together, these chapters provide an account of the ways middle-aged adults can take charge of their lives. There is accumulating evidence for ways to compensate for or even postpone aging-related losses that begin during midlife. For example, weight-bearing exercise can remediate muscle loss (Whitbourne, Chapter 4). Psychological resources can come into play in adapting to the physical and social losses that occur during midlife. When desired outcomes are not attainable, it is possible to utilize secondary control or accommodative processes (Heckhausen, Chapter 11; Brandstadter & Renner, 1990; Whitbourne & Connolly, 1999) for adjustment. Selective optimization processes enable the resilient adult to draw on social and psychological resources to compensate for biological decline (Staudinger & Bluck, Chapter 1).

It is my sincere hope that this *Handbook* provides us with a clearer vision of midlife, by collating and integrating the work conducted on this age period, and suggesting directions for future investigation. If some aspects of midlife are still fuzzy, this can serve as an incentive to explore new territories to bring midlife development into clearer focus, with or without reading glasses. A better understanding of middle-aged

adults can have far-reaching consequences. These can extend not only to those who are in midlife, but also to those who are younger or older in the family, in the work place, and in society as a whole. All who are touched by, influenced by, and cared for by the middle-aged are also likely to benefit.

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