

# 37 - 32 Adulthood

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Adulthood For most of the history of developmental psychology, the predominant theory held that development ended with childhood and adolescence. Adults were considered to be finished products in whom the ultimate developmental states had been reached. Beyond adolescence, the developmental point of view was relevant only insofar as success or failure to reach adult levels or to maintain them determined the maturity or immaturity of the adult personality. In contradistinction were the long-recognized ideas that adult experiences, such as pregnancy, marriage, parenthood, and aging, had an obvious and significant impact on mental processes and experience in the adult years. This view of adulthood suggests that the patient, of any age, is still in the process of ongoing development, as opposed to merely being in possession of a past that influences mental processes and is the primary determinant of current behavior. Although the debate continues, the idea that development continues throughout life is increasingly accepted. Development in adulthood, as in childhood, is always the result of the interaction among body, mind, and environment, never exclusively the result of any one of the three variables. Most adults are forced to confront and adapt to similar circumstances: establishing an independent identity, forming a marriage or other partnership, raising children, building and maintaining careers, and accepting the disability and death of one's parents. In modern Western societies, adulthood is the longest phase of human life. Although the exact age of consent varies from person to person, adulthood can be divided into three main parts: young or early adulthood (ages 20 to 40), middle adulthood (ages 40 to 65), and late adulthood or old age. **YOUNG ADULTHOOD (20 TO 40 YEARS OF AGE)** Usually considered to begin at the end of adolescence (about age 20) and to end at age 40, early adulthood is characterized by peaking biological development, the assumption of major social roles, and the evolution of an adult self and life structure. The successful passage into adulthood depends on satisfactory resolution of childhood and adolescent crises. During late adolescence, young persons generally leave home and begin to function independently. Sexual relationships become serious, and the quest for intimacy begins. The 20s are spent, for the most part, exploring options for occupation and marriage or alternative relationships and making commitments in various areas. Early adulthood requires choosing new roles (e.g., husband, father) and establishing an identity congruent with those new roles. It involves asking and answering the

questions "Who am I?" and "Where am I going?" The choices made during this time may be tentative; young adults may make several false starts. **Transition from Adolescence to Young Adulthood** The transition from adolescence to young adulthood is characterized by real and intrapsychic separation from the family of origin and the engagement of new, phasespecific tasks (Table 32-1). It involves many important events, such as graduating from high school, starting a job

or entering college, and living independently. During these years, the individual resolves the issue of childhood dependency sufficiently to establish self-reliance and begins to formulate new, young-adult goals that eventually result in creation of new life structures that promote stability and continuity. Table 32-1 Development Tasks of Young Adulthood Developmental Tasks Establishing a self that is separate from parents is a major task of young adulthood. For most individuals, the emotional detachment from parents that takes place in adolescence and young adulthood is followed by a new inner definition of themselves as comfortably alone and competent, able to care for themselves in the real world. This shift away from the parents continues long after marriage, and parenthood results in the formation of new relationships that replace the progenitors as the most important individuals in the young adult's life. Psychological separation from the parents is followed by synthesis of mental representations from the childhood past and the young-adult present. The psychological separation from parents in adolescence has been called the second individuation, and the continued elaboration of these themes in young adulthood has been called the third individuation. The continuous process of elaboration of self and differentiation from others that occurs in the developmental phases of young (20 to 40 years of age) and middle (40 to 65 years of age) adulthood is influenced by all important adult relationships. A number of different models have been proposed for understanding adult development. They are all theoretical and somewhat idealized. They all use metaphors to describe complex social, psychological, and interpersonal interactions. The models

are heuristic: They provide a conceptual framework for thinking about common important experiences. They are descriptive rather than prescriptive; that is, they provide a useful way of looking at what many persons do, not a formula for what all persons should do. Some of the terms and concepts commonly used are explained in Table 32-2. These periods involve individuation, that is, leaving the family of origin and becoming one's own man or woman, passing through midlife, and preparing in middle adulthood for the transition into late adulthood. Table 32-2 Psychological Development Concepts Work Identity. The transition from learning and play to work may be gradual or abrupt. Socioeconomic group, gender, and race affect the pursuit and development of particular occupational choices. Blue-collar workers generally enter the workforce directly after high school; white-collar workers and professionals usually enter the workforce after college or professional school. Depending on choice of career and opportunity, work may become a source of ongoing frustration or an activity that enhances self-esteem. Symptoms of job dissatisfaction are a high rate of job changes, absenteeism, mistakes at work, accident proneness, and even sabotage. UNEMPLOYMENT. The effects of unemployment transcend those of loss of income; the psychological and physical tolls are enormous. The incidence of alcohol dependence, homicide, violence, suicide, and mental illness rises with unemployment. One's core identity, which is often tied to occupation and work, is seriously damaged when a job is lost, whether through firing, attrition, or early or sometimes even regular retirement. A young adult female patient had greatly enjoyed her 5 years in college and only reluctantly accepted a job with a large real estate firm. During college, she had had limited interest in her appearance, and she began work in clothing borrowed from family and friends. She scoffed when her boss began to criticize her dress and gave her an advance to buy an upscale wardrobe, but she then began to enjoy the fine clothing and the respect engendered by her appearance and position. As her income began to

rise, work became a source of pleasure and self-esteem and the way to acquire some of the trappings of adulthood. (Courtesy of Calvin Colarusso, M.D.) Developing Adult Friendships. In late

adolescence and young adulthood, before marriage and parenthood, friendships are often the primary source of emotional sustenance. Roommates, apartment mates, sorority sisters, and fraternity brothers, as indicated by the names used to describe them, are substitutes for parents and siblings, temporary stand-ins until more permanent replacements are found. The emotional needs for closeness and confidentiality are largely met by friendships. All major developmental issues are discussed with friends, particularly those in similar circumstances. As marriages occur and children are born, the central emotional importance of friendships diminishes. Some friendships are abandoned at this point, because the spouse objects to the friend, recognizing at some level that they are competitors. Gradually, there is movement toward a new form of friendship, couples friendships. They reflect the newly committed status but are more difficult to form and to maintain, because four individuals must be compatible, not just two. As children begin to move out of the family into the community, parents follow. Dance classes and Little League games provide the progenitors with a new focus and the opportunity to make friends with others who are at the same point developmentally and who are receptive to the formation of relationships that help explain, and cushion, the pressures of young adult life.

**Sexuality and Marriage.** The developmental shift from sexual experimentation to the desire for intimacy is experienced in young adulthood as an intense loneliness, resulting from the awareness of an absence of committed love similar to that experienced in childhood with their parents. Brief sexual encounters in short-lived relationships no longer significantly boost self-esteem. Increasingly, the desire is for emotional involvement in a sexual context. The young adult who fails to develop the capacity for intimate relationships runs the risk of living in isolation and self-absorption in midlife. For most individuals in Western culture, the experience of intimacy increases the desire for marriage. Most persons in the United States marry for the first time in their mid- to late 20s. The median age of first marriage has been rising steadily since 1950 for both men and women, and the number of persons who never marry has been increasing. Today, approximately 50 percent of all adults ages 18 and older are not married, compared with only 28 percent in 1960. The proportion of 30- to 34-year-olds who never married has almost tripled, and the proportion of never-married 35- to 39-year-olds doubled.

**INTERRACIAL MARRIAGE.** Mixed-race marriages were banned in 19 states until a U.S. Supreme Court decision in 1967. In 1970, such marriages accounted for only 2 percent of all marriages. The trend has been steadily upward. Currently, interracial marriages

account for about 1.5 million marriages in the United States. Despite the trend toward more interracial marriages, they still remain a small proportion of all marriages. Most persons are more likely to marry someone from the same racial and ethnic background. Marriages between Hispanic whites and nonHispanic whites and between Asians and whites are more common than those between blacks and whites.

**SAME-SEX MARRIAGE.** Same-sex marriage is recognized as legal by many states in the United States and by the U.S. Supreme Court, as well as in several countries around the world (e.g., France and Denmark). It differs from same-sex civil unions granted by states, which do not provide the same federal protection or benefits as marriage. No reliable estimates are available for the number of same-sex marriages in the United States; however, in 2013 it was estimated to be about 80,000. There is growing consensus in the United States and around the world that homosexual persons should be allowed the same marital rights and privileges as heterosexuals. Same-sex marriage can be subject to more stress than heterosexual marriage because of continued prejudice toward such unions among certain conservative political or religious groups who oppose such unions.

**MARITAL PROBLEMS.** Although marriage tends to be regarded as a permanent tie, unsuccessful unions can be terminated, as indeed they are in most

societies. Nevertheless, many marriages that do not end in separation or divorce are disturbed. In considering marital problems, clinicians are concerned with both the persons involved and with the marital unit itself. How any marriage works relates to the partner selected, the personality organization or disorganization of each, the interaction between them, and the original reasons for the union. Persons marry for a variety of reasons— emotional, social, economic, and political, among others. One person may look to the spouse to meet unfulfilled childhood needs for good parenting. Another may see the spouse as someone to be saved from an otherwise unhappy life. Irrational expectations between spouses increase the risk of marital problems. **MARRIAGE AND COUPLES THERAPY.** When families consist of grandparents, parents, children, and other relatives living under the same roof, assistance for marital problems can sometimes be obtained from a member of the extended family with whom one or both partners have rapport. With the contraction of the extended family in recent times, however, this source of informal help is no longer as accessible as it once was. Similarly, religion once played a more important role than it does now in the maintenance of family stability. Wise religious leaders are available to provide counseling, but they are not sought out to the extent they once were, which reflects the decline in religious influence among large segments of the population. Formerly, both the extended family and religion provided guidance for couples in distress and also prevented dissolution of marriages by virtue of the social pressures that the extended family and religion exerted on couples to stay together. As family, religious, and societal pressures have been relaxed, legal procedures for relatively easy separation and divorce have expanded.

Concurrently, the need for formalized marriage counseling services has developed. Marital therapy is a form of psychotherapy for married persons in conflict with each other. A trained person establishes a professional contract with the patient-couple and, through definite types of communication, attempts to alleviate the disturbance, to reverse or change maladaptive patterns of behavior, and to encourage personality growth and development. In marriage counseling, only a particular conflict related to the immediate concerns of the family is discussed; marriage counseling is conducted much more superficially by persons with less psychotherapeutic training than is marital therapy. Marital therapy places greater emphasis on restructuring the interaction between the couple, including, at times, exploration of the psychodynamics of each partner. Both therapy and counseling emphasize helping marital partners cope effectively with their problems. **Parenthood.** Parenthood intensifies the relationship between the new parents. Through their physical and emotional union, the couple has produced a fragile, dependent being that needs them in the interlocking roles of father and mother. This recognition expands their internal images of each other to include thoughts and feelings emanating from the role of parent. As they live together as a family, the lovers' relationship to each other changes. They become parents relating to one another and to their children. Parent-child problems do arise, however. In addition to the economic burden of raising a child (estimated to be \$250,000 for a middle-class family whose child goes to college), there are emotional costs. Children may reawaken conflicts that parents themselves had as children, or children may have chronic illnesses that challenge families' emotional resources. In general, men have been more concerned with their work and occupational advancement than with child rearing, and women have been more concerned about their role as mothers than with advancement in their occupation, but this emphasis is changing dramatically for both sexes. A small, but growing, number of couples are choosing to split a job (or work at two part-time jobs) and share childrearing duties. Parenting has been described as a continuing process of letting go. Children must be allowed to separate from parents and, in some cases, must be

encouraged to do so. Letting go involves separation from children who are starting school. School phobias and school refusal syndromes that are accompanied by extreme separation anxiety may have to be dealt with. Often, a parent who cannot let go of a child accounts for this situation; some parents want their children to remain tightly bound to them emotionally. Family therapy that explores these dynamics may be needed to resolve such problems. As children get older and enter adolescence, the process of establishing identity assumes great importance. Peer relationships become crucial to a child's development, and overprotective parents who keep a child from developing friendships or having the freedom to experiment with friends that the parents disapprove of can interfere with the child's passage through adolescence. Parents need not refrain from exerting influence

over their children; guidance and involvement are crucial. But they must recognize that adolescents especially need parental approval; although rebellious on the surface, adolescents are much more tractable than they appear, provided parents are not overbearing or generally punitive.

**SINGLE-PARENT FAMILIES.** More than 10 million single-parent families exist with one or more children under the age of 18; of these families, 20 percent are single-parent homes in which a woman is the sole head of the household. The increase in number of singleparent families has risen almost 200 percent since 1980.

**ALTERNATIVE LIFESTYLE PARENTING.** Single, partnered and married homosexual men and women are choosing to raise children. In most cases, such children are obtained through adoption. Some, however, may be born to a lesbian woman through artificial insemination or obtained from a willing mother surrogate. The number of such family units is increasing. The data about the development of children in these homes indicate that they are at no greater risk for emotional problems (or for a homosexual orientation) than children raised in conventional households.

**ADOPTION.** Since the turn of the century, adoption or foster placement has replaced institutional care as the preferred way to raise children who are neglected, unwanted, or abandoned. Many couples who are unable to conceive (and some couples who already have children) turn to adoption. In addition to the full range of normal parent-child developmental issues, adoptive parents face special problems. They must decide how and when to tell the child about the adoption. They must deal with the child's possible desire for information about his or her biological parents. Adopted children are more likely to develop conduct disorders, problems with drug abuse, and antisocial personality traits. It is unclear whether these problems result from the process of adoption or whether parents who give up children for adoption are more likely to pass along a genetic predisposition for these behaviors. With widespread use of birth control and access to safe abortions, the number of infants available for adoption has declined steeply. Wealthy parents may prefer to arrange for private adoption rather than wait many uncertain years for an institutional adoption. (In private adoptions, a biological mother is paid for her legal and medical expenses but not for the baby. Baby selling is a felony in all states.) International adoptions (especially from Bosnia, Latin America, eastern Europe, and China) have also become more common. Questionable regulation in these countries has raised concern that some infants put up for adoption in poor countries may not be orphans but are being sold by destitute mothers.

**MIDDLE ADULTHOOD (40 TO 65 YEARS OF AGE)** Middle adulthood is the golden age of adulthood, similar to the latency years in childhood, but much longer. Physical health, emotional maturity, competence and power in the work situation, and gratifying relationships with spouse, children, parents, friends, and colleagues all contribute to a normative sense of satisfaction and well-

being. With regard to occupation, many persons begin to experience the gap between early aspirations and current achievements. They may wonder whether the lifestyle and the commitments they chose in early adulthood are worth continuing; they may feel that they would like to live their remaining years in a different, more satisfying way, without knowing exactly how. As children grow up and leave home, parental roles change, and persons redefine their roles as husbands and wives. Important gender-specific changes occur in middle adulthood. Many women who no longer need to nurture young children can release their energy into independent pursuits that require assertiveness and a competitive spirit, traits that were traditionally considered masculine. Alternatively, men in middle adulthood may develop qualities that enable them to express their emotions and recognize their dependency needs, traits that were traditionally considered feminine. With the new balance of the masculine and the feminine, a person may now be able to relate more effectively to someone of the other sex than in the past. For a further discussion of adoption see Section 31.19b.

**Transition from Young to Middle Adulthood** The transition from young adulthood to middle adulthood is slow and gradual, with no sharp physical or psychological demarcation. The aging process picks up speed and becomes a powerful organizing influence on intrapsychic life, but the change is gradual, unlike during adolescence. Mental change is experienced in a similar fashion, slow and imperceptible, without a sense of disruption. Development in young adulthood is embedded in close relationships. Intimacy, love, and commitment are related to the mastery of the relationships most immediate to personal experience. The transition from young adulthood to middle age includes widening concern for the larger social system and differentiation of one's own social, political, and historical system from others. Authors have described middle adulthood in terms of generativity, self-actualization, and wisdom. Developmental Theorists Robert Butler described several underlying themes in middle adulthood that appear to be present regardless of marital and family status, gender, or economic level (Table 32-3). These themes include aging (as changes in bodily functions are noticed in middle adulthood); taking stock of accomplishments and setting goals for the future; reassessing commitments to family, work, and marriage; dealing with parental illness and death; and attending to all the developmental tasks without losing the capacity to experience pleasure or to engage in playful activity.

**Table 32-3 Features Salient to Middle Adulthood**

**Erik Erikson.** Erikson described middle adulthood as characterized either by generativity or by stagnation. Erikson defined generativity as the process by which persons guide the oncoming generation or improve society. This stage includes having and raising children, but wanting or having children does not ensure generativity. A childless person can be generative by (1) helping others, (2) being creative, and (3) contributing to society. Parents must be secure in their own identities to raise children successfully: They cannot be preoccupied with themselves and act as if they were, or wished to be, the child in the family. To be stagnant means that a person stops developing. For Erikson, stagnation was anathema, and he referred to adults without any impulses to guide the new generation or to those who produce children but don't care for them as being "within a cocoon of self-concern and isolation." Such persons are in great danger. Because they are unable to negotiate the developmental tasks of middle adulthood, they are unprepared for the next stage of the life cycle, old age, which places more demands on the psychological and physical capacities than all the preceding stages.

**George Vaillant.** In his longitudinal study of 173 men who were interviewed at 5-year intervals after they graduated from Harvard, Vaillant found a strong correlation between physical and emotional health in middle age. In addition, those with the poorest psychological adjustment during college years had a high incidence of physical illness in

middle age. No single factor in childhood accounted for adult mental health, but an overall sense of stability in the parental home predicted a well-adjusted adulthood. A close sibling relationship during college years was correlated with emotional and physical well-being in middle age. In another study, Vaillant found that childhood and adult work habits were correlated, and that adult mental health and good interpersonal relationships were associated with the capacity to work in childhood. Vaillant's studies are ongoing and represent the longest continuous study of adulthood ever performed. Calvin Colarusso and Robert Nemiroff. On the basis of their experience as clinicians and psychoanalysts, Calvin Colarusso and Robert Nemiroff propose a broad theoretical foundation for adult development by suggesting that the developmental process is basically the same in the adult as in the child because, like the child, the adult

is always in the midst of an ongoing dynamic process, continually influenced by a constantly changing environment, body, and mind. Whereas child development focuses primarily on the formation of psychic structure, adult development is concerned with the continuing evolution of existing psychic structure and with its use. Although the fundamental issues of childhood continue in altered form as central aspects of adult life, attempts to explain all adult behavior and pathology in terms of the experiences of childhood are considered reductionistic. The adult past must be taken into account in understanding adult behavior in the same way that the childhood past is considered. The aging body is understood to have a profound influence on psychological development in adulthood, as is the growing midlife recognition and acceptance of the finiteness of time and the inevitability of personal death. Developing Midlife Friendships Unlike friendships in latency and adolescence and, to some extent, in young adulthood, midlife friendships do not usually have the sense of urgency or the need for frequent or nearly constant physical presence of the friend. Midlife individuals have neither the need to build new psychic structure (as do latency-age children and adolescents) nor the pressing need to find new relationships (as do young adults). They may have many sources of gratification available through relationships with spouse, children, and colleagues. As their firstborn sons progressed through high school, two women in their mid-40s became fast friends. In addition to raising money for the school activities in which their sons were involved, thus maintaining a close involvement with the boys, they spent many hours talking about the boys' activities, girlfriends, and plans for college. Their husbands, who liked each other, became acquaintances, not friends. They directed their own feelings about their sons into other relationships. After the boys left for college, the intensity of the friendship diminished, tending to peak again during vacation periods. (Courtesy of Calvin Colarusso, M.D.) Because of their unique position in the life cycle, midlife adults are easily able to initiate and sustain friendships with individuals of different ages, as well as chronological peers. In the face of a disrupted marriage or intimacy or the pressure of other midlife developmental themes, friendships may quickly become vehicles for the direct expression of impulses. Reappraising Relationships. Midlife is a time of serious reappraisal of marriage and committed relationships. In the process, individuals struggle with the question of whether to settle for what they have or to search for greater perfection with a new partner. For some, the conflict rages internally and is kept from others; others express it through actions that take the form of affairs, trial separations, and divorce.

Recent research on happy marriage indicates that these couples, despite internal and real conflict, have found or achieved a special goodness-of-fit between their individual needs, wishes, and expectations. In the eyes of these couples, marital success is based on the ongoing, successful engagement of a number of psychological tasks. Among the most important are providing a safe

place for conflict and difference, holding a double vision of the other, and maintaining a satisfying sexual life. The decision to leave a long-standing, committed relationship has great consequences, not only for the two individuals involved, but also for their friends and loved ones. The effect on children, in particular, is especially profound, extending far beyond childhood. The effects on the abandoned spouse, parents, and close relatives may be nearly as severe. Various forms of therapeutic intervention, such as marital counseling, individual psychotherapy, and psychoanalysis, can be extremely effective in helping uncertain individuals decide what to do or in helping those who leave deal with the consequences of their decision on the abandoned partner, children, and other loved ones. Problems relating to intimacy, love, and sex can occupy a prominent position in an outpatient practice. The four case studies presented here by Calvin Colarusso, M.D., illustrate some of the issues described above. A couple in their late 50s sought treatment in order to make a decision about their marriage. Both had been unhappy for years and wanted to divorce, feeling that they had to act now while there was still time to begin new relationships that would fulfill them. Their concerns were for their children and grandchildren. How would they react? Would they respect their decision to end a relationship of more than 30 years or attempt to stop the separation? As the work progressed, they decided that seeking happiness in the hopefully 20 or 30 years that they had left to live had to come ahead of the feelings of their loved ones. The fact that their decision was a mutual one was the determining factor in the gradual acceptance by their family members of the divorce. A 43-year-old patient, Mr. S, was continually preoccupied with his marriage during this 4-year psychoanalysis. Sexually inhibited during adolescence, he "married the only girl in the world who knew less about sex than I did." Both were virgins on their wedding night. As the marriage progressed, the couple gradually developed a "satisfactory" sex life, but the patient always wondered what he had missed. As his sexual inhibitions were explored Mr. S's sense of having "missed out on a lot of opportunities" led to visits to massage parlors and prostitutes. Eventually such behavior ceased because of the recognition that his wife was a wonderful mother and loving wife and not the cause of the lack of sexual experience that he brought into the marriage. "I'll always feel that I missed out when I was young, but I've got so much going for me now, I'm not going to mess it up over something that I can't change." A 38-year-old woman entered therapy after her husband discovered that she was

having sexual relations with men in their early and middle 20s. She explained that she loved her husband but he seemed to take her for granted. He no longer made her feel attractive and wanted. As the therapy progressed it became clear that she felt that as long as she could attract younger men she was still young and sexually desirable. Struggling with the early signs of physical aging, the realization that the young men were only using her to satisfy their own sexual needs was sobering and distressing. As she began to see that such behavior was self-destructive, she approached her husband about starting marital therapy. Fifty-year-old Mrs. T left her "wonderful" husband because "I've missed something. I just have to get out on my own." Married at 18 years of age, "after going from my parents' home to his home," she recognized that her rage at her husband for "not being all the other men I could have married, for closing off all the living I could have done" was irrational but uncontrollable. "I have to live on my own for a while, to see if I can do it, before it's too late." Fully intending to return to her husband, she continued exploring the infantile and adult issues that precipitated the separation, leaving the future of the marriage in doubt. Sexuality Whereas the young adult is preoccupied with developing the capacity for intimacy, the midlife individual is focused on maintaining intimacy in the face of deterring physical, psychological, and environmental pressures. In a long-standing relationship, these pressures

include real and imaginary concerns about diminished sexual capability, emotional withdrawal because of preoccupation with developmental tasks, and the realistic pressures related to work and providing for dependent children and, sometimes, elderly parents as well. In relationships that begin in midlife, the maintenance of intimacy can be compromised by the absence of a common past, age and generational differences in interests and activities, and the difficulties involved in forming a stepfamily. For sexual intimacy to continue, the participants must (1) accept the appearance of the partner's middle-aged body, (2) continue to find it sexually stimulating, and (3) accept the normative changes that occur in sexual functioning. For those who master these developmental issues, the partner's body remains sexually stimulating. Diminished sexual ability is compensated for by feelings of love and tenderness generated over the years by a satisfying relationship. Those who cannot accept the changes in the partner's body or their own stop having sex, begin affairs, or leave the relationship, usually in search of a younger partner. Normative changes in midlife sexual functioning include diminished sexual drive and an increase in mechanical problems. Men have greater difficulty getting and sustaining erections and experience a longer refractory period after ejaculation. Because of diminished estrogen production, women experience a thinning of the vaginal mucosa, a decrease in secretions, and fewer contractions at the time of orgasm. Women do not

reach their sexual prime until their mid-30s; consequently, they have a greater capacity for orgasm in middle adulthood than in young adulthood. Women, however, are more vulnerable than men to narcissistic blows to their self-esteem as they lose their youthful appearance, which is overvalued in today's society. During middle adulthood, they may feel less sexually desirable than in early adulthood and, thus, feel less entitled to an adequate sex life. An inability to deal with changes in body image prompts many women and men to undergo cosmetic surgery in an effort to maintain their youthful appearance. The demands of raising children interfere with the privacy and emotional equilibrium required for intimacy, as do the pressures and responsibilities of work. Fatigue and diminished interest are common denominators in these circumstances. Patients with deeply rooted problems with sexuality or relationships may use aging, work, and relationships with children or elderly parents as a means of rationalizing their conflicts and refusing to analyze them.

**Climacterium** Middle adulthood is the time of the male and female climacterium, the period in life characterized by decreased biological and physiological functioning. For women, the menopausal period is considered the climacterium, and it may start anywhere from the 40s to the early 50s. Bernice Neugarten studied this period and found that more than 50 percent of women described menopause as an unpleasant experience, but a significant portion believed that their lives had not changed in any significant way, and many women experienced no adverse effects. Because they no longer had to worry about becoming pregnant, some women report feeling sexually freer after menopause than before its onset. Generally, the female climacterium has been stereotyped as a sudden or radical psychophysiological experience, but it is more often a gradual experience as estrogen secretion decreases with changes in the flow, timing, and eventual cessation of the menses. Vasomotor instability (hot flashes) can occur, and menopause can extend over several years. Some women experience anxiety and depression, but women who have a history of poor adaptation to stress are more predisposed to the menopausal syndrome. (Chapter 27 on reproductive medicine provides further discussion of menopause and its management.) For men, the climacterium has no clear demarcation; male hormones stay fairly constant through the 40s and 50s and then begin to decline. Nevertheless, men must adapt to a decline in biological functioning and overall physical vigor. About age 50, a slight decrease in healthy sperm and

seminal fluid occurs; not sufficient, however, to preclude insemination. Coincident with the decreased testosterone level may be fewer and less firm erections and decreased sexual activity generally. Some men experience a so-called midlife crisis during this period. The crisis can be mild or severe, characterized by a sudden drastic change in work or marital relationships, severe depression, increased use of alcohol or drugs, or a shift to an alternate lifestyle.

**Midlife Transition and Crisis** The midlife transition has been defined as an intense reappraisal of all aspects of life precipitated by the growing recognition that life is finite and approaching an end. It is characterized by mental turmoil, not action. For most people, the reappraisal results in decisions to keep most life structures, such as marriages and careers, which have been painstakingly built over time. When major changes are made, they are thoughtful and considered, even when they include major shifts, such as divorce or a job change. The developmentally aware clinician recognizes that every patient in this age group is engaged in a midlife transition (whether the patient is talking about it or not) and facilitates the process by making it conscious and verbal. A true midlife crisis is a major, revolutionary turning point in life, involving changes in commitments to career or spouse, or both, and accompanied by significant, ongoing emotional turmoil for the individual and others. It is an upheaval of major proportions. A period of internal agitation is followed by a flurry of impulsive actions; for example, leaving spouse and children, becoming involved with a new sexual partner, and quitting a job, all within days or weeks of each other. Although unrecognized warning signs may have existed, those who are left behind are often shocked by the suddenness and abruptness of the change. Efforts by family members or therapists to get the individual to stop and to reconsider usually fall on deaf ears. The overwhelming need is to avoid anyone who counsels restraint and to ignore therapists who recommend examining motivations and feelings before making such major decisions. Usually, in the midst of the crisis, the therapist is left with the painful job of helping those who have been left to deal with their shock and grief.

**Empty-Nest Syndrome.** Another phenomenon described in middle adulthood has been called the empty-nest syndrome, a depression that occurs in some men and women when their youngest child is about to leave home. Most parents, however, perceive the departure of the youngest child as a relief rather than a stress. If no compensating activities have been developed, particularly by the mother, some parents become depressed. This is especially true of women whose predominant role in life has been mothering or of couples who decided to stay in an otherwise unhappy marriage "for the sake of the children." Other Tasks of Middle Adulthood As persons approach the age of 50, they clearly define what they want from work, family, and leisure. Men who have reached their highest level of advancement in work may experience disillusionment or frustration when they realize they can no longer anticipate new work challenges. For women who have invested themselves completely in mothering, this period leaves them with no suitable identity after the children leave home. Sometimes, social rules become rigidly established; lack of freedom in lifestyle and a sense of entrapment can lead to depression and a loss of confidence. Also unique

financial burdens can occur in middle age, produced by pressures to care for aged parents at one end of the spectrum and children at the other end. Daniel Levinson described a transitional period between the ages of 50 and 55 during which a developmental crisis may occur when persons feel incapable of changing an intolerable life structure. Although no single event characterizes the transition, the physiological changes that begin to appear may have a dramatic effect on a person's sense of self. For example, a person may experience a decrease in cardiovascular efficiency that accompanies aging. Chronological age and physical infirmity are not linear,

however; those who exercise regularly, who do not smoke, and who eat and drink in moderation can maintain their physical health and emotional well-being. Middle adulthood is when persons frequently feel overwhelmed by too many obligations and duties, but it is also a time of great satisfaction for most persons. They have developed a wide array of acquaintances, friendships, and relationships, and the satisfaction they express about their network of friends predicts positive mental health. Some social ties, however, may be a source of stress when demands either cannot be met or assault a person's self-esteem. Power, leadership, wisdom, and understanding are most generally possessed by persons who are middle aged, and if their health and vitality remain intact, it is truly the prime of life. **DIVORCE** Divorce is a major crisis of life. Spouses often grow, develop, and change at different rates; one spouse may discover that the other is not the same as when they first married. In truth, both partners have changed and evolved, not necessarily in complementary directions. Frequently, one spouse blames a third person for alienation of affections and refuses to examine his or her own role in the marital problems. Certain aspects of marital deterioration and divorce seem to be related to specific qualities of middle life— need for change, weariness with acting responsibly, fear of facing up to oneself. **Types of Separation** Paul Bohannon, an anthropologist with expertise in marriage and divorce, described the types of separations that take place at the time of divorce. **Psychic Divorce.** In psychic divorce, the love object is given up, and a grief reaction about the death of the relationship occurs. Sometimes a period of anticipatory mourning sets in before the divorce. Separating from a spouse forces a person to become autonomous, to change from a position of dependence. The separation may be difficult to achieve, especially if both are used to being dependent on each other (as normally happens in marriage) or if one was so dependent as to be afraid or incapable of becoming independent. Most persons report such feelings as depression, ambivalence, and mood swings at the time of divorce. Studies indicate that recovery from divorce takes about 2 years; by then, the ex-spouse may be viewed neutrally, and each spouse accepts his or her new identity as a single person.

**Legal Divorce.** Legal divorce involves going through the courts so that each of the parties is remarriageable. Of divorced women and divorced men, 75 percent and 80 percent, respectively, remarry within 3 years of divorce. No-fault divorce, in which neither person is judged to be the guilty party, has become the most widely used legal mechanism for divorce. **Economic Divorce.** Economic divorce involves major concerns to the division of the couple's property between them and economic support for the wife. Many men who are ordered by the courts to pay alimony or child support flout the law and create a major social problem. **Community Divorce.** The social network of the divorced couple changes markedly. A few relatives and friends are retained from the community and new ones are added. The task of meeting new friends is often difficult for divorced persons, who may realize how dependent they were on their spouses for social exchanges. **Coparental Divorce.** Coparental divorce is the separation of a parent from the child's other parent. Being a single parent differs from being a married parent. **Custody** The parental right doctrine is a legal concept that awards custody to the more fit natural parent and attempts to ensure that the best interests of the child are served. In the past, mothers were almost always awarded custody, but custody is now given to fathers in about 15 percent of cases. Custodial fathers are likely to be white, married, older, and better educated than custodial mothers. Women who are granted custody have a better chance of being awarded child support and of actually receiving payment than do men who are granted custody. Nevertheless, women who receive payments still have lower incomes than men who receive payment. The types of custody include

joint custody, in which a child spends equal time with each parent, an increasingly common practice; split custody, in which siblings are separated and each parent has custody of one or more of the children; and single custody, in which the children live solely with one parent and the other parent has rights of visitation that may be limited in some way by the court. Child support payments are more likely to be made when parents have joint custody or when the noncustodial parent is given visitation rights. Problems can surface in the parent-child relationship with the custodial or the noncustodial parent. The absence of the noncustodial parent in the home represents the reality of the divorce, and the custodial parent may become the target of the child's anger about the divorce. The parent under such stress may not be able to deal with the child's increased needs and emotional demands. The noncustodial parent must cope with limits placed on time spent with the child. This parent loses the day-to-day gratification and the responsibilities involved with

parenting. Emotional distress is common in parent and child. Joint custody offers a solution with some advantages, but it requires substantial maturity on the part of the parents and can present some problems. Parents must separate their child-rearing practices from their postdivorce resentments, and they must develop a spirit of cooperation about rearing the child. They must also be able to tolerate frequent communication with the ex-spouse. Reasons for Divorce Divorce tends to run in families and rates are highest in couples who marry as teenagers or come from different socioeconomic backgrounds. Every marriage is psychologically unique and so is each divorce. If a person's parents were divorced, he or she may choose to resolve a marital problem in the same way, through divorce. Expectations of the spouse may be unrealistic: One partner may expect the other to act as an all-giving mother or a magically protective father. The parenting experience places the greatest strain on a marriage. In surveys of couples with and without children, those without children reported getting more pleasure from their spouse than those with children. Illness in the child creates the greatest strain of all, and more than 50 percent of marriages in which a child has died through illness or accident end in divorce. Other causes of marital distress are problems about sex and money. Both areas may be used as a means of control, and withholding sex or money is a means of expressing aggression. Also, less social pressure to remain married currently exists. As discussed above, the easing of divorce laws and the declining influence of religion and the extended family make divorce an acceptable course of action today. Intercourse Outside of Marriage. Adultery is defined as voluntary sexual intercourse between a married person and someone other than his or her spouse. For men, the first extramarital affair is often associated with the wife's pregnancy, when coitus may be interdicted. Most of these incidents are kept secret from the spouse and, if known, rarely account for divorce. Nevertheless, the infidelity can serve as the catalyst for basic dissatisfactions in the marriage to surface, and these problems may then lead to its dissolution. Adultery may decline, as potentially fatal sexually transmitted diseases such as acquired immune deficiency syndrome (AIDS) serve as sobering deterrents. ADULT MATURITY Success and happiness in adulthood are made possible by achieving a modicum of maturity—a mental state, not an age. The capacity for maturity, however, is a direct outgrowth of the engagement and mastery of the developmental tasks of young and middle adulthood. From a developmental perspective, maturity can be defined as a mental state found in healthy adults that is characterized by detailed knowledge of the parameters of human existence, a sophisticated level of self-awareness based on an honest appraisal of one's own experience within those basic parameters, and the ability to use this intellectual and emotional knowledge and insight caringly in relation to one's

self and others. The achievement of maturity in midlife leads to emergence of the capacity for wisdom. Those who possess wisdom have learned from the past and are fully engaged in life in the present. Just as important, they anticipate the future and make the necessary decisions to enhance prospects for health and happiness. In other words, a philosophy of life has been developed that includes understanding and acceptance of the person's place in the order of human existence. Unfortunately, the joys of midlife do not last forever. Old age lies ahead. Although the hope and statistical expectation is for many years of mental competence and independence, physical and mental decline, increased dependence, and, eventually, death must be anticipated. Late adulthood has its own great pleasure, when there is a focus on continued mental and physical activity, a dominant preoccupation with the present and the future, and involvement with and facilitation of the young. Then, death can be met with feelings of satisfaction and acceptance, the natural end point of human existence that follows a life lived and well loved.

REFERENCES Baxter J, Haynes M, Hewitt B. Pathways into marriage: Cohabitation and the domestic division of labor. *J Fam Issues*. 2010;31(11):1507–1529. Bottiroli S, Cavallini E, Fastame MC, Hertzog C. Cultural differences in rated typicality and perceived causes of memory changes in adulthood. *Arch Gerontol Geriatr*. 2013;57(3):271–281. Colarusso CA. Adulthood. In: Sadock BJ, Sadock VA, Ruiz P, eds. *Kaplan & Sadock's Comprehensive Textbook of Psychiatry*. 9th ed. Vol. 2. Philadelphia: Lippincott Williams & Wilkins; 2009:3909. Diehl M, Chui H, Hay EL, Lumley MA, Grün D, Labouvie-Vief G. Change in coping and defense mechanisms across adulthood: longitudinal findings in a European American sample. *Dev Psychol*. 2014;50(2):634–648. Gager CT, Yabiku ST. Who has the time? The relationship between household labor time and sexual frequency. *J Fam Issues*. 2010;31(2):135–163. Goldberg AE, Sayer A. Lesbian couples' relationship quality across the transition to parenthood. *J Marriage Fam*. 2006;68(1):87–100. Goldberg AE, Smith JZ. Predictors of psychological adjustment in early placed adopted children with lesbian, gay, and heterosexual parents. *J Fam Psychol*. 2013;27(3):431. Howlin P, Moss P, Savage S, Rutter M. Social outcomes in mid- to later adulthood among individuals diagnosed with autism and average nonverbal IQ as children. *J Am Acad Child Adolesc Psychiatry*. 2013;52(6):572–581. Jones PB. Adult mental health disorders and their age at onset. *Br J Psychiatry*. 2013;202(Suppl 54):s5–s10. Joyner K, Kao G. Interracial relationships and the transition to adulthood. *Am Sociol Rev*. 2005;70:563–581. Kornrich S, Brines J, Leupp K. Egalitarianism, housework, and sexual frequency in marriage. *Am Sociol Rev*. 2013;78(1):26–50. Kwon, P. Resilience in lesbian, gay, and bisexual individuals. *Person Soc Psychol Rev*. 2013;17(4):371–383. Masarik AS, Conger RD, Martin MJ, Donnellan M, Masyn KE, Lorenz FO. Romantic relationships in early adulthood: Influences of family, personality, and relationship cognitions. *Person Relation*. 2013;20(2):356–373. Nelson LJ, Barry CM. Distinguishing features of emerging adulthood: The role of self-classification as an adult. *J Adolesc Res*. 2005;20(2):242–262. Perrig-Chiello P, Perren S. Biographical transitions from a midlife perspective. *J Adult Dev*. 2005;12(4):169–181.

Schwartz SJ, Côté JE, Arnett J. Identity and agency in emerging adulthood: Two developmental routes in the individualization process. *Youth Soc*. 2005; 37(2):201–229. Tasker F. Lesbian mothers, gay fathers, and their children: A review. *J Dev Behav Pediatr*. 2005;26(3):224–240. Turk JK. The division of housework among working couples: Distinguishing characteristics of egalitarian couples. *Contemp Perspect Fam Res*. 2012;6:235–258.