Empirical Midlife Studies and the Backlash Against Midlife Crisis

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ABSTRACT
Research has shown that there is no empirical evidence to support a universal midlife crisis (MLC). But the lack of evidence for a universal MLC is not a lack of evidence for a midlife crisis being possible. Disproving the universality of MLC was important, but now it is time to accept the conclusions and study MLC itself. Unfortunately it seems that researchers have stretched their interpretation to conclude that since it's not universal, MLC does not exist. They do this even while citing circumstances of acknowledged MLC! There is not a universally accepted definition or idea of MLC— is it a developmental issue, or an adaptive issue? What is the age range for midlife? Why is there an acknowledgement of MLC amidst claims it is fiction and how is such a conflict accepted? What sort of prevalence is necessary for a MLC to be considered real?

Why does it matter?
The family members suffering peripherally from a parent or spouse's MLC get ignored and dismissed when MLC is considered fiction with references to ideas such as "nothing is forever" or the incorrect belief that 50% of marriages end in divorce. Changing the attitude changes the resources available which changes marital and familial recovery.

INTRODUCTION
Midlife Development in the U.S. (MIDUS) was a national survey of 3,032 people from 1995 and 1996. It is a project of the John D. and Catherine T. MacArthur Foundation Research Network on Successful Midlife Development (MIDMAC). It was a vast multidisciplinary project that yielded continuing studies, data analysis resulting in books and papers across the disciplines. The original project, MIDUS I, continued into MIDUS II for a longitudinal follow-up study and there are plans for continuing research with MIDUS III.

For detailed information about the MIDUS project, visit the study website.

http://midus.wisc.edu/index.php

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I love this project! But there are different ways of understanding data. Articles for the general public claiming MLC is a myth, fiction... often cite the MIDUS survey as their source. Such articles often use headline hooks that lack evidence to support the headline claim that midlife crisis is a myth. But then isn't that what reporters (or perhaps editors?) do, try to write a catchy title or hook readers with a first line? But in the case of the MIDUS data it's often the researchers offering those hooks. Researchers exaggerate the evidence-supported conclusion that MLC is not inevitable in order to claim MLC is fiction. People listen to scientists with letters behind their name who spout data. If scientists interpret results as though they have disproven a long-held belief and use data to give the appearance of supporting their claim, people often believe without question—even reporters trained to spot fuzzy research. The problem is that the researchers aren't trying to be fuzzy; they believe what they are saying. They are saying MLC isn't inevitable; the problem is when they use that to lead to a conclusion that if it's not inevitable it must be fiction; people miss the sleight of hand.

Midlife crisis is real. Midlife crisis is not inevitable. Those two ideas—being real and not being inevitable are mutually exclusive. By claiming that midlife crisis is real I am not trying to claim that it is or should be a diagnosable disease recognized in the Diagnostic and Statistical Manual. The is it or isn't it real issue seems to perplex researchers who wonder why it remains a popular idea despite the evidence that it is not universal and thus not a specific developmental stage. Why? I don't see confusion about teen angst. Not all teenagers are moody and angst-ridden and yet we accept that some are, but there are no campaigns to have it classified as a disease or claims that it's not real because it isn't a recognized disease. So why the confusion regarding midlife crisis?

The problem may be that the idea that midlife in general is hard and everyone would have a midlife crisis was popular in the 1970s. It spread amidst claims that the rate was 80% (Levinson, D. J. 1978, p. 199.), leading to the present backlash that is often about turning crisis into opportunity or...
embracing it or somehow adding a silver lining in an attempt to reframe what some might interpret as a crisis. I certainly advocate reframing, but not when it is dismissive. Elaine Wethington, a professor of Sociology at Cornell University, wonders why we don’t use the more neutral term, midlife transition which emphasizes growth, in place of midlife crisis which emphasizes stress. (Wethington, E. 2000, p 88; pdf p. 4.) Why the insistence on not accepting a person’s experience when it’s about MLC? Though I have seen encouragement toward positivism and understanding the benefits of some forms of depression, I don’t see researchers writing papers and essays about all types of depression and recommending that we stop pathologizing it and call it sad instead.

There are a lot of challenges in setting up a project as vast as MIDUS. For the research into midlife crisis, perhaps the biggest challenge is simply defining the term. What is a midlife crisis? How do researchers define it and how does that differ from how the public defines it? Which, of course, leads to the question what is midlife—what is the range of years that define midlife? What are the MIDUS survey and other projects seeking to prove regarding midlife crisis?

1. MLC is or is not universal?
2. MLC is or is not a disease or psychiatric syndrome?
3. MLC is or is not real—something experienced by some people?

The next challenge or problem is reporting. Is self-reporting reliable or credible? The MIDUS survey was a self-administered survey mailed to the participants with a telephone follow-up in 1997 and 1998 called the Psychological Turning Points Study (PTP) sampling 724 adults (age 28-78) from the original participants. These were not surveys of spouses, family, friends, coworkers… Such a survey may be even more challenging than MIDUS to create and administer, but how would the results differ and perhaps change how we view MLC along with the other study topics?

Midlife is a phase of life—like childhood or adolescence are phases of life. Sometimes, some people have challenges in their life phases; some of those challenges may be so severe that the modifying label crisis fits the experience. This, of course, means there can be crises during midlife.
that do not fit the idea of MLC as it has been studied or defined, but what of those that do fit that concept? The experience need not be universal for it to be common to multiple people—regardless of whether the rate is high or low. Then why the need to prove or disprove the existence of something which is simply a midlife with more challenges than the midlife of some or even most individuals?

How about trying to understand the sort of MLCs with common features without the need to prove or disprove them as pathology? Is there similar research to prove or disprove the terrible twos by either pathologizing it or denying it completely? Seriously, why deny the experience of an individual and especially similar experiences of multiple individuals because they are either not pathological or not experiences common to all individuals within the same age range?

**MLC Beliefs and Definitions**

MLC is made up of two ideas; midlife and crisis. Break those down first. What is a crisis? In the context of an organization, a crisis is an unexpected situation that creates uncertainty and threatens values and goals. It is differentiated from a disaster which is considered external such as acts of nature, terrorism, political or cultural incidents... (Seeger, M. W., 1998, p. 233.) Though specific to organizations, this definition fits the experience of MLC from the left behind spouse’s perspective; an external disaster type of event may serve as a trigger.

What is midlife? The age range varies, from 35-50 (Jung, C. G. 1955, pp. 100, 105.) to 40-65 (Levinson, 1978, p. 18.); it seems more common now to start it at 40 rather than Jung’s onset of 35.

With those definitions in consideration, how do people define midlife crisis?

- “The simplest definition, both academic and popular, is that a midlife crisis is a difficult transition occurring at about the age of “40.” (Wethington, E. 2000, p.86; pdf p. 2.)
- “Many of these responses condemned people who have midlife crises, criticizing those who make big life changes without “taking the feelings of others into account.”” (Wethington, E. 2000, p.92; pdf p. 8.)
"Others criticized the concept of the midlife crisis as a justification for making bad choices, not dealing with reality, living in a fantasy world, abandoning moral values, acting childishly, or justifying selfish actions that hurt their families." (Wethington, E. 2000, p.92; pdf p. 8.)

"Some of the responses took on a very condemnatory tone, such as "the midlife crisis is about not growing up," or it is about "not taking responsibility" for one's actions or "copping out when your family needs you the most."" (Wethington, E. 2000, p.93; pdf p. 9.)

"... men in a midlife crisis associated more negative and less positive affect with their personal future and ambivalent feelings regarding the personal past. This very well fits the hypothesis that a midlife crisis is associated with an ambivalent evaluation of past accomplishments and the struggle for new personal goals." (Freund and Ritter, 2009.)

"The concept of "crisis," in mid-life and at other times, implies a rapid or substantial change in personality, and it is probably both rapid and substantial rather than either one alone, which is dislocating with respect to one's sense of identity — his usual reference groups, his role models, his principles, his values, his dyadic relationships, so that the whole framework of his earlier life is in question." (Brim 1976, p. 4.)

"Whereas a midlife transition can be conceived as a period of reorganization of personal meanings without any signs of serious distress, a midlife crisis implies a disorganization of one's personal meaning system following intensive changes in the self." (Hermans and Oles, 1999, p. 1405.)

"... the core of midlife crisis is not so much in a pessimistic view of life in general, but rather in perceiving one's own future as limiting one's personal strivings and presenting obstacles to fulfilling personal goals in particular. Midlife crisis can be understood as temporary disorganization of the valuation system, characterized by a discontinuity between the achievements in the past and the expectations for the future. When people evaluate their life from the perspective of a reduced time perspective, they are likely to feel that their lives will never match their ideals, with a negatively laden discontinuity between life as it has been lived up to now and life as it should be lived in the future." (Hermans and Oles, 1999, p. 1419)

"Following Clausen (1995, 1998), our study [MID US] defines a turning point as a period or point in time in which a person has undergone a major transformation in views about the self, commitments to important relationships, or involvement in significant life roles (e.g., career, marriage, parenthood). A turning point involves a fundamental shift in the meaning, purpose or direction of a person's life and must include a self-reflective awareness of, or insight into, the significance of the change." (Wethington, E. 2004, p. 590.) [emphasis is mine.]

MLCers are not aware or self-reflective; that is what makes their midlife transition a crisis!

Fortunately that definition left an alternative and some MLCers may pinpoint that they are choosing and/or experiencing significant life changes. But their idea about what those changes are and the causes and purposes for them will likely be different than how their spouses and children perceive
those changes. Interviewing the person in crisis, without also interviewing the collateral bystanders, gives skewed data—just as would be the case in only interviewing the bystanders.

- "...from a "life stages" theoretical standpoint (Levinson & Levinson, 1996) ... a basic criterion of what constitutes a midlife crisis... is a crisis brought on by turning 40." (Wethington, E. 2000, p. 93; pdf p. 9.)

That seems both strict and vague. What if a person has a crisis at the age of 40; was age the cause or a coincidence? Or was it a trigger rather than a cause? If it's a cause—rather than a trigger—why is MLC at 40 not universal?

- Table I. Beliefs About the Midlife Crisis, Percent Reported by Gender (PTP, N D 724)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Men (%)</th>
<th>Women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of aging/time passing</td>
<td>20.9</td>
<td>19.7</td>
</tr>
<tr>
<td>Life review or reevaluation</td>
<td>14.2</td>
<td>11.2</td>
</tr>
<tr>
<td>Change in personal approach to life</td>
<td>14.0</td>
<td>14.2</td>
</tr>
<tr>
<td>Events and transitions associated with middle age/aging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family changes</td>
<td>4.5</td>
<td>6.0</td>
</tr>
<tr>
<td>Job loss/ career/ disappointment</td>
<td>4.7</td>
<td>2.2</td>
</tr>
<tr>
<td>Health crises</td>
<td>2.0</td>
<td>7.4</td>
</tr>
<tr>
<td>Other life events</td>
<td>5.3</td>
<td>4.6</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>2.0</td>
<td>1.6</td>
</tr>
<tr>
<td>Overtly skeptical view (e.g., &quot;does not exist&quot;)</td>
<td>16.8</td>
<td>21.9</td>
</tr>
<tr>
<td>Positive growth</td>
<td>0.8</td>
<td>1.6</td>
</tr>
<tr>
<td>Other</td>
<td>2.2</td>
<td>3.6</td>
</tr>
<tr>
<td>Don't know</td>
<td>12.6</td>
<td>6.0</td>
</tr>
</tbody>
</table>

"Narrative data from the PTP showed that Americans have complex, varied beliefs about the midlife crisis. Most saw it as a time of stress and confusion. Others seemed to anticipate it as a gift of adult life, and a few even planned to welcome it (Rosenberg et al., 1999). But still others held skeptical views, saying that the midlife crisis is just a reflection of the national tendency to whine and complain even when things are going well (Samuelson, 1996)." (Wethington, E. 2000, p. 90-91; pdf pp. 6-7.)

How did interviewers present this question? Was it specifically about crisis or midlife in general? Did respondents define MLC with no information to help or bias them? Was there a prior discussion about midlife transition that may have implied a difference between crisis and transition? Were respondents answering the questions about MLC—whether they had experienced an MLC—based on their own definition or were they given an official definition by the questioner (defined or
accepted by the MIDUS or PTP Team) so that there was greater uniformity— with the understanding that many would still be heavily influenced by their own definition and ideas?

Could respondents choose more than one item from the list in Table I? Did choosing an item mean that the respondent felt such an event could be associated with MLC, or that such an event was definitive for MLC— if the respondent experienced the event, it meant they had an MLC? What if those events yielded a positive or even neutral experience, were they still defaulted as MLC because of their existence? Who determined whether they were MLC— the respondent or questioner/ coder?

A few of these definitions and ideas associate MLC with selfish actions that are at the expense of or without concern for others, but one dismisses the label while seeming to acknowledge the existence of the behaviors— as though labeling the behavior justifies it. The definitions touch on common ideas, but are often too vague to give sufficient understanding of the ideas.

For understanding, there needs to be a more concrete and universal definition that includes specific behaviors (actions) rather than simply feelings of confusion or revaluation and life-questioning in thought without accompanying deeds. In addition, it may be beneficial to define a non-crisis experience— midlife transition without a crisis— for comparison or as a control.

It also goes against the more public idea of the respondents that MLC is most likely to start at 46. Sure, there is a psychological issue regarding ages that end in 0 and how we handle them. Who gets black over the hill balloons for turning 42? Years ending in 0 and perhaps 5 have greater psychological significance. But the evidence shows that people don’t automatically migrate to those 0-ending years, so why did the Levinson research team define it as such and why did the MIDUS team maintain the Levinson team’s restrictions after the data showed the general public sees it differently?
We—researchers and the rest of us—are biased by our personal experiences. A few years ago a left behind spouse friend whose MLCer was in his 50s told me she thought most MLCers were in their late-40s to mid-50s and I told her that I thought most were in their late-30s to mid-40s. My MLCer was 39.5 at when he announced he wanted a divorce—Bomb Drop. By focusing on situations like our own, we dismissed the others as outliers; we were both wrong!

**My Definition**
Midlife transition is a time for self-questioning, thus it's a quest. It's about change; denial and attempts to avoid the transition yield crisis. Midlife crisis manifests through avoidance, regression and depression and in the context of a marriage often includes infidelity and separation.

**Key Components of a Midlife Crisis**
- Depression - Covert & Overt
- The Urge to Escape Abandon
- Infidelity
- Blaming or Projecting (Denial of Responsibility)
- Cycling Mood, Personality and Life Decisions

(Stumpf, K-R. 2012b)

In addition, when I refer to midlife crisis (MLC), I am referring to a personal psychological crisis rather than events that may put one's life in upheaval. Such events may or may not trigger an MLC which is about how a person reacts—rather than responds—to possible triggers. I work with left behind spouses, men and women whose spouses have left or are considering leaving the marriage and who are displaying MLC behaviors—the Key Components. But those left behind spouses are also experiencing a crisis. Midlife crisis is turning their lives upside down and for a while they may have trouble coping with the trauma. But most will not report that they are having their own MLC. The crisis events are something that are happening to them, not within them. Notice that those Key Components are ways of overtly reacting with outward destruction; an MLCer hurts other people in significant ways.

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That definition has flaws as well. I define and interpret MLC in the context of marital-type relationships, but what about MLCers who are not married (or in a long-term marital-type relationship)? Perhaps there should be two designations of MLC to include those who feel a hopeless despair and loss or unknowing of Self and yet are not reacting with overt and outward destruction. And what of those who have never married and remain single—though perhaps dating, but who live alone or with roommates rather than a romantic partner? The Key Components may manifest differently—how can there be infidelity without a committed romantic relationship? What is it they are abandoning—in the marital context the MLCer abandons their spouse and often their children, without a romantic partner they may abandon aspects of their lifestyle or their crisis may manifest in other ways. In addition infidelity may take different forms even in the context of a marital relationship. Alienator is the term I use to refer to an affair partner, but something else may be the alienating force: job, hobby, friend, idea...

Perhaps I should include some general time lengths with my definition since there are situations that fit those criteria that are resolved within a few months—less than a year. How long must it last to be a crisis? Ask the left behind spouses who go through a few years of a spouse's MLC how they feel about those situations which are resolved within a few months. A serious crisis takes time to progress through the regression and denial to re-evaluation and acceptance and assimilation of not only the changes, but of the crisis damage along with repair and healing. The general span I report is that MLC takes 2-7 years, with the 2 and 7 ends of that span being outliers.

How much of my definition is cultural? People today accept divorce as part of life. How would the urge to escape & abandon be different in a society where this was not accepted? Maybe there would be an urge without action and it would actively manifest in some other manner. Regardless of the cultural acceptance of divorce, infidelity remains an unacceptable act—it's acceptance was greater when men did not leave their wives, but instead had a mistress on the side.
**Daniel Levinson: Adaptive or Developmental?**

Why is Levinson so firm regarding MLC being about turning 40? What is the midlife age span?

Levinson defines it as 40-65. (Levinson, 1978, p. 18.) But what about midlife transition, what does he mean by that? He uses the term *transition* to refer to the exit-entry period between developmental phases, whereas some may consider it to be the phase itself. Levinson defines midlife transition as the bridge between early and middle adulthood which he says typically spans from 40-45. (Levinson, 1978, p. 60.) In contrast, I use the term *midlife transition* to refer to the entire span of middle adulthood, but given Levinson’s idea of MLC as a midlife transition of crisis levels (Levinson, 1978, p. 26), the reasons for his MLC age limit becomes clear.

I agree with his idea of MLC as a midlife transition of crisis levels, but why does he limit the age span of transition? I think it may come down to a difference in what he sees as MLC. Levinson was studying development and in doing that he broke life phases into discrete periods— the middle adulthood periods were in 5-year increments. Considering individual differences— genetic as well as lifestyle— this seems limiting. He felt that the more common application of MLC to any age within middle adulthood was a reference to it as an *adaptive* rather than *developmental* crisis and that in such a crisis, age was of little import. He felt that a stressful situation is the cause of an adaptive crisis rather than an association with development, but that a highly stressful event could increase the severity of a developmental crisis and vice versa. He also believed that to understand the developmental or adaptive crisis, we must understand both. (Levinson, 1996, pp. 35-36.) Maybe MLC is not one or the other, but a result of the collision of both.

How closely is development tied to age? During childhood it seems understandable that development follows age as the body grows, but once the body has reached maturation, what then? Is development a product of age as well as lifestyle and events? Some life events are associated with certain age ranges and yet not limited to those ages. A person may become a first-time parent at 25...
or 45; this will result in different lifestyles leading to different courses of development since when the former's child is leaving home, the latter's child is nursing. The birth of a child and the emptying nest are life events of great impact and yet for those parents there is a 20 year age gap in those events regardless of whether their hormonal profiles are in synch.

Levinson considers MLC within the context of life span development. Though not universal at his claim of 80%, MLC is a standard, though not required, part of development. So how should MLC be defined? Should it be about how the crisis is manifested— the actions of an MLCer and the affects to the MLCer's life and family? Levinson's description of the feelings and fears associated with MLC are not limited to his age range for the onset of MLC as being during midlife transition and he did not seem to be using Erikson’s looser definition of the term crisis to explain the resolution of the developmental task or conflict for each stage of development. (Erikson, 1963, p. 250.) This remains true to the idea of crisis as being danger + opportunity. Erikson was not referring to deep-seated personal angst with negative and regressive behaviors at every turning point— his idea of crisis did not match the common present idea of MLC. Conversely, Levinson describes the midlife transition experience of 80% of his sample as evoking "tumultuous struggles within the self and with the external world" and "a time of moderate or severe crisis." It is a time of questioning everything and not liking the answers along with blame of self and others. The crisis is not pathological, but there is pathology in the levels of anxiety and guilt as well as anger and dependence that prevent examination of midlife issues, thus making change difficult. (Levinson, 1978, 199.)

But he also believes that the few men who do little self-questioning or searching and have relatively stable continuity during the midlife transition will exhibit results of unconscious questioning later in life or they will “pay the price in a later developmental crisis or in a progressive withering of the self and a life structure minimally connected to the self." (Levinson, 1978, p. 198) This seems compatible with Erikson's looser definition of crisis. Levinson also identified other men
who recognized and embraced transition with attempts to understand the nature of the changes. (Levinson, 1978, p. 199) This group along with those who did little (conscious) self-questioning and searching, comprised only 20% of his sample.

This seeming contradiction makes me think that Levinson defines crisis like Erikson, but also feels that in most cases (80%) it is a negative or severely traumatic experience and for those other 20% they are either processing subconsciously or they will have a traumatic crisis later. This seems unfair; in generalizing crisis, those with a severe crisis become classified with everyone else and there is less notice to the people dealing with a severe MLC—family of MLCers as well as MLCers themselves and reduced accuracy and understanding of the more severe cases.

THE MIDUS THEORIES OR HYPOTHESES
(Wethington, E. 2000, p. 88; pdf p. 4.)

1. Americans will report, on an average, that the midlife crisis takes place during the 40s.

"Respondents were asked, "At what age do you believe someone might have a midlife crisis?" Men and women reported that the midlife crisis would occur, on an average, at about the age of 46. Men reported, on an average, that age 46.1 is the expected age for the midlife crisis, women age 46.7, on an average (F D 1:056; df D 1; 690, ns). When dating their own reported midlife crises, however, men reported a slightly lower age than women did (Men D 45.0, Women D 47.6), although the difference was not statistically significant (F D 2:32; df D 1; 190), ns)." (Wethington, E. 2000, p. 91; pdf p. 7.)

The Hero's Spouse MLC Survey supports this. At present n=136 and the average age at Bomb Drop is 45.9 (46.6 for men and 43.07 for women). But given the length in years of MLC, it will often start in the 40s and span into the 50s; what sort of length did the study hypothesize and what did their research discover— or was length included in the study parameters?

2. Given the emphasis on men, in the theoretical literature on the midlife crisis, significantly more men than women will report having a midlife crisis.
The MIDUS data surprised researchers; men and women reported having had a midlife crisis at similar rates; 25.4% of men and 26.3% of women reported that they had a midlife crisis. (Wethington, E. 2000, p. 90; pdf p. 6.)

3. **Reports of having a midlife crisis will be associated with awareness of impending mortality or shortened future.**

I understand this as a hypothesis and I agree that some MLCers will see this consciously as a fear, but denial will blind many if this is a fear and for many MLCers it may not be an issue. There may be concerns with aging as they experience physical declines in fitness or new ailments, but this does not have to translate to a concern that death is close for all people.

4. **Reports of having a midlife crisis will be associated with life events and transitions symbolic of radical life changes in middle age, such as divorce and job loss.**

"About 4.5% of men and 6% of women believed that the midlife crisis comes about in reaction to changes in a family normatively associated with middle age. These events include death of parents, siblings, and other relatives; increasing illness of similar aged others; marital difficulties leading to separation or divorce; extramarital affairs; children leaving home; feeling less emotionally close to children; disappointment in children's achievements; and feeling "sandwiched" between older and younger dependents." (Wethington, E. 2000, p. 92; pdf p. 8.)

A search for triggers is important, but what happens when there is a clear MLC in actions without an identifiable trigger— do the researchers dismiss the experience as MLC or change their theory? Listing this as a hypothesis implies it is as yet unknown and they will change their idea if the evidence supports a change. Then why are so many interpreting the results to claim there is no evidence for MLC? Admittedly they are talking about universal MLC or MLC as a psychiatric syndrome, but many fail to specify.

"The interview asked participants if they had lost their job or become unemployed, gotten divorced or separated, experienced the death of a close friend or family member, or had any other major life crisis in the past 5 years. To evaluate this prediction, the odds of reporting a midlife crisis, after experiencing events like these, was calculated, using multivariate logistic regression. To simplify interpretation, the calculation includes respondents aged 38–55 only." (Wethington, E. 2000, p. 98; pdf p. 14.) [Emphasis is mine]
The additional and perhaps obvious question is a chicken-and-egg issue. Since my work is with abandoned spouses, most of my readers will understand this quite easily since many are going or have gone through a divorce as a result of their spouse's MLC (according to their perception of the experience). Which came first? From the above excerpt it seems that respondents may have been lead to consider events as causes preceding an MLC rather than an MLC as a crisis that could cause certain events.

Most— and possibly all— of my readers will answer that MLC caused the divorce or infidelity, not the other way around. But how will an MLCer— or former MLCer perceive the cause? I suspect some may claim that any crisis or turmoil in their middle years is due to divorce and marriage issues rather than the issues being due to the crisis. How will a telephone research interviewer code/ interpret the self-reported response of those participants? It would be interesting to see the different answers and coding results from paired MLCers and spouses. How would an MLCer (or former MLCer) pinpoint the age or start of MLC compared to that MLCer's spouse (or former spouse)? Divorce may be a few years after Bomb Drop, will MLCers identify the start with the official separation or divorce process or finalization, will they identify a trigger that was 12-36 months before Bomb Drop or will they cite Bomb Drop as the start?

**Triggers vs. Symptoms**

Since the hypothetical model predicted only 8.3% of instances of midlife crises as being associated with life events and transitions symbolic of radical life changes in middle age, Wethington concludes that it is a poor fit to the data. (Wethington, E. 2000, p. 98; pdf p. 14.)

There seems to be confusion between what is a trigger and what is a symptom. Triggers can be external or internal— an external trigger would be the death of someone close to an MLCer or an external event like an act of God or community or even global trauma (e.g. 9-11). Personal losses such as the loss or change in a job can be both or either— since a loss or change may be an
employer's response to internal changes within an individual. Such a loss is external when it is unrelated to the MLCer as an individual—company-wide lay-offs. Menopause is an example of a trigger that is internal and yet not within a person's control—a woman controls her emotional response, but not whether it happens. It is a trigger rather than a symptom because it is a part of the body's physiological responses rather than a person's conscious choice and actions. Triggers are passive things that happen to a person.

But do triggers cause MLC or do they simply act as a catalyst in a situation that was already vulnerable? A parent's death does not trigger an MLC for everyone; if it were a cause, wouldn't we see higher rates of MLC?

Not all people and situations are susceptible and thus a trigger is simply something that takes advantage of already-present vulnerabilities. But what are those vulnerabilities and how can we identify them through research? A person's susceptibility to depression and history of traumatic experiences makes a difference—those with more past trauma may have biochemical sensitivity to a prolonged Stress Response which may lead to Exhaustion. The physiological stress response becomes more sensitive with activation. For those who have experienced significant stress and trauma at other times, their body has a stronger stress response and may maintain the response longer than someone whose life has had fewer traumas. (Stumpf, K-R. 2011) They may have forgotten or not associated events from the distant past with present events; but past events may have significant influence on the present and yet often such things are too vague for identification.

A symptom is internal to an MLCer. It is about how they choose to respond or react to their situation—external and internal factors. Infidelity is a choice and thus a symptom. It is a trigger when it is someone else's infidelity—one person's infidelity or MLC can trigger an MLC in their spouse. Depression, confusion and choosing actions such as infidelity or to blame others and to avoid or deny are internal and thus symptoms of MLC; they are not causes.
THE AGES

"The raw data from the intensive study (PTP) indicate that 26% of respondents (25.4% of the men and 26.3% of the women) report having had a midlife crisis in the past. Reports of having had a midlife crisis increase across the life span. Among respondents who have reached the age of 50, 35.2% (34% of the men, 36.1% of the women) reported that they had experienced a midlife crisis." (Wethington, E. 2000, p. 90; pdf p. 6.)

Though that excerpt makes it unclear whether that was that 26% of the entire 724 person sample which ranged from ages 28-78, Wethington clarified later in Chapter 20 Turning Points in Adulthood in the book How Healthy Are We. She wrote the chapter after her paper Expecting Stress: Americans and the Midlife Crisis which seems as though it's an early draft of the book chapter. "Twenty-six percent of the PTP respondents over age 40 reported that they had a midlife crisis sometime in the past." (Wethington, E. 2004, p. 597.) Why did she withhold that information— which seems significant— in her original paper? It changes the interpretation.

At what age should questions regarding an MLC experience be valid? What of those within the age range who report no MLC experience— yet? Just because someone who is 42 has not experienced a personal midlife crisis does not mean they will not experience one. The data supports this since the reports of MLC increase with the age of the participant. It seems misleading to report an MLC rate of 26% if the point is to extrapolate that the general odds of a person having an MLC are 26%. It would seem better to interpret the results to predict that by age 50 there is a 35.2% chance a person will have experienced a personal MLC— or if the study included present MLC, that 35.2% includes those presently in MLC. If I found self-reporting credible I would be shocked at the high prevalence of MLC and perhaps more shocked at how dismissive researchers are about it.

Of course there is an additional problem in self-reporting with the older end of the age range. A 78 year-old participant is 28-38 years past the end of the midlife age range used; how is their memory of that period and how has hindsight changed their perceptions?
"Given the variety of definitions that Americans give for the midlife crisis, it is perhaps not surprising that those who reported having had a midlife crisis themselves would have a tendency to place it in a decade other than the 40s. "Midlife" is an elastic term, encompassing the thirties and the sixties, as well as the forties and fifties. In fact, most self-reported midlife crises reported in the study occurred before the age of 40, and after the age of 50 (see Fig. 1). The youngest age reported for the crisis was 17, and the oldest 75 (see Fig. 1). The age of self-reported midlife crisis was significantly related to age of the participant. Respondents younger than 40 on an average reported crises occurring before 40, and respondents older than 60 on an average reported crises later in life (see Fig. 2)." (Wethington, E. 2000, p. 93; pdf p. 9.)

I must admit to an urge to mock-shock along with eye-rolling. Really, people under 40 who reported that they had a midlife crisis reported that it occurred before the age of 40? Shocking— though according to the reference from the book, those younger respondents' answers were not included in the 26%. I'm also interested in the reports of MLC at the ages of 17 and 75. Seventeen is pre-quarter life and within the typical ages of teen angst and moodiness, but many MLC feelings and fears are similar to those felt during the teens and the behavioral manifestations can be similar. Such a claim screams for a stricter guideline regarding the definition of MLC along with an explanation to respondents that they may experience some of the same feelings or events at other times in their life.

The PTP and MIDUS teams defined off and on-time MLCs. On-time: MLC between 38 and 50. Off-time: MLC before 38 or after 50. Wethington claims that the on-time midlife crisis age boundaries were generous because they acknowledged the possibility that some people might have a midlife crisis in anticipation of turning 40. She considered the entire span of 12 years generous because it may take many years to resolve a midlife crisis. (Wethington, E. 2000, p. 95; pdf p. 11.) Defining the claims as generous is subjective and rather odd since the respondents— representing the general public— said that they felt the average onset of an MLC would be age 46. The research team maintained the limitations of Levinson's team about MLC being a crisis regarding turning 40. Levinson was strictly defining specific stages in the life course and basing his definitions within those stages; the MIDUS survey does not seem to have been using hs stages or trying to prove his
theories. Since the MIDUS survey was a self-administered questionnaire and the PTP was an interview which also included self-reporting, it would seem that one of the purposes was to learn how the general public perceives midlife and MLC and use that to determine midlife age ranges. The six year gap between the Levinson team definition and that of the general public seems a large discrepancy.

Why the generous boundary for the minimum age without the same generosity toward the maximum? Since respondents reported an expectation of MLC onset as 46, wouldn't it seem fair or balanced to provide the same number of years before and after that age in the accepted span? Doing that would increase the maximum to age 55, changing the percentages of on-time MLC.

The Hero's Spouse MLC Survey shows the average onset of MLC as age 45.9, which matches the general public's idea. But it also shows spikes at both age 39 and 49 for Bomb Drop (onset). Figure 1 shows the ages at Bomb Drop, with outliers under 39.0 and over 53.9. The full age range was 32.3 to 64.2. I chose 38 and 54 as outliers because there was a clear drop before age 39.0 and after age 53.9; 73.5% were within the in-time age span as I have defined it. Had I used the MIDUS project span of 38-50, the percentage would result in a reduction to 61.0% within the in-time age span. (Stumpf, K-R. 2012a)
"Figure 2" reports the percentage of men and women of each age group who believe that they experienced a midlife crisis, at ages 38 through 50, both inclusive. The age groups were chosen to capture Levinson’s stages of life schema (Levinson et al., 1978). Respondents under the age of 39 were not included, because they were not "eligible" for experiencing a midlife crisis. Overall 14.4% of respondents aged 39 and over reported having had a midlife crisis that met the investigator age criterion."

(Wethington, E. 2000, p. 95; pdf p. 11.) [*I changed the Figure # to correspond with this paper. This is Figure 3 in Wethington’s report.]

With that data Wethington concludes that "relatively few people reported having a midlife crisis in the period of time suggested by the developmental stage theory." (Wethington, E. 2000, p. 95; pdf p. 11.) What constitutes relatively few people? Relatively refers to something that is not absolute; it is dependent on frame of reference. Someone could just as easily interpret the number of people as being relatively high. Then why is she phrasing it as a conclusive statement? The MIDUS data shows that 14.4% of people self-report that they had a midlife crisis at some point between the ages of 38 and 50; some view that as low or few and others think it significant enough to consider MLC a problem.

The 2004 National Survey on Drug Use and Health (NSDUH) reports that as of 2004 approximately 14.8 percent of adults had experienced a major depressive episode at least once in their lifetime. In addition, the survey reports that the highest rate of MDE in the past year was in the
35-49 age range with a rate of 10.4 percent. (Substance Abuse and Mental Health Services Administration [SAMHS], 2005, p. 2.) Many consider that to be a relatively high rate and depression is considered a serious disease. Why is MLC dismissed with a similar rate? What the MIDUS data proves (given an acceptance of self-reporting) is that MLC is not inevitable. The conclusion was specific to developmental stage theory, but clearly this was not specific to all of Levinson's theory which limits MLC to 40-45.

Earlier I referenced Wethington's report that 35.2% of respondents who have reached the age of 50 reported having had a midlife crisis. Her phrasing implies that 35.2% is all respondents 50 and over. But in Figure 2 the age range 49-53 appears to correspond with her percentages. If the percentage refers only to that specific age range, what is the overall percentage for everyone over age 50? Since self-reports of MLC occurring sometime between ages 38 and 50 go down after the age 49-53 span, it seems more plausible that the percentage would be less than 35.2% for all respondents over age 50.

**Concerns and Study Limitations**
The first four ideas about MLC listed in Table I (the fourth leading to an expanded list of that idea) were neutral and could be positive or negative. How did the respondent and the coder/interviewer define them? For example, 14.0% of men and 14.2% of women reported the item change in personal approach to life. Did the respondents only report this if the change was negative? Some midlifers become first-time parents, that most likely yields a significant change in their personal approach to life, but many may consider the blessed birth or adoption of their children to be positive and not yielding or indicating a midlife crisis. The interviewers may have clarified these and respondents may have specified whether such incidents were or were not associated with MLC, but it is not clear to me as a reader.

**Self-Reporting**

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Wethington acknowledges concerns with self-reporting and that some people—especially men—may deny having an MLC. (Wethington, E. 2000 p. 100; pdf p.16.) Denial can be a deceptive attempt to hide something a person finds shameful, but it can also be indicative of a lack of awareness. MLCers may deny MLC because they are too confused and deluded by their crisis to recognize it for what it is. Recognizing a personal MLC takes a level of self-awareness that is absent in MLC—the absence is a symptom of MLC, so admission of crisis during crisis is especially rare—though sometimes an MLCer will toss MLC out as an excuse without believing it. Memories from during the crisis may be fuzzy or buried once a person is no longer in crisis and the awareness or accuracy may depend on how successfully a person comes through the crisis—success being related to the level of self-awareness and reflection.

But how fair and accurate is it to research something without interviewing the subjects (when subject interviews are possible)? Instead, I feel there needs to be a balance of subject interviews along with peripheral-reporting and interviews with the MLCer's circle of influence and affect (spouse, children et. al), along with clinician interviews and interpretations.

**Peripheral-Reporting & Research**
How do you study storms or past events that are no longer ongoing? Though there are storm-chasers who risk their lives to follow storms and collect real-time data, doing so is not always safe or possible. How do you collect data and study something without having been a direct witness or participant?

**Interview Witnesses**
In the case of midlife crisis, interview witnesses—those that are direct observers and passively or externally experiencing the subject's MLC. Witnesses will have a different perspective than an MLCer and may be capable of providing insight and even more accurate information—such as more precise dates. A spouse (or former spouse) may reveal more information than an MLCer (or former...
MLCer) is willing to admit—such as infidelity. An MLCer may have rationalized their actions and convinced themselves that an MLC symptom was instead a trigger and after MLC they may recall the events out of order to fit their story—convincing researchers.

**Study the Aftermath**

Look at the pattern of legal or recorded separations, divorce and remarriage within the midlife years and within a few years of a claim of MLC. For prevalence consider looking for increased use of counseling services during midlife years or during or in the aftermath of MLC associated events, or rather than focusing on increased usage, study the changes in reasons for seeking counseling during those years. Is there an increase in marriage-issue counseling in which only one partner attends—one spouse either refuses to attend or is absent? For MLC, regardless of prevalence, look at those same things without concern for whether there is a statistical spike. Is there a denial of MLC amidst the theoretical life events and transitions symbolic of maturity and aging Wethington listed as the fourth MIDUS survey hypothesis? Is there a denial of MLC with a description of MLC actions and emotions given to and recognized by an interviewer—with or without the theoretical events from hypothesis 4?

**Age & Memory**

Wethington acknowledged the issues with interviewing people about events in their distant past. (Wethington, E. 2000 p. 96; pdf p.12.) As I have already pointed out, there may be inaccuracy remembering distant events and experiences—and when recall is accurate, the perception of those events may have changed significantly with hindsight. A longitudinal study over time, in which subjects are re-interviewed over a period of years, may provide greater insight into the discrepancies seen between the ages. Of course, a longitudinal study is fraught with other challenges!

**The Men at Midlife Study** (Rosenberg et al., 1999)

Though I have read nothing about the MIDUS project including peripherals in their survey, a longitudinal study overseen by Farrell and Rosenberg did include collateral interviews. (p. 55.) The
original study included 300 men who were ages 38-48 and 150 men who were ages 23-33 at the initiation of the study in 1971-1974. The research team selected twenty men and their families from the original sample for extended individual and whole family interviews. They observed neither despair nor elation as common patterns; instead they noticed a tendency toward denial and avoidance of pressures and stressors. The pattern of men in the survey was to "maintain their preferred version of reality as along as possible." (p. 55.) The second set of extended interviews was in 1984 and 1985 and included 17 of the original 20 families. At this time many of the subjects had difficulty translating their lives into coherent stories. This was explained as a function of their failure to meet their expectations of life story narratives. (pp. 60-61) Life rarely follows the expected or desired trajectory which we imagine as we create and mythologize our own life story with future projections. As we fail to achieve goals or expectations, our story becomes more disorganized and less coherent. For those who normalize this as part of life experience and accept it, this may not create a stumbling block, but for those who had rigid expectations for their Life Plan, this loss of "narrative intelligibility, temporal clarity, and future hope can be seen as one type of male midlife crisis." The authors admit that the narrative derailment may represent vulnerability for midlife males in our culture. (p. 61.)

**The Acceptance Tactic**

Some researchers have decided that the idea of MLC must have some beneficial adaptive function and though they report that the evidence proves MLC does not exist, they will accept the need to believe in it.

"... the reality of midlife crisis may reside at the level of a narrative form that provides the person with a way of shaping and understanding the events and experiences that constitute the flux of his or her life." (Rosenberg et al., 1999, p. 52.)

My feeling about this is a sarcastic how nice of them To me this seems similar to atheist-scientists search for a psychological benefit and physiological support (using methods such as brain scans) for
belief in God—even though according to the atheists the belief is false. It’s a bit condescending: You can have your little belief thing but it’s not really real, but since it helps, go ahead. That’s just another dismissive attitude excusing the failure either to consider—in the case of religion—not everything can be proven empirically or to consider either an alternative interpretation of the data—such as the case of MLC—as valid or that the data itself is unreliable or incomplete.

The term myth is commonly applied to the idea of MLC. Often the term is misused and thus misapplied in the same way society misuses the term to mean something that is false, or fiction. But it can also be applied to MLC to explain the idea of MLC as a personal myth, something that has become mythologized or bigger than life. This is an acceptable use of the term myth, but it is still dismissive of a person’s MLC experience as being valid outside the context of personal myth—a beneficial adaptive function. The other problem with the term is that even though researchers may be using it in the “life story” context, general readers may not understand that usage and may read it as though it means fiction. Journalists may take the term out of the full context without giving readers the opportunity to understand the usage as it was intended and unfortunately many researchers are using the term inappropriately when discussing their results.

**Biased Reporting**

When scientists create a survey they are careful to use neutral language so as not to bias respondents. It’s a difficult job; they need to balance giving enough information without giving too much. Should they give a definition for MLC and ask respondents if they experienced a period that matched the definition, or let respondents describe their experience which they feel was an MLC—or perhaps both? There are some things which are obvious. If the study is to determine how people view MLC, interviewers need to remain neutral when presenting the concept of MLC. I will assume that interviewers were responsible when asking the questions. But what about later when interpreting the data—such as when giving an interview to a journalist or even when presenting their interpretations
in their own papers? Neutrality often disappears. I'm not complaining that they take a position based on their interpretations; that is fair, but along with that they add judgmental language.

- **How Healthy Are We?** Redefines 'middle age' for scientists and for the rest of our society by debunking the myth of the midlife crisis... (Rowe, 2004)
- "Research suggests the mid-life crisis is largely a myth," (Poremba, 2008, interviewing and quoting David Almeida)
- MLC is referred to as a ghost or phantom which has had extensive eulogies and post mortem examinations. (Rosenberg et al., 1999, p. 47.)
- The evidence supporting MLC is so thin as to be absolutely ethereal. (Rosenberg et al., 1999)
- It is socially mediated fantasy. (Rosenberg et al., 1999, p. 52.)
- It does not pass empirical muster. (Rosenberg et al., 1999, p. 52.)
- Though it is a clear fact that some people experience such a crisis, midlife crisis is an interesting myth. (Hunter, 1989, p. 118)

Okay, fine I don't disagree about empirical muster, but why the implied insistence that it must pass muster to be real in any aspect— why not accept it as something that does not reach levels of clinical disease or even a psychological or biological developmental phase and yet as something which exists? Why the need to prove it scientifically to give relevance to the experience? Even more confounding is the claim midlife crisis is a myth (when the term is used to mean fiction) in combination with the admission that some individuals experience the so-called myth.

**Conclusion**

Claims that MIDUS other research projects have debunked the myth of midlife crisis are misleading when there is a lack of clarity from the researchers regarding what they are proving or disproving. But even then confusion remains. What does the general public think they are reporting? I think this is the confusion. Even when researchers clearly reference terms like universality and psychiatric disorder those words seem to slip beneath notice since many people are not approaching MLC that way.

The projects are studying universality and disease. But everyone in the general public is not reading the study results with the idea of universality or using a strict clinical definition of disease.
How does one disprove the experience of an individual? For the purposes of research there needs to be a universally accepted definition of MLC with testable criteria; it cannot be a vague idea about difficulty within the given age range. It is then not about disproving an experience, but determining if an experience (or observed experience) meets a certain percentage of the defined criteria.

To study MLC itself, the subjects need to be MLCers (or former MLCers) rather than a random sample. Those interviewed may be the peripherals more often than the subject-MLCers themselves, though both need to be included. Interviews with the peripherals may be more in-depth because they may have greater insight and less denial than an MLCer who may deny MLC and be dismissive. I suspect it would be a challenge to find MLCers willing to participate in such a study.

There is validity in the research; it’s important to have empirical data showing midlife is more often a positive experience. But what are the needs of those who are experiencing MLC either as an MLCer or peripherally? Do studies focusing on prevalence give them sufficient answers or solutions? It’s important to know if something has a higher prevalence in certain populations—whether geographical, genotypical or behavioral. But it is no less important to study the condition itself. It’s irresponsible to claim MLC is fiction and condescending to consider the continuing belief in MLC merely a beneficially adaptive fiction. Marriages are dying amidst professional dismissal of MLC and when marriages die, families suffer. Acceptance and empathetic understanding of MLC along with professional training for dealing with MLC situations—whether dealing with MLCers directly or MLC spouses and children—can provide necessary support for families in crisis and even save marriages.
REFERENCES


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