A man and a woman, half a century old, stand side by side and gaze into the mirror. Reflected back at them are wrinkles and bifocals, gray hair and receding hairlines, false teeth, and dark circles under the eyes. Their petty ills are unspectacular, unglamorous, and unmentionable. They receive no sympathy for their private sufferings, but find themselves to be the butt of frequent comic comments. Forgetfulness, absentmindedness, and the tendency to repeat themselves are further evidence that the wearing-out process of middle age is attacking them with full force.

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In modern American society, with its emphasis on youth and youthful characteristics, the onset of middle age is viewed as being nothing short of disaster. Advertisements bombard the middle-aged population with exhortations to buy products that keep the skin smooth and younger-looking. There are products that will dye hair to cover the gray completely, and others that leave only the amount of gray that the individual finds tolerable. And now there are bifocal lenses that don't look like bifocals at all. Still other advertisements cater to the physiologic changes of middle age, so that consumers are conditioned to expect encounters with arthritis, insomnia, and constipation.

Negative and pervasive stereotyped images of middle age do more to destroy the integrity of persons in that age group than any reality they actually experience. Those negative stereotyped images are the very ones that influence the American people toward the excessive value that is placed on youth. Glorifying physical beauty and prowess while subjugating all other characteristics denies the fullness and richness of the total human experience. A perspective can be retained by recognizing that every age has positive and negative aspects, and that throughout the entire age span life is valued as precious.

More than 40 million Americans, approximately one-fourth of the total population, are part of the broad category that encompasses middle adulthood. Although they are a minority in numbers when compared with all other age groups, middle-aged adults earn most of the money, pay most of the bills and taxes, make most of the decisions, and do most of the work. They are the ones who wield the power and influence in politics, education, science, business, and the community. Having experimented with many techniques for facing problems and change, they can think, they are practiced, and they know what works. No longer do they expect the impossible dream or protect inflexible positions. An opportunity to mellow, to develop tolerance, and to see the world in a
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sharper perspective enhances the striking power of judgment that is a unique and reassuring consequence of middle age. As Murray\(^7\) has stated: "The excitement of the middle years lies in using adately the experience, insights, values, and realism acquired earlier." It is not without substantial foundation that middle age is often called "the prime of life."

In middlescence, the adult's lifestyle, occupation, and family life pattern have been chosen, and individuals concern themselves with implementing their choices.\(^8\) Status, a recognized place in the community, seniority in employment, and financial security are enjoyed as advantages of this stage of life. For those who have deferred coveted activities until either the children or the savings accounts have grown, middle age is a time of fulfillment, a time perhaps to enjoy that long-awaited "dream" vacation. It also is a time to remember what was, to consider what is, and to think ahead in order to determine the meaningfulness of life that is left.\(^9\) People in this age group know what they are able to do, and proceed to do it with confidence. Later in middlescence, individuals experience the most stable and satisfying period of life, for the "I should" of the twenties, the "I want" of the thirties, and the "I must" of the forties become the "I am" of the fifties.\(^4\) Self-fulfillment and self-actualization are within reach.

Whether the nurse views middle age for all its positive or all its negative aspects, or from a perspective of balance, the attitude that is taken will influence markedly the management of care for persons in that age group. If "the best is yet to come" for an increasing number of adults, nursing care that promotes health and maximum function while preventing disease and deterioration is essential. The knowledge explosion and scientific advancement have revealed that the maintenance of vigor throughout the adult years and the postponement or reversal of deterioration are realistic goals.\(^9\) Therefore, middleaged persons should be a target group for screening tests, regular checkups, and health maintenance programs. Such activities would cause a realignment in the attitudes of health care personnel who are so busy with the problems of the young and the old that they ignore the needs, symptomatology, and potential problems of the middleaged until severity of these problems demands attention.\(^7\) Because middleaged adults are concerned about their health and because persons who value their lives are likely to behave in ways that keep them healthy, middleaged persons should be provided with "health care" as well as "sick care." Because nursing's role is to help individuals cope with pathology when it exists, and to maintain and elevate health status, nurses form a vital source of that needed "health care."

Although the challenges of middle age provide opportunities for personality growth and enrichment, and for the formation of new attitudes and patterns of behavior, those same challenges also can be sources of anxiety. Nurses have many opportunities to assist people in recognizing dilemmas that arise, in resolving those dilemmas, and in enjoying this productive period of life. It is a responsibility of nurses to assess the problem that is being confronted, to assess the strengths and capabilities of the individual involved, and to help that person to develop coping mechanisms for problem resolution.\(^1\) The outcome of midlife crisis is influenced by the quality of help an individual receives from family, friends, and caregivers, as well as the individual's own coping ability. Because the ability to deal with the developmental tasks, problems, and joys of any age has implications that reach into future life stages, the quality of nursing involvement will have a serious impact.

In order to respond with knowledge, empathy, and understanding when a muddled person needs assistance, nurses need to possess in-depth information about the developmental tasks, strengths, and potential problems and crises facing persons in this age group. Only with this information can the nurse provide support to help the individual work through issues, cope, and establish new directions and goals. The nurse can provide accurate information, minimize folklore, and help to reverse the negative attitudes of American culture toward the period of middle age.

Requisite knowledge for nurses who work with persons in middle adulthood revolves around age-related changes and needs. It is not only the adolescent or the octogenarian whose age should be considered when planning nursing care. Although the period of middlescence is approximate and spans the individual's life between the ages of 35 and 65, development is not static but dynamic during that time frame. A 40-year-old person must be viewed in a different way from one who has reached age 60.

The process of adult development is related closely to psychosocial changes. Whereas the growth of facial hair or the onset of menstruation mark phases of adolescent development, being married 25 years, reaching a career peak, or having the last child leave home are some of the milestones of middle adulthood. Acknowledging the individuality and diversity of persons in modern society, Stevenson\(^4\) has delineated
developmental tasks that apply no matter what the chosen life style. For the 30-50 age group, "the major objective is to assume responsibility for growth and development of self and organizational enterprises. Another objective is to provide help to younger and older generations without trying to control them." For the 50-70 age group, "the major objective here is to assume primary responsibility for the continued survival and enhancement of the nation."

Complementing the aforementioned developmental tasks is the generativity identified by Erikson as the positive outcome of this developmental stage. The person who has succeeded in mastering generativity has concern for others that equals concern for self. This person utilizes skills and abilities already acquired, invests energy and ideas into something new, and has a sense of continuity with future generations, feeling needed and important to the welfare of mankind. By achieving that sense of continuity with future generations and a sense of importance to the welfare of mankind, the middleaged person moves towards the successful resolution of other developmental tasks.

The generative person does not exhibit regressive or dependent behavior when hospitalized, but has a desire to be up, to be independent, and to return to the home and the job. Because this person desires to be in control of the body and to have an intact body image, limited function or disability are difficult to accept. Resulting feelings can cause frustration and conflict as well as strength and motivation to return to health. Being in this generative stage, the middleaged adult profits from attentive listening to feelings, a matter-of-fact approach, and a kind but firm explanation of limits. Because of a desire to remain fully informed and to be involved in decision making, the middleaged adult participates freely in the give-and-take of verbal communication and appreciates the opportunity to set goals and plan care with a nurse.

Such nursing activities as anticipating needs, maintaining a sense of dignity and flexibility, and stating reality help to resolve the dependency-independency conflicts posed by illness in a member of this age group. Although most adults have stable interests, values, and attitudes, these people can experience periods of emotional upheaval. Because prestige, wealth, and power tend to signify a person's success and contribute partially to overall self-esteem, to be without them in middle age causes feelings of stress, for the likelihood of achieving those elements decreases with advancing age. Nurses can help the person work through feelings of inadequacy and face responsibility by assisting with decisions about how to cope with or retreat from problems without causing loss of self-respect or chaos for others. Pointing out the gratification of a job well done and the individual's charity, enterprise, and altruism helps to focus on affirmative aspects by helping the individual to think positively and to have confidence in his or her own ability. Nurses must look for gaps in personal development and recognize and understand situational strains to which people respond and that need nursing intervention.

Despite the stereotyped image, intellectual growth capacity is not impaired in middle age, but is enhanced by flexibility, sense of humor, confidence, and generativity. Middleaged adults can be encouraged to enroll in refresher courses, continuing education courses, workshops, and courses for college credit. Informing such individuals that they may memorize less readily and retain less from lecture content will help them to alter learning techniques and to decrease frustration if they experience subsequent difficulties. Knowledge of middle adult learning patterns also has implications for nurses in the area of health teaching.

Advanced technology has created more leisure time for people of all ages. For the middleaged adult who has been raised with the American middle class work ethic, enjoyment of that leisure time is no easy accomplishment. Nurses can progress toward health promotion by stressing the indispensability of leisure time. To see recreation as a time to recharge physically and emotionally negates the view that leisure time is wasted time. A nurse who is asked for guidance in selecting leisure time activities should be directed by the knowledge that movement may become less graceful because of stiff joints and decreased muscle resiliency, and long series of highly coordinated manual tasks may be difficult to maintain. Therefore, attempting to play the guitar might result in frustration and fatigue, while woodworking or gardening could produce more satisfaction.

Changing physical abilities, such as decreased muscle strength and speed, reaction time, and coordination, can contribute to work- and vehicle-related accidents. Although the middleaged person has improved judgment, experience, and knowledge to compensate for decreased physical abilities, safety needs in recreation as well as work are an important consideration.

In a nation where the good-looking athletic heroes and heroines are highly praised, the population is taking to tennis courts, golf courses, and the early morning jog around the block. Although the capacity for intense and sustained effort decreases with age, exercise stimulates circulation, improves bodily functions, and serves as an outlet for emotional tension. However, the middleaged person needs to be cautioned to increase exercise gradually, to exercise consistently, and to avoid overexertion. "Well-chosen exercise can literally retard the aging process."

The interplay of physical and intellectual endeavors and the balance of activity with rest and sleep are essential for optimal function and mental health. However, after age 40 sleep patterns change, with
more periods of wakefulness and less deep sleep. Even with increased physical activity the middle-aged individual may experience sleep deprivation, with resulting fatigue and irritability. Nurses can help the individual to understand changing biological rhythms and can provide suggestions that will enhance the fulfillment of sleep needs.

Although exercise has a number of productive outcomes, middle-aged persons tend to engage in less physical activity than they did in the preceding 20 to 30 years. Concomitant changes in the basal metabolic rate may necessitate a decreased caloric intake in order to prevent weight gain. The avoidance of “empty calories” and the inclusion of a well-balanced diet with additional fluid intake will provide adequate nutrition.

In other areas of health promotion, nurses need to assist middle-aged persons in meeting additional age-related needs. Environmental conditions like noise, lighting, temperature control, ventilation, and safety should be monitored in accordance with the person’s physical and sensory changes. For example, because the diameter of the pupil decreases after age 50, older people need more light. However, tolerance to glare is decreased, and adaptation to the dark takes more time. Noise levels must be controlled to prevent fatigue and further detriment to hearing that may be impaired already. Good posture that facilitates breathing, and a reduction in smoking, drinking, and obesity enhance a person’s overall health status. Regular eye, dental, physical, pelvic, and breast examinations should be encouraged in order to prevent serious illnesses, the early symptoms of which sometimes are attributed to “the change of life.” Helping persons to verbalize and understand feelings regarding the major concerns of middle age will help the adaptation process. Looking toward the future and preparations to make the later years purposeful and productive also make the middle years rewarding.

When attempting to cope with and adapt to the developmental changes of middle age, the two interrelated concepts of physical/physiologic changes and body image changes are of prime importance. The mirror that greets the person every morning is a constant reminder of the stark reality that another day has come and gone. Because body parts age at different rates, gray thinning hair, wrinkles, coarsening features, varicosities, or capillary breakage may be the first signs of impending age. Changes in health and appearance are probably the most salient clues for triggering changes in how old one feels, at least in modern America.

Knowledge of body changes that occur during the middle years can increase the understanding of nurses and enable them to help these persons understand themselves. Changes of concern include hair that recedes and turns gray, and skin that loses its elasticity. Changing distribution of tissues can cause wrinkles and bags under the eyes, and truncal girth may increase. Cellular atrophy and decreasing cellular replacements cause the body to shrink minutely; bone porosity and shrinking intervertebral discs cause a shortening in height. The senses of smell and taste do not noticeably decrease during middle age, although there may be some lack of discrimination in the finer nuances of taste. Sensitivity to pain remains fairly constant until age 50, then decreases at different rates in different body parts. Hearing is altered by loss of higher frequency tones, and vision is altered by decreasing elasticity of the lens and power of accommodation. In the nervous system, the slowing of all functions and processes is the most significant behavioral change in the second half of life.

Physiologic changes that do not alter the appearance nevertheless influence the way a person feels. Changes in gastric secretions and other chemical components of the body may contribute to weight gain and digestive upset if the diet is not altered. Overall changes in the endocrine system are noticeable at varying ages for different people. Although secretions of some glands may decrease, other glands function in a compensatory manner to create a general decrease in adaptation. Tooth decay, and resultant denture wearing, thought by some to be a product of the aging process, actually are attributable to circulatory changes, poor dietary habits, poor oral hygiene, and poor dental care.

Implications for prevention are obvious.

Basic to the changing physiology of the middle years is declining production of sex hormones. Of consequence to both sexes is the climacteric, the “period in life when important physiological changes occur, with the cessation of the woman’s reproductive ability and the period of lessening sexual activity in the male.” In the 45-50-year-old woman hormonal changes lead to loss of childbearing capability. Decreased circulating estrogen can result in decreased skin turgor and muscle tone, as well as atrophy and loss of elasticity in the vagina. External genitalia and breast tissue atrophy; loss of tone of the bladder sphincter and supporting structures may predispose a woman to stress incontinence. Other menopausal complaints are dizziness, perspiration, palpitations, depression, muscle cramps, insomnia, irritability.
and hot flashes. To say that menopause is a "change of life" implies that life in general will be changed afterward and denotes an abruptness and finality that are not true. Such terminology has a further effect on the woman who already approaches menopause with fear, dread, misunderstanding, and incorrect information.

Psychologic and psychosomatic problems in the middleaged are related in part to internal biochemical reorientation and in part to requisite self-image accommodations. Although hormonal and vasomotor changes may herald some symptoms, "earlier personality patterns and attitudes are more responsible for the symptomatology than the cessation of glandular activity."2 Psychologic and emotional difficulties have been attributed to the fear of losing sexual desire and physical attractiveness.3 When they compare their former self-image with their current body reality, some women experience profound worthlessness. The lack of what a woman considers to be an important role, along with her loss of self-esteem, can cause depression.4

Reflecting their concern for physical and body image changes, American women attend to diet, exercise, clothing, and cosmetics. Women who lack confidence in themselves and who can't accept their changing body image may try the hair-styles, cosmetics, attire, and mannerisms of younger generations, hoping a youthful appearance somehow will be retained. Such activities result from and lead to the emphasis of society that youth is beauty.

In the 50-60-year-old man, the climacteric may pass imperceptibly, but becomes more apparent when current feelings and performances are compared with those in the past. Although men may have hot flashes, sweating, dizziness, and palpitations, usually they do not lose reproductive abilities, and the output of sex hormones does not cease. Hypertrophy of the prostate may cause frequent urination, dribbling, and nocturia, while urinary stasis may predispose to urinary tract infections. A middleaged man enjoys a benefit denied his female counterpart, for his changing physical appearance has a longer span of social acceptability. The vigor of his youth becomes the virility of his middle age, accentuated by the dignified, sophisticated look of grayness at the temples.5 On the other hand, for the man who derives personal gratification from the beauty and sexuality of his mate, watching the aging process occur in his female partner can cause psychological stress.6

"Middle age may bring to a man the shattering realization that he is not going to do some of the things that he always thought he would do."7 He realizes that he will not always be a promising young man, and that he either has achieved his fantasies of romantic prowess, great wealth, and overwhelming prestige, or he has not. Facing the likelihood that he will not move further up the ladder of success can affect self-image, ambition, feelings of potency, and achievement. In addition, a man may experience depression as he begins to envision impending retirement, for his identity, so closely intertwined with his work role, faces a challenge.7

Expectations of life and other people as well as images of the self formed during adolescence sometimes fail to coincide with the realities of daily life for both men and women in the middle years.8 All of the aforementioned physical and psychologic changes combine to pose a serious threat to the person's body image and self-esteem. The climacteric causes realignment of attitudes about the self that has implications for all facets of a person's life; the previous personality largely influences the intensity of the feelings and symptoms associated with body image changes.9 Although initially the middleaged individual may feel in "second place" when compared with younger individuals, gradually there is an adjustment to the slowly changing body, and the changes are accepted as part of maturity. As a rule, those who derive feelings of worth from their bodies (e.g., athletes or beauty queens) are likely to be more sensitive to changes in physical characteristics than are persons whose value systems are based on other foundations. Those who value themselves for their intelligence or interpersonal competence, for example, function well and feel young long after the hair turns gray.10 Honesty about the outward perception of the body promotes inward security. "Middle age shifts the focus intensively to the acceptance of the real self...The middleaged person must love himself for what he is, not for what he is not."11

Nurses play vital roles in relation to the physical, physiologic, and body image changes of middleaged persons. Helping these persons to understand the body's changes is a first step in health promotion. Once there is understanding, the individual is more likely to be receptive to suggestions that will tailor the environment and activities of daily living to the changing developmental status. Active listening during the verbalization of feelings and frustrations, followed by guidance in problem solving methods, will aid in the ability to confront and handle the difficulties that are experienced. Encouraging middleaged persons to become active as citizens will tend to avert the idealization of youth and the submission to predetermined stereotypes. Active participation as a citizen also will enable a person to begin accomplishing a developmental task. Helping both men and women to begin a life review and to work toward a true identity will help them to face reality and to assess their personal abilities with confidence. Helping the woman become aware of the relationship between menopausal reactions, attitudes about the menstrual cycle, and feelings about sexuality and femininity,2 will enhance self-knowledge, self-understanding, and self-acceptance.
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As the middleaged person attempts to cope with changing physical/physiologic status and changing body image, other factors in life are changing as well. One of those factors is the concept of the family. Whatever family life pattern the individual has chosen—married with children, married without children, not married, or any of the other variations—the constellation and roles of that family develop and change throughout time.

For adults with children, family development is associated with tasks such as broadening the independence of children, and helping them to begin lives apart from their parents. The departure of the last child from the home has been designated as the "post parental period," as if the physical absence of formerly dependent children has stopped parenthood. Others have termed this stage of family life the "empty nest period," implying that children who leave home also leave a void in their parents' lives. The "empty nest period" most often afflicts martyred, self-sacrificing parents whose world has revolved around the children. A sudden loss is experienced when parents have not made a role transition and have not altered their concept of how their children need them. On the other hand, the departure of the last child can bring a sense of relief. At this point, responsibility for the lives of children turns to a more peer-like relationship. The years of retirement are anticipated as promising, and both partners feel more relaxed.

As persons in the middle years reorient their values and reintegrate their lives, attention is focused on the man and the woman as a couple. At this time of life there is outstanding potential for renewing in-depth interpersonal relationships, enjoying each other, and sharing common interests and appreciating separate ones. However, disenchantment with other areas of life and developmental difficulties can threaten a marriage. Preoccupied with themselves, the man and woman may feel anxious about losing their youthfulness, vitality, sex appeal, and partner's love. Both husband and wife may look outside the marriage to prove masculinity or femininity.

For all middleaged persons, regardless of family style, tasks of the family and/or support system include adult self-development, continued work on relationships between adults in the family, and work on the relationship between the adults and the larger social system. A shift in value orientation can be supported or thwarted by family attitudes and roles. In this stage of family life, modifications of role are essential. "The ability to shed a role, or part of it, to take on new role actions, and to do that smoothly with minimum stress and awareness of it is a complex but necessary interpersonal competence essential for productive living."1

Whether or not one has children, the "generation gap" can affect all middleaged persons. Middleaged values, expectations, judgment, and wisdom lend themselves to caution and depth of thought before decisions are made or new ideas are pursued. Although young people may value the wisdom and competence of middle age, they also want split-second decisions, rapid resolution of problems, and immediate societal change. Hence the relationship between young adults and the middleaged can become strained. On the other hand, adults in the middle years are responsible for "helping aging persons progress through the later years of life." As the middleaged adults become familiar with the developmental tasks of late life, they are able to enhance rather than impede the growth of the older adult. A generation gap at this end of the scale can exist when middleaged offspring attempt to control the lives of elders with authoritarian techniques, or when their own lives are restricted by heavy responsibilities for the care of aged parents.

As nurses help persons deal with the physiologic and psychosocial changes of middle age, it is important to understand that the current life era is but one component of the total life continuum. Throughout the lifespan men and women pass through sequential phases of growth and development in striving for maturity and personal integration. How persons experience and deal with the development changes of middle age will markedly influence the quality of life that is theirs in years to come.

References