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*Dedicated to my Dad in the
heavens*

Declaration

I do hereby declare that this thesis, “Psychological Problems of Midlife: An Exploratory Study” is a bonafide record of research done by me under the guidance of Dr. T. Sasidharan, Associate Professor (Retd.), Department of Psychology, University of Calicut. I further declare that this thesis has not formed the basis for the award of any Degree, Diploma, Associateship, Fellowship or any other title recognition.

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This is the revised thesis after incorporating the corrections and modifications suggested by the adjudicators.

Dr. T. Sasidharan

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First and the foremost, I am conscious of the fact that the almighty has bestowed upon me a plethora of gifts in life. In my opinion, every success a person acquires in life, is directly proportional to these gifts, which I call ‘destiny’; and inversely proportional to the ill-luck, that I shall refer to as ‘vulnerabilities’. I believe, to be born of proficient parents at the right time and place, with sound body and mind, in the face of ample opportunities; is the basic requirement for the success of a person with average capabilities, in any field. Definitely the hard work one puts in plays a great role, but still, in my opinion, destiny in the form of the factors mentioned above is vital. So thanking the almighty for placing me in this universe in the right space.

The word teacher in my opinion is a mystery. I completely believe in the philosophy that, you can never choose a teacher or a teacher can never choose a student consciously or by working within the sphere of deliberate will. My assumption here is stringent, since I would prefer not to call everyone who taught me something at one point or another as, “my teacher.” Knowledge from such an entity is an unbridled flow unaffected by time, space or circumstances. Such teachers never teach you, they just transfer insight into you. Shape you without you ever knowing when. Understand your weakness better than yourself and communicate to you only about your strength. They never overtly support you, but just stand back and empower you. I have been lucky enough in my life to get few such individuals that I could call “my teacher.” Dear **Sasidharan Sir**, my research supervisor; with pride I can say, you occupy a high position in that list.

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At the time I started off with this research, I still had the mindset of a carefree young adult. The major reason for this was the omnipotent and benevolent big banyan tree of my life under whose shade I was just totally secure and basking in glory; an entity none other than my Dad. It's been a couple of years and more now, that I lost that shade and have learnt the hard way to cast my own shadow. Slowly but steadily for sure I am able to follow his footsteps; especially with regard to his qualities like humility, humanity and sincerity in work and life. I hope one day when I get back to him I can stand firm and look into his eyes and say, "dad, I lived through all that; everything you dreamt for me." Timeless thanks to my dad in the heavens.

Similarly, no being is born without or grows up into a complete rounded personality devoid of this most influencing factor in life, called mother. For sure I am no exception. A lot of, or maybe most of my philosophical outlooks have been greatly influenced by my mother's thinking style. The major interest of my life; "music", is possibly the one single greatest treasure that she attached to my life. Her blessings and encouragement has played a vital role in my choices till I started assuming responsibilities. Even today she is one of the few special persons in my life, for whose approval I still look forward to. Thank you mom, for all that you have been in my life.

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Anoop

Abstract

Commonly “Midlife crisis” is assumed to be a crisis that may be experienced in the middle-age. Midlife has been referred to as the afternoon of life by Jung (1933) in his essay, “The Stages of Life”. First coined by Psychologist Jacques (1965) in an article entitled, “Death and midlife Crisis” it was theorized that the “Midlife crisis” was driven by a fear of impending death. The concept of Midlife Crisis has received enormous attention in popular culture and literature, but in the arena of serious academic, psychological research and application, it has not lived up to that expectation. After certain groundbreaking works undertaken by the likes of Jung, Erickson, Elliot and Levinson; theory building in this area seems to have lost the much needed impetus to capitalize on these earlier works. Taking into account the tremendous significant earlier works done in this area in the field of psychology, an in-depth investigation of this topic within the framework of the Indian context was estimated to be absolutely necessary. An exploratory case study research was conducted with this aim. A set of themes forming “Midlife crisis”, were identified. From the analyses, certain pre-conditions appear to be the basic obligatory settings indispensable for the emergence of midlife crisis in the Indian context. Many aspects of midlife crisis in the Indian context overlap with its counterparts observed anywhere else and certain unique themes distinguish it. Significant gender differences in ‘themes’ were identified.

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*"Midlife is when you reach the top of the ladder and
find that it was against the wrong wall."*

Joseph Campbell

CHAPTER 1

INTRODUCTION TO MIDLIFE CRISIS

1. Introduction

Although in popular culture and literature the concept of Midlife Crisis has received enormous attention, in the arena of serious academic, psychological research it has not lived up to that expectation. Initiated by the Neo-Freudians who conceptualized it to be driven by “fear of impending death”, the notion of Midlife Crisis has led to the emergence of certain important theoretical constructs. Being a relatively unfamiliar term to most academic researchers, a brief gaze into the etymology of the term Midlife Crisis in general and the way it pertains to this research in particular, would form an integral part of this introduction.

The introduction comprises of delineation in the following mode:

- Definition ‘Midlife Crisis’
- The term ‘Midlife’
- The term ‘Crisis’
- Philosophy of ‘Earlier approaches’
- Significance of the Study
- Objectives of the Study
- Chapter organization
- Subjective history of Research

1.1 Definition of Midlife Crisis

For a general understanding, Midlife Crisis is defined as, “a crisis that may be experienced in the middle-age involving frustration, panic and feeling of pointlessness, sometimes resulting in radical and even ill-advised changes of lifestyle. It is thought to be triggered by a physical, occupational or domestic event; like loss of job, diminution of physical powers, the departure of children from home and menopause.” (Dictionary.com website)

The Term Midlife Crisis was coined by (Jacques, 1969). He described it as a critical phase in human development in the beginning of the late thirties, marked by a period of transition attached to specific developmental tasks.

Lifespan development theorist Erickson (1950) was one of the foremost theorists to write about the crises of psychological nature. He defined Midlife as a period when the wholeness of a person is compromised leading to an inner and outer fragmentation.

The term Midlife Crisis, is a loose amalgamation of two words; ‘Midlife’ and ‘Crisis’. Being a relatively less explored concept in psychology it is necessary to shed some light on the semantic aspects of the term ‘Midlife Crisis’, the way it pertains to this research. This would enable a deeper understanding and enhanced appreciation of the research endeavor itself. So to start with, it is essential to begin with a brief insight into the word ‘Midlife.’

1.2 The term “Midlife”

Looking for the contemporary conventional or dictionary definitions of the term ‘Midlife’; the Collins dictionary, defines it as, “a time period that usually occur approximately between the ages of 40 and 60”. It is considered as, “the period of life between young adulthood and old age, usually regarded as between about forty-five and sixty”, according to the current edition of the Oxford English Dictionary. The category “Middle age” as listed by the US Census is around age 45 to 64.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) initially used to define middle age as 40–60. The DSM IV (1994) revised the definition upwards to age 45–65.

Jung (1933) theorized that, midlife involves a questioning of the personae (the mask) and his happens in the first stage of midlife i.e., 30/40/50 years of life. The main task to be resolved in midlife (middle adulthood 40–64 years) is generativity vs. stagnation. Midlife Crisis is been understood as a succession of developmental challenges. Sequenced in invariable progression of discrete stages these developmental challenges are not strictly defined by any particular age group (Erikson, 1959; 1963). Neugarten (1968) opined that an important turning point is in the decades of the fifties. The self is understood as playing an important role in midlife, whereas Levinson (1986) suggested that the midlife transition begins after 40. Similarly, Elaine (1998) in an interdisciplinary study found that on an average American believed that Midlife Crisis sets in at the age of 40s, but described about own crisis as one that began anytime from age 17-75. Theoretical conceptions as well as empirical support exist for the thesis that Midlife Crisis can materialize way before that, in the late thirties as well (Jacques, 1965; Gould, 1978; Hedlund & Ebersole, 1983; Sherman, 1987).

Shek (1996) and Hopcke (1992) undertook empirical evaluations of the chronological aspect as assumed by Levinson and put forward the idea that the concept of Midlife Crisis is not age-bound. This was supported by the variability in the age of onset of the crisis as evidenced from their study. Roberts and Newton (1987) found that race, class, historical and gender factors play an important part in the timing of the phenomenon. Evidences point towards the fact that Midlife Crisis can be triggered in the age range between 37 and 38 (Kearl & Hoag, 1984).

Oles (1999) conducted a study on 144 men aged 35 to 45 and found intensive and subjectively difficulty in a transition phase, characterizing the Midlife Crisis in men. The adjective checklist, the value-crisis questionnaire, the ways of coping checklist, the Midlife questionnaire and the time orientation scale were used for the study. Blanchflower and Oswald (1994) studied the relationship between work and happiness. They found an unexpected decline in life satisfaction in the first few years of adulthood with minimum satisfaction being recorded in the 40s or early 50s.

Graham and Nikolova (2013) in their study and subsequent publication titled “Happy peasants and frustrated achievers?” Meta analyzed survey data from 149 countries and found the relationship between age and happiness in 80 countries. They observed that except for 9 out of those 80 countries life satisfaction minimized between the age of 39 and 57.

1.3 The term “Crisis”

A crisis occurs when a stressful life event overwhelms an individual’s ability to cope effectively, in the face of a perceived challenge or threat (Auerbach & Kilmann, 1997; Everly & Mitchell, 1999; Raphael, 1986; Sandoval, 1985; Schwartz, 1971; Wollman, 1993). A crisis is defined as something that disrupts a person’s mental and emotional health, alters their course of life and affects them, at least for a year or longer (Robinson, 2007).

Crisis in general can be classified into many kinds, depending on the nature of the causal factors or contributory factor that precipitates it. Hence there can be a financial crisis, a political crisis, social crisis, an interpersonal crisis and many like these, which can in part involve psychological and behavioral correlates acting as contributory factors. But again this discernable manifestation of crisis might be a routine psychological reaction pattern, merely indicative of the habitual response of a person to a stressful external stimulus, perceived as a threat.

This introduction is provided with the prime intention to understand the concept of a ‘pure psychological crisis’; that is, a psychological stress reaction/emotion emanating as a response to a perceived threat, originating from own evaluation of the ‘self’. That is the kind of psychological crisis that is being pertained to, when we deal with the term, Midlife Crises; the subject matter of this research. In other words, psychological stress originating from within the psyche, i.e. meta-cognitive mental process, is our topic of discussion.

A psychological crisis can materialize owing to multiple subjective perceptions related to, external circumstances, interpersonal circumstances, intra-personal circumstances and imaginary circumstances. Moreover, it can be a realistic or unrealistic anticipation or review.

As mentioned before, the word ‘Crisis’ wherever mentioned in this text shall mean a purely psychological Crisis. To remain within the ambit of this research topic, the area of interest and exploration is being narrowed down to the mental aspect (mental processes) and its behavioral correlates of purely ‘psychological nature’ arising in ‘Midlife’, exclusive of any medical hypothetical view, neuropsychological correlates or social construction of the term ‘crisis’.

Traditionally the term ‘Crisis’ from a psychological angle involves behaviors like denial, avoidance, vicarious rehearsal, fear, etc., culminating in hopelessness, despair and breakdown of normal mental processes, if left unresolved. The behavioral correlates or the signs as implicit in clinical psychology, revealed during the manifestation of a Midlife Crisis, more or less share those feature with most other anxiety spectrum behavioral reactions.

The prime quality of a stressor in the traditional psychological sense is, the ‘suddenness’ with which it occurs to the individual when it is least expected. In other instances like a Post-traumatic stress, the stress reaction is held up, and gets released or expressed temporally at a considerably distant point in time; away from the point where the stressor primarily ensued. Nevertheless, in that case also the prime quality of stressor i.e., the suddenness with which it occurs is retained.

The Stressor at ‘Midlife’ which is dealt with in this research doesn’t derail a person off his course of life substantially. It does not bring about a behavioral change inferable, readily or instantly. It might not result in an emotional breakdown necessarily. Lastly, it does not catch the subject or the person involved, unexpectedly. So the ‘Crisis at Midlife’ is insidious (gradual) in the manner of its onset, as well as; many a times sub-clinical or criterion unfulfilling for any

instant diagnosis, in its manifestation. It may be elongated or temporally extended in the manner it persists, and usually is subjective; i.e., it carries a unique meaning to the person involved, making objective clinical decoding difficult. And most importantly, it is an anticipated phenomenon; the cause of which and the reaction to which can spill over to well outside the sphere of conscious awareness. Hence it can be roughly defined as an intrapersonal–developmental and purely psychological crisis of intra-psyche origin.

The understanding of a Midlife Crisis, starting from its definition and extending to its operation in the life span of individuals, as approached in this research study, slightly differs from its original conception as propounded by early theorists. It maintains similarity in most ways except for certain age related criteria and signs of onset. Hence retrospective glimpses of the earlier works are essential to complete this introduction.

1.4 Philosophy of “Earlier approaches”

Midlife Crisis has been explained in terms of a conscious appraisal of the self with regard to progress towards self-actualization (Jung, 1923). It is thought of as a natural progression from the first half of the life to the other. Chronological age is understood as not as much an important determinant factor as the timing of the conscious appraisal of the progress towards self-actualization. Describing it from a developmental, psychological point of view, Midlife Crisis is been understood as a succession of developmental challenges. Sequenced in invariable progression of discrete stages these developmental challenges are not defined by any particular age group (Erikson, 1959).

Levinson (1978) constructed with specific anchors in chronological age, a scheme of psychosocial development in his case study investigation, considered a landmark study. Conducting elaborate interviews with people aged 35 to 45 he created the theory of “stage-crisis” that divides human life into stages of developmental tasks or crises that need to be resolved. Hence, he envisaged Midlife Crisis to be a common and normal part of development, emerging as a result of the obstacle posed by a developmental task that is not resolved during the Midlife. Accounting for the gender differences, if any, is the concept of “The Dream”, which, according to Levinson, refers to one's vision for the future, which differs between men and women. The difference occurs, with respect to the types of dreams which include goals and desires.

Shek (1996) and Hopcke (1992) undertook empirical evaluation of the chronological aspect, as assumed by Levinson. They put forward the idea that the concept of Midlife Crisis is not age-bound and that; race, class, historical and gender factors (Roberts and Newton, 1987) play an important part in the timing of the phenomenon. This was supported by the variability in

the age of onset of the crisis, as evident from their study. Moreover several contributing factors have been identified, which may contribute to the transitional crisis experienced at Midlife.

Midlife Crisis was explained as a simple normative event in people's life by Levinson. A simple transitional event, that occurs in people's life at a given age. But many subsequent studies have come up with opinions that negate the strictly stage crisis model and the universality of the whole concept. People who experience Midlife-Crisis are claimed to be a small group high in neuroticism, and the crisis itself is often considered a construct indefinable (Kruger, 1994).

Although a strict definition of the Midlife Crisis does not seem tenable on empirical and theoretical grounds, a lenient conceptualization has the potential to stimulate new research directions (Freund & Ritter, 2009).

1.5 Significance of the present study

Undoubtedly, the concept of Midlife Crisis entails all the intra-psychic ingredients and enough overt and formidable behavioral manifestations, to stimulate a multitude of academic research in the field of psychology. But unfortunately serious research endeavors are found lacking in recent times in the international arena. The research gap in this area has been even more conspicuous within the Indian context.

After certain groundbreaking works undertaken by the likes of Jung, Erickson, Elliot and Levinson; theory building in this area seems to have lost the much needed impetus to capitalize on the earlier works. Serious speculation might pinpoint the reason being emanating, from the exclusive focus of empirical research, centered on behavioral and cognitive aspects in the field of psychology. Also, there emerged off-late this fashionable trend among some modern researchers to out rightly reject any psychodynamic concept as unrealistic, owing to the general and the regrettable inclination of linking validity solely to the concept of statistical significance.

In any case there has been an undeniable resistance towards research and teaching on the topic of a Midlife Crisis. Even in the study of lifespan development of psychology, the lack of relevant and sufficient literature on the topic of 'Midlife', in itself is an idea worth an assumption. Possibly the fact that the majority of researchers themselves would be in and around the range of midlife by the time they undertake researches, in itself might be a source of a psychodynamic resistance, about which most would be consciously unaware. In other words a research on a stage crisis while the researcher himself is in or around that stage might be appearing inherently dreary to any prospective researcher.

Irrespective of this paucity of research in this area of academic, psychological research, no such corresponding dent is evident in the popular culture and literature. Even in social sciences like economics, there has been an abundance of research related to a general drop in life satisfaction associated with the concept of midlife; implicitly if not explicitly. Taking into account the tremendous significance of earlier works done in this area, in the field of psychology, recent researches in other fields stimulating the question of the significance of 'Midlife' and the immense popularity of the concept in popular culture, literature, as well as the common man's collective consciousness; an in-depth investigation of this topic within the framework of the Indian context, was estimated to be absolutely essential and vindicated.

1.6 Objectives of the Study

1. To accumulate and cognize the existing literature on 'Midlife', to formulate a holistic theoretical conceptualization comprising of the psychological themes identified during Midlife Crisis.
2. To conduct detailed case studies on Midlife crises in the Indian context; selected on the basis of certain predetermined criteria.
3. To conceptualize the underlying psychological factors into a compact amalgamation of a discernable framework, by searching for underlying common threads/themes if any.
4. To compare and contrast the knowledge so obtained from the explorative case studies in the Indian context, with the existing comprehensive theoretical and research framework.
5. Identifying features of existing theoretical constructs that are adhered to by the Indian scenario of Midlife crises.
6. Extracting features unique to the Indian context.
7. Extracting features differentiating the Indian context from the prevailing theories.
8. Discussing features that differentiate men and women, within the Indian Context.

1.7 Chapters Organization

Organization of the research data is done in the below delineated method:

- Introduction
- Review of literature
- Methodology
- Results & discussion
- Summary and conclusion
- Limitations of the study
- Direction for future research

The chapter organization has been envisaged in the existing manner so that, the reader gains maximum clarity about the concept of Midlife Crisis to begin with. At the same time in a broader sense, the standard conventional approach has been espoused, with maximum effort aimed at adhering to the well-established traditional norms.

1.8 Subjective History of Research

It was over, multiple elaborate discussions with the research guide that the possibility of undertaking a research into the topic of a Midlife Crisis, emerged to the forefront. Initial readings about the concept made it appear strikingly interesting; especially the theoretical constructs of Jung, Jacques and Levinson. It was a perplexing surprise that, in spite of being an integral part of lifespan development, this concept comes into view like a completely novel topic. During academic deliberations and interactions with other research scholars, as well as co-professionals working in the area of clinical psychology and various other zones of psychology; none seemed to have any clear understanding about the concept. If at all some people were familiar with it, it was essentially an extremely peripheral view or a patchy understanding. Looking at some standard texts on lifespan development; none had much to offer other than a casual reference to Midlife, and very few ever mentioned about the crisis emerging at this stage. Amongst theorists on lifespan psychology there appeared one exception and unprecedentedly formidable one, and it was none other than Erickson. Though he has not used the term Midlife Crisis per say; the way he depicted the tasks to be overcome during the ‘generativity versus stagnation stage’ of midlife, encapsulates and expands the theoretical construct of term, as envisaged by Jung and later defined by Jacques.

There were times during the initial efforts at review of literature, when due to the inability to gain required clarity about the topic and difficulty making proper sense about the research direction; the researcher personally craved for a change of the research topic itself. In a way this difficulty was redoubled because of the lack of the researcher’s past experience in the area of psychoanalysis. During such hard times valuable discussions with the research guide and availability of reference of certain articles published by him in some leading vernaculars served

as the sole guiding light. Moreover, his exuberant insight into psychoanalysis served as a touchstone to determine the validity of research thoughts originating subsequently.

Once the topic was decided after initial review, the synopsis was presented in front of the doctoral committee. The next herculean task was to undertake a sufficient review of literature, to develop an in-depth understanding of the research problem in order to execute the research design. Being a not so favorite topic of mainstream psychology, the only premise to begin with was the theoretical constructs propounded by the neo-Freudians. This forced us to look out for other resources and to our surprise we were awestruck by the multitude of material available in popular literature, about this topic. It was beyond logical comprehension, as to how such a topic with immense popularity in literature, drama and folklore; stood near neglected, in mainstream academic psychology. Anyhow, finally the search for a reliable source in the post Neo-Freudian times, ended with the discovery of “The Seasons of a Man's Life” by Levinson, in an online bookshelf. This beautiful work was ordered instantly and from the moment it arrived it has served as a source of steady direction and inspiration. This paved the way for a much required tryst with many other such significant publications; though few in numbers, still noteworthy research works on the concept of a Midlife Crisis.

At the end of this research endeavor, it can now be affirmed, with an adequate degree of assurance and enormous satisfaction that, complete justification could be done to the research problem under study. Moreover on a personal front, it has contributed to the growth of the researcher himself; particularly with regard to understanding of psychoanalysis in its profundity, while simultaneously facilitating personal development as an individual.

Finally, it is yearned with comprehensive optimism, that the ice of '*dynamics of aversion*' stands broken with this humble endeavor, as far as the unenthusiastic outlook towards research on the topic of Midlife is concerned, especially in the Indian context.

CHAPTER 2

REVIEW OF LITERATURE

2. REVIEW OF LITERATURE

A considerable chunk of the review of literature on Midlife and the ‘Crisis’, shaping up during this particular period of lifespan development, includes the review of the psychological constructs of the concept propounded by early theorizers. As mentioned earlier, while narrating the need for the present study in comparison with the sheer volume of research undertaken on other stages of the life span (i.e. Childhood, adolescence or old-age), the quantity of academic research on Midlife is sparse. Hence to facilitate qualitative differentiation on the part of the reader from materials reviewed on other stages of lifespan, and to aid better appreciation of current research idea, the following scheme has been embraced.

- Theoretical review
- Review of empirical research
- The themes emerging from the review (review-analysis)

2.1 Theoretical Review

Midlife has been referred to as the afternoon of life by Jung (1933) in his essay, “The Stages of Life”. Although Jung did not per se describe Midlife Crisis, his description points to the mental confusions that can occur in an individual’s mind at this time period of life. Midlife is understood to be vital to the process of self-awareness and self-actualization, which comprise of necessary factors leading to individuation. The preferences that people have are innate and are thought to be present from birth. They remain original and un-influenced by the environment. But own perception of the self, resultant behavior and interaction are influenced by the environment. These are modified in such a manner that it fits or fulfills the requirement of the society/environment and the self is perceived as being in conformity with it. This mode of accommodation many a times is in contradiction with the true preferences innate in the individual. Midlife involves a questioning of this persona (the mask) worn to demonstrate to the outer world the way the person thinks. This happens in the first stage of midlife i.e., 30/40/50 years of life. This might lead to a state of mental turmoil and confusion and may involve questioning of one’s personality itself. The person may eventually discover his true personality devoid of any need for a mask and adopts a new persona lessening the uncertainty. This process leads to a more balanced, mature and adaptive person. Jung (1971) wrote that the transition to midlife is difficult and must be encountered with a different set of goals than earlier adulthood. The midlife integration of thinking, sensation, feeling, and intuition that he describes, passes through the steps of accommodation, separation, liminality, reintegration, and culminates in individuation. This provides a framework to explain Midlife transition.

Erikson (1963) held that people in middle- adulthood that is the 7th stage, according to the stages of life he proposed; undergo a struggle to find new meaning and purpose to their own

lives. As portrayed in his epigenetic theory, successful resolution of earlier life tasks is a prerequisite for reaching the midlife task level. Central tasks of middle adulthood described here include “concerns regarding; expressing love through more than sexual contacts, maintaining healthy life patterns, developing a sense of unity with mate, help growing and grown children to be responsible adults, accepting children's mates and friends, being proud of accomplishments of self and mate/spouse, reverse roles with aging parents, achieving mature, civic and social responsibility, and adjusting to physical changes of middle age.” He described the main task to be resolved in midlife (middle adulthood 40–64 years) as generativity vs. stagnation.

Heavily embedded in the psychodynamic framework, Jacques (1965) suggested that it is a time when adults retrospectively analyses their lives. He thought that Midlife Crisis was driven by a fear of impending death and suggested that Midlife is analogues to being on top of the hill in the common saying “over the hill”. It is understood as a part of the continuing developmental process of maturation and adaptation which is characteristic of aging. This means that Midlife is not a standalone concept, but is preceded as well as followed by factors in life. Also, there can be factors that precipitate or insulate the occurrence of such a crisis and may act to hasten or postpone its occurrence.

Levinson (1969) proposed the Stage-Crisis view that deals with an individual’s personality development. Accordingly middle adulthood begins in persons early 40s. At each stage he acknowledges that certain developmental tasks have to be mastered and in the case of adulthood, they are divided into three: early adulthood, middle adulthood and late adulthood. In the middle adulthood the person must come to terms with following four major conflicts:

- Being young versus old
- Being masculine versus feminine
- Being destructive versus constructive
- Being attracted to others versus being separated

Grappling with these conflicts with any attempt to resolve requires the development of an adaptive strategy marked by acceptance and planning for the future. Instead, if the person attempts to unrealistically stay young, he has a tough time coping with the future and this escalates into a crisis. Based on a research conducted with 40 male adults, Levinson framed this initial model. He formulated a model depicting seasons of life that manifested regular patterns linked to specific ages. Consisting of periods of stability alternated with periods of transition, he constructed a model of the life course of the structure of life. The periods of transition occur at the ages of thirty, forty, fifty, and sixty, while the periods of stability occur in the midpoints of each decade.

Levinson borrowed the concept of individuation from Jung, who has spoken about understanding the personality as characterized by the relative prominence of thinking, sensing, feeling or intuiting. Also, he opined that the shadow side of the personality asserts itself at midlife, “the noon of Life”. In talking about the stages and the different tasks/conflicts that needed to be resolved, he borrows concepts from Erickson. Taking a cue from him, this theory envisages that after the transition period of mid-life, the self-structure rebuilds and goes on. Though he postulates periods of stability alternated with periods of transition at fifty and sixty,

this self-structure nevertheless persists. This structure of self he theorized as a bridge between the society and self.

Kelly (1955) theorized that anticipation and prediction are the main drivers of the mind. Based on this premise he formulated a theory of cognition and personality called ‘Personal Construct Psychology’. Any construct has two extreme points like, ‘Happy-sad’ and the mind is filled up with these constructs at a low level of awareness. Constructs can incorporate anything that we attend to including ourselves and we tend to place people or things or ideas at either extremes or somewhere in between. Possibly this applies to the construct of the concept of ‘Midlife Crisis’ also, especially, with regard to the interpretation of the review of life hitherto in terms of ‘success’ or ‘failure’.

Valliant (1977) formulated two additional sub stages for the midlife period. He suggested that after intimacy and before the generativity stage, there exists a time for career consolidation, before achieving ego integrity as a sequel to the generativity stage. To represent the focus of transmission of values to the society, he included a sub stage called the “keepers of the meaning.”

Though put forward initially to understand aging, another prominent theory, the Selective Optimization with Compensation Model (Baltes & Baltes, 1990) provides an applied model to theorize midlife. It is a process-oriented model involving selection, optimization, and compensation. These three processes accounts for methods by which gains are maximized and losses minimized throughout the lifespan and in particular during later life (Boker, 2013). It says that making choices as well as adapting strategies for optimizing outcomes is a prerequisite for successful development. Adults in their middle age are exposed to a wide array of conflicting

situations like work, family, relationships and society. The factor of compensation comes into play more in the later stages of adult life as far as physical limitations and chronic illnesses are concerned. But an accumulation of perceived decrements and unrealized goals along with self-imposed pressure to act to compensate for the lost time can widen the importance of choice making and selective optimization.

From the theories of Jung, Erickson, Jacques and Levinson, we get an idea of Midlife Crisis to be a period of intense turmoil (Levinson et al. 1978, Sheehy 1976) but research does not support the idea that Midlife Crisis is experienced by the majority of people (Kail & Cavanaugh, 2007; Lachman, 2004; Wethington, 2000). On the other hand it is postulated to be a period of assuming of responsibility and peak functioning (Neugarten, 1968). In the opinion of cognitive psychologists (Lachman, 2003) this dichotomy can be reconciled through four perspectives:

- These positions might represent two extremes along a continuum, and most people fall somewhere in the middle.
- Possible Individual differences are postulated i.e., midlife is a time of crisis for some people, but for others it may be the peak of their lives.
- A sequential relationship between crisis and peak functioning, i.e., a crisis or turmoil may be necessary or adaptive to experience following growth and development (Avis, 1999). The experience of a crisis might facilitate subsequent positive development and efficient functioning.
- People may exhibit differential outcomes in various domains of life. Life may be in a difficult state in one area (e.g., work) while smooth in another domain (e.g., family).

Lachman (2004) expresses the need for research into middle age in general and the Midlife Crisis in detail.

2.2 Review of Empirical Research

Jung (1922) formulated one of the earliest theories of origin of Midlife Crisis when he stated that "the primary goal of the second half of life is to confront death. Jung (1933) in his essay, "The Stages of Life" points to the mental confusions that can occur in an individual's mind at this time period of life, describing it as a key to the process of self-awareness and self-actualization, leading to individuation. Erikson (1963) held that people in middle- adulthood undergo a struggle to find new meaning and purpose to their own lives. Jacques (1965) in an article entitled, "Death and Midlife Crisis" theorized that the "Midlife Crisis" was driven by a fear of impending death. He substantiated this formulation by stating that," the crisis is brought on by a realization that the lifespan is limited in duration and one is moving from a time frame of 'time since birth' to 'time left to live'. Following the footsteps of these early theorists, some substantial inquiries have been undertaken by subsequent researchers. This section consists of glimpses of those.

Kearl & Hoag (1984) in formulating a social constructionist view of Midlife Crisis stated that, "the particular generation supposedly suffering from its symptoms is one of the first to be raised with the expectation of reaching old age and yet, when approaching this final life stage in an era of gerontophobia and considerable social change, find few life course recipes." Hence they formulated that, though historically the phenomenon of Midlife Crisis has been theoretically understood from the views related to changes in biochemistry, adult development, role

performances, and proximity to death; Midlife Crisis is as much a social product as it is the result of psychodynamics or biological change.

At Midlife men may experience turmoil referred to as “Midlife Crisis” (Jacques, 1970). A crisis can imply a change in personality (Brim, 1976), a change in Values (Ciernia, 1983), or a sense of stagnation (Levinson, 1978) during which sense of personal disorganization may be prevalent (Rosenberg & Farrell, 1976).

Barbanel (1988) took a more positive view on Midlife Crisis in stating that the change does not necessarily involve a withdrawal from spouse and family or intimate engagement outside the family boundary. Men with deprived background exhibit these maladaptive Midlife Crisis changes. An adaptive path is followed by many men by increasing their involvement with the next generation. It may be viewed as a new focus in life and an attempt to correct mistakes of the past in different areas of life. But this taking stock of one’s own life is ridden with the danger of perceived stagnation as indicated by the conventional stage theory of Erickson.

Levinson (1986) opined that the midlife transition begins after 40. Theoretical conceptions as well as empirical support exist for the thesis that Midlife Crisis can materialize way before that, in the late thirties as well (Jacques, 1965; Gould, 1978; Hedlund & Ebersole, 1983; Sherman, 1987). Other evidences point at the fact that Midlife Crisis can be triggered in the age range between 37 and 38 (Kearl & Hoag, 1984).

Levinson (1978) stated that adult development is characterized by definitive eras and transition phases. Developmental tasks of various kinds must be mastered as one progress through each era. These eras are; pre-adulthood, early adulthood, middle adulthood, and late adulthood. Throughout the life cycle, the crises occur owing to internal and external factors. It

also occurs in the form of Midlife Crisis during the midlife transition period. He differentiated between the course of life and the life cycle. The life course, being the chronological process of living and the life cycle being the common set of stages/eras every person goes through. Specific tasks and changes mark each era from the other and contribute to the development of the adult. When two eras overlap, a transition stage occurs. Age 40-45 is critical to development and also very controversial as it encompasses part of both early adulthood and middle adulthood. Drastic life change undergone during this period is characterized by the making of sudden and large changes, experiencing anxiety, and reevaluating oneself and one's choices and finally entails the resolution of three developmental tasks.

- Ending the stage of early adulthood
- Initiating middle adulthood
- Coping with sources of discord in one's life

While dealing with the stresses associated with the onset of leaving the youthful years and entering middle-age developmental tasks that are addressed within this stage, one must become more individualized and constructive as opposed to being attached to social constraints and destructiveness. Else the individual might become burdened with internal and external conflicts.

McAdams et al. (1996, 2001) argue that the stories that people tell about their lives are actually meaningful representative narration of ideas about expectable changes in life. And these ideas are culturally held themes having a shared meaning of life. Three major themes emerge as the western character.

- Work, career and measures of economic success (Bellah et al. 1985; Keegan 1994; Swidler 1986).
- The role of love and other intense emotional bonds in the realm of emotional maturity and evaluation of life (Bellah et al. 1985; Bourdieu 1977; Swidler 1986).
- Core characteristics that pervade and crosscuts the themes of love and work; assigned to mature adult personality. Mainly a sense of control over environment, confidence to initiate new action, self-reliance and independence in judgment (Baumeister, 1986; Bellah et al. 1985; Giddens 1991)

Symbolically at least, the process of aging is understood to be posing a threat to career, work, self-reliance and maintenance of love relationships (Menon, 2001). Neugarten (1968) opined that an important turning point is in the decades of the fifties. The self is understood as playing an important role in midlife, which help to encounter the physical changes and social stresses encountered. Perception of control and mastery helps meet the challenges and devise effective strategies to deal with stress. If a well-developed identity and sense of self is achieved, psychological functioning at middle age can be uneventful (Lachman & Firth, 2004).

Elaine (1998) organized a collaborative effort to investigate the patterns, predictors and data consequences of midlife development through, ‘The Midlife Development in United States’ (MIDUS) collection, stemming from the work of the John D and Catherine T. MacArthur Foundation Research Network. It was a combined effort of the Departments of human Development, Sociology, Health Care Policy and the Foundation. It was an interdisciplinary investigation into areas of physical health, psychological well-being and social responsibility based patterns and predictors of ‘Midlife’. In this study a popular perception of Midlife Crisis

was found more prevalent regardless of academic research. People use a far broader definition of Midlife Crisis than used by researchers; the suddenness of changes and personal events included.

. Four specific hypotheses related to self-report Midlife Crisis were tested in this Study.

- That Americans would report that the Midlife Crisis would take place in the fourth decade of life.
- More men than women would report having a Midlife Crisis.
- Reports of having a Midlife Crisis would be associated with awareness of impending death or shortened future.
- Reports of Midlife Crisis would be associated with life events and transactions symbolic of maturity and aging.

Findings suggested that on an average American believed that Midlife Crisis sets in at the age of 40s, but described about own crisis as one that began anytime from age 17-75. Men and women were almost equally found likely to report having had Midlife Crisis. Attributions to awareness of impending death were few, but mostly the themes were life events that posed severe threats and challenges during a broadly defined period of time; like, awareness of aging, declining health and stamina, and not enough time to accomplish goals. Some people reported life events and transactions symbolic of maturity and aging, like, divorce, career disaster, health problems and empty nest syndrome. But on the other hand, middle aged people who recently underwent the crisis were less likely to label it as Midlife Crisis.

Almeida and Horn (2004) found middle and young age group to be more stressed out in comparison to the older adults. A one week period of daily diary was used to examine whether

middle life is more stressful compared to other age groups. This finding was corroborated by other studies (Chiriboga, 1997) indicating young adulthood and midlife is characterized by the high stress after which it tapers off in later life.

A study conducted by Oles (1999) with 144 men, aged 35 to 45, found intensive and subjective difficulty in a transition phase, characterizing the Midlife Crisis in men. The adjective checklist, the value-crisis questionnaire, the ways of coping checklist the Midlife questionnaire and the time orientation scale were used for the study.

The midlife transition was understood to involve the following themes;

- Confrontation with death as a future event
- Reinterpretation of time
- Life values and goals being re-evaluated
- Re-planning for the second half of life

Sense of time pressure, value crisis, past versus future time orientation, emotion-focused coping versus problem-focused coping, and lack of goals for the future, conscientiousness, introversion and openness to experience appeared to be the necessary and sufficient conditions for the occurrence of this crisis.

Levinson (1978) in his stage theory refers to the 'mentor relationship'. A tendency is found in middle aged men to seek out father figures at work environment to aid own career development and to act as facilitators; eventually which they outgrow in their path towards individuation.

Braverman and Paris (1993) found that to counter the feeling of stagnation in midlife the male appears to look out to external factors initially. Midlife crises for men often involve marital problems, mainly arising from the imposition of explicit or implicit demands on their life partners, for empathetic support. On not been perceived as satisfactory, the chance of these men falling into an extra-marital association of psychosexual nature cannot be ruled out.

The aging process in women has been described as a humiliating process of sexual disqualification (Scarf, 1980). The Middle age crisis in women is symbolically understood to be related to, decline in sexual and physical vitality emanating from menopause. It is differentiated with the sexual decline in men, which is not perceived as any sexual disqualification. Midlife in some women has been understood as a time of interpersonal disconnectedness (Morris, 1995; Barbanel, 1988; Roberts and Newton, 1987).

Gilligan (1982) states, that where woman strives for attachment early in life, men strive for separation. Howard and Bray (1988) found middle aged male's measures of nurturance correlated inversely with job responsibility. Guttmann (1987) indicates that men give less importance to affiliation and nurturing concerns in comparison with their work and career. That means greater attention is devoted to work.

Barbanel (1988) and Gilligan (1982) while making a differentiation between male and female patterns of a Midlife Crisis, note that the female patterns may not typically follow the stage models projected by Erickson or Levinson. Accordingly, typically women have been all along involved in generativity all their lives. Taking a new perspective on the family or other affiliations may not be attempted as crisis resolutions. Instead, anxiety with regard to the future

and innate tendency to achieve individuation seem to be areas of concern (Roberts and Newton, 1987).

Mansfield, Koch, & Voda (1998) studied the association between the particular sexual qualities that midlife women desired in themselves and their husbands, and the changes in sexual response they were experiencing. 40% of a sample of 280 women participating in the Midlife Women's Health Survey (MWHS) reported a change in their sexual response, more often as decrements than increases. Frequently noted was desiring more non-genital touching.

Peterson and Klohnen (1995) assessed psychosocial generativity in a sample of educated women at midlife using the California Adult Q-Sort (CAQ). At age 43 CAQ scores were measured. An inventory measure of generativity was assessed at age 53. Both measures demonstrated significant convergent validity with each other. Longitudinal analyses showed the following;

- At age 43 women who attained a generative stance, reported greater investment 10 years later in intergenerational roles (e.g. daughter, mother)
- Less subjective burden in caring for aging parents was reported by such women.
- They had more knowledge about community elder care programs and felt embedded in a reciprocal care giving network in which they themselves are recipients of care.

Ryff et al. (1994) studied 215 midlife parents (mean age 53.7 yrs.) with adult children (mean age 27.6 yrs.). They were interviewed about how their children had "turned out." Findings of this were then related to parents' views of themselves. It was expected that parents' well-being (e.g., self-acceptance, environmental mastery, purpose in life) would be linked positively with the accomplishments and adjustment of children. Contribution to the link between parents'

assessments of children and their own well-being were hypothesized to be from the social comparisons. Multiple regression analyses revealed the following

- Children's perceived adjustment significantly predicted 6 of 7 well-being outcomes for mothers and fathers.
- Children's attainment was less strongly linked with parental outcomes.
- Personal comparisons were significant negative predictors: Parents who saw their children as better adjusted than they, had lower well-being.

Klohnen, Vandewater & Young, (1996) proposed ego-resiliency (ER) to be a powerful personality resource. Midlife accordingly is a time during which individuals are faced with potentially stressful changes and turning points. It is a period of heightened reevaluation and reorientation. Ego-resiliency (ER) enables individuals to adaptively negotiate the challenges of this period. They examined data from 2 longitudinal samples of women (*N*208). "Study 1 examined whether observer-based and self-reported ER assessed at the beginning of midlife (at age 43) can predict life adjustments of specific relevance to this period assessed in late middle age (ages 52 and 48). In Study 2 age 43 ER was used to predict directional changes in central life adjustments and feelings about life over this same period (between ages 43 and 52)." Confirmation of predictions across samples and across measures of ER was obtained through replicated findings.

Yeh et al. (2006) conducted a study on factors; Sexual satisfaction, marital quality, and marital instability in relation to each other. Autoregressive models were used in this study, on the basis of the longitudinal data from 283 married couples. The causal sequences among these 3

constructs were observed for husbands and wives separately. For both husbands and wives results of cross-lagged models provided support for the causal sequences that proceed;

- From sexual satisfaction to marital quality
- From sexual satisfaction to marital instability
- From marital quality to marital instability

Initially an increase in marital quality resulted from higher levels of sexual satisfaction. This in turn led to a decrease in marital instability over time. Marital quality appears to be mediating effects of sexual satisfaction on marital instability.

The question as to how psychological well-being and happiness fluctuate and permeate across the human lifespan in the wake of rising human longevity has led to added recent interest in scientific research. This is considered as a fast expanding field of research interest bordering between human Psychology and economics (Easterlin, 2003; Booth & Van ours 2008; Graham 2010; Oswald & Wu, 2010; Boyce & Wood, 2011; Carstensen et al., 2011; Benjamin, Heffetz, Kimball, & Rees-Jones, 2012; Diener, 2013).

Exploring the relationship between ‘Well-being’ and happiness, significant and fair amount of cross-sectional evidence for the existence of an approximately U-shaped curve of happiness and well-being across the lifespan or human development has been reported in modern literature, especially by economists and social scientists (Warr, 1992; Clark & Oswald, 1994; Clark, Oswald, & Warr, 1996; Frey & Stutzer, 2002; Blanchflower & Oswald, 2008; Booth & van Ours, 2008; Stone, Schwartz, Broderick, & Deaton, 2010; Baird et al. 2010; Lang, Llewellyn, Hubbard, Langa, & Melzer, 2011). This new avenue in research has been considered by some as the pioneer scientific proof for the term Midlife Crisis coined by Jaques (1965).

The term Gross National Happiness (GNH) was coined by the fourth king of Bhutan Wangchuck in the 1970s. The aim was to provide a holistic approach towards sustainable development giving equal importance to non-economic aspects of well-being. The GNH is a single number index developed from 33 indicators categorized under 9 domains and constructed based on a multidimensional methodology. Possibly, this ultimately played a pivotal role in the emergence of the new idea in the field of social science of economics known as “Happiness Economics”. (Database- un.org)

Easterlin (1974) while discussing factors contributing to happiness explained that high incomes do correlate with happiness, but increased income doesn't correlate with increased happiness in the long term. His conclusion was based on analyzing the data of surveys measuring people's happiness in countries around the world. This startling finding is a key concept in happiness economics popularly termed as ‘The Easterlin Paradox’.

Blanchflower and Oswald (1994) ushered in, the era of economics of well-being, based on the seminal work of Easterlin (1974). Studying the relationship between work and happiness, researches were conducted through international surveys of life satisfaction. An unexpected decline in life satisfaction was observed for the first few years of adulthood with minimum satisfaction being recorded in the 40s or early 50s and then with age subsequently reaching a higher level than that of young adulthood. This pattern they termed as the happiness U-curve.

Blanchflower and Oswald (2008) Found the U-shaped curve of Psychological Wellbeing with the nadir on average, at age 46—in 55 of 80 countries. Graham and Nikolova (2013) mentioned this in their study and subsequent publication titled “Happy peasants and frustrated achievers? Agency, Capability and Subjective Well-Being”; Meta analyzed survey data from 149

countries and found the relationship between age and happiness in 80 countries. They observed that except for 9 out of those 80 countries, life satisfaction minimized between the age of 39 and 57.

Furthering the research, in a study of patterns of retrospective perception of poverty among people in Peru, it was found that objective life circumstances in that country did not exactly determine subjective life satisfaction. It was discovered that the U-shaped curve was applicable to the Latin American countries and was later generalized to most world populations terming it as a statistical regularity (Graham, 2014)

Blanchflower et al. (2011) in a study titled “Antidepressants and Age”, while examining data from 27 European countries, discovered a compelling hill shaped statistical pattern in the use of antidepressants in the population. They found that an individual’s likelihood of using antidepressants peaked towards late 40s. That is being middle aged the possibility of use of antidepressants nearly doubles. Similar pattern was observed in the states of New Hampshire and New Mexico in United States of America.

Cheng et al. (2014) published a paper titled ‘Longitudinal Evidence for a Midlife Nadir in Human Well-being’. They opined though some researchers believe the midlife low in the life cycle of human happiness and well-being to be a statistical artifact, but both cross sectional and longitudinal evidence for it is large. Pointing out at the lack of genuine research into this aspect they uncovered and substantiated the existence of a serious drop in the happiness and well-being across cultures indicated by a statistical U- shaped curve. They studied the lives of thousands of individuals randomly sampled from a number of nations over some decades and came up with what they claim to be the first longitudinal (fixed effects) multicounty evidence for Midlife

Crisis on pure scientific grounds. Covering three countries they used four different datasets that were nationally representative household surveys namely;

- British Household Panel Survey (BHPS, 1991-2008)
- Household Income and Labor Dynamics in Australia (HILDA, 2001-2010)
- German Socio-Economic Panel (GSOEP, 1984-2001)
- A relatively homogeneous dataset from the Medicine in Australia Balancing Employment and Life (MABEL) longitudinal study

The measure used was mainly the conventional life satisfaction questionnaire. They particularly mention the case of psychologists who might raise an objection with regard to the single item nature of the analysis; but statistically justify it, arguing that the use of large data sets and comparisons across different datasets act as a check on the reliability of results. They found that “The curves’ minima were reached here at, respectively, ages 43.3 (BHPS), 43.1 (HILDA), 53 (GSEOP), and 40.6 (MABEL)” (Oswald, 2014).

2.3 Themes emerging from the review of existing literature

1. Fear of impending death.
2. Mode of accommodation many a times is in contradiction with the true preferences.
3. A questioning of the personae (the mask).
4. Mental turmoil and confusion (Jung, 1922/ 1933/ 1971).
5. Concerns regarding expressing love through more than sexual contacts (Erickson, 1963).
6. Conflict being young versus old (Levinson, 1969)
7. Conflict being destructive versus constructive (Levinson, 1969)
8. Conflict being attracted to others versus being separated (Levinson, 1969)
9. Attempt to unrealistically stay young (Levinson, 1969)
10. A sense of stagnation (Levinson, 1978)
11. Making a sudden and large changes, experiencing anxiety, and re-evaluating oneself and one's choices (Levinson, 1978)
12. Accumulation of perceived decrements and unrealized goals (Jacques, 1965)
13. A realization that the lifespan is limited (Jacques, 1965)
14. Self-imposed pressure to act to compensate for the lost time (Broker, 2013)
15. Changes in biochemistry, adult development, role performances, and proximity to death (Kearl & Hoag, 1984)
16. A change in Values (Ciernia, 1983)
17. Sense of personal disorganization (Rosenberg & Farrell, 1976).
18. Degree of Work, career and measures of economic success (Bellah et al., 1985; Keegan, 1994; Sidler, 1986).

19. The role of love and other intense emotional bonds (Bellah et al., 1985; Bourdieu, 1977; Swidler, 1986).
20. Lack of a sense of control over environment (Baumeister, 1986; Bellah et al., 1985; Giddens, 1991)
21. Aging understood to be posing a threat to career, work, self-reliance and maintenance of love relationships (Menon, 2001)
22. The midlife transition involves the following themes as given by (Oles, 1999)
 - a. Confrontation with death as a future event
 - b. Reinterpretation of time
 - c. Life values and goals being re-evaluated
 - d. Re-planning for the second half of life
23. Introversion and openness to experience appeared to be the necessary and sufficient conditions for the occurrence of this crisis. (Oles, 1999)
24. Men often embroil marital problems, mainly arising from the imposition of explicit or implicit demands on their life partners (Braverman and Paris, 1993)
25. Chance of these men falling into an extra-marital association of psychosexual nature (Braverman and Paris, 1993)
26. More men than women would report having a Midlife Crisis. (Elaine, 1998)
27. Reports of Midlife Crisis would be associated with life events and transactions in women (Elaine, 1998)
28. The aging process in women has been described as a humiliating process of sexual disqualification in midlife women (Scarf, 1980).

29. Midlife in some women has been understood as a time of interpersonal disconnectedness (Morris, 1995; Barbanel, 1988; Roberts & Newton, 1987).
30. Anxiety with regard to the future and innate tendency to achieve individuation seem to be areas of concern in women (Roberts & Newton, 1987).

CHAPTER 3

METHODOLOGY

3. METHODOLOGY

Being one of the few studies on the concept of Midlife Crisis in the Indian Context, the methodology adopted has incorporated maximum possible stringent criteria. Utmost effort has been taken so that the reader gets an elaborate overview of the procedure followed in the study.

The chapter entails the following sub-headings:

- Aim of the study
- Tools used
- Sample
- Inclusion Criteria
- Exclusion Criteria
- Procedure
- Data analysis
- Ethical Considerations

3.1 AIM

To conduct an explorative study to understand the dynamics of ‘Midlife Crisis’, in the Indian context.

3.2 TOOLS USED

1. The Case Study Method: - A research method originated in clinical medicine and later used widely in qualitative research in social sciences. It is an idiographic approach that allows a researcher to investigate a topic in far more detail. In the present study it has been used in the following capacities:

- Description of presenting complaints/symptoms for further analysis aimed at diagnosis and therapeutic intervention.
- Uses persons own memories as well as the memories of the near relatives (like spouse, parents or siblings) and friends, or record of various types such as dairies, dream records, behavioral records etc.
- Combination of interviews and observations.
- In-depth investigation of certain experiences that allow to identify interactions and influences on psychological processes been investigated.
- An Instrumental Case Study approach has been adopted (The research question identified a phenomenon, and the cases are selected in order to explore how the phenomenon exists within a particular case).
- The scope of the case studies is by nature: descriptive, purposively focused, with a combination of objective/subjective data, and is process oriented (Willig, 2001).

2. Qualitative techniques: - Semi-structured interviews and participant observation.

3. **Personal notes:** - letters, diaries, notes, dream records etc.
4. **Official documents:** - clinical notes, case notes and appraisal notes.
5. **The WHO-5 ‘Well-Being Index’:** It captures emotional well-being and was developed from WHO 10 well-being index (9, 10). It was conceptualized as a one-dimensional measure that contains five positively worded items;
 - i. I have felt cheerful and in good spirits
 - ii. I have felt calm and relaxed
 - iii. I have felt active and vigorous
 - iv. I woke up feeling fresh and rested
 - v. My daily life has been filled with things that interests me

The degree to which the aforementioned positive feelings were present in the last two weeks is scored on a 6 point Likert scale ranging from 0 (not present) to 5 (constantly present). The raw scores are transformed to a score of 0 (worst thinkable well-being) to 100 (best thinkable well-being). A score of less than or equal to 50 suggests poor emotional well-being (McDowell, 2010).

This scale has been purely used as a screening instrument in this study to validate that the cases selected were undergoing significant emotional stress resulting in a considerable drop of subjective-wellbeing.

3.3 SAMPLE

1. Initially 29 cases were selected, but only 19 of them were found fulfilling the criteria in a strict manner (the criteria requirement of Midlife Crisis to be the most significant causal factor leading to the current lack of emotional well-being). All such cases were analyzed in detail. Finally the choice was narrowed down to 8 emblematic cases, to be presented in this thesis, after accounting for duplication or similarity between the cases.
2. Method of Judgment Sampling was used to obtain the samples. Judgment sampling is a non-probability sampling method and when choosing members of the population to participate in the study, the researcher relies on his or her own judgment.

“Elements selected for the sample are chosen by the judgment of the researcher. Researchers often believe that they can obtain a representative sample by using a sound judgment, which will result in saving time and money” (Black, 2010).

3.3.1 INCLUSION CRITERIA

1. Age group between 40 to 60 years.
2. Both males and females were included.
3. Diagnostic categories that were included are clients who presented with mild to moderate depression, dysthymia, anxiety spectrum disorder and adjustment related stress, as per ICD-10 criteria.
4. Not put on any psychotropic medication, while being studied.

5. Educated till minimum 10th standard and above.
6. With average intelligence as inferred from education, background, social functioning and level of sophistication exhibited on interviews.
7. Comprehending Malayalam or English or both.
8. Clients who obtained a score of less than or equal to 50 on the WHO-5 Well-Being Index.
9. Fulfilling the criteria of Midlife crisis in the form of:
 - a. 40 to 60 years of age
 - b. Either of whose parents are dead (assumption of adult role)
 - c. Married with at least one child above 5 years (assumption of adult role)
 - d. Exhibiting Subjective preoccupation with aging or objective signs of aging
 - e. Expressing explicit or implicit symbolic ruminations of a better past
 - f. With no objective detrimental social or financial situation revealed on analysis of the personal history
 - g. With initial satisfaction reported with the marital bond
10. Receiving assessment and therapeutic intervention for minimum 20-25 sessions spanning over a period of at least 4 to 6 months.

3.3.2 EXCLUSION CRITERIA

1. Clients having a history of any organic conditions, protracted physical illness or psychotic illness or intellectual dysfunction or being on any psychotropic medication.
2. Clients who are unmarried.
3. Clients who exhibited symptoms of even sub-clinical paranoia or had difficulty in building trust.
4. Clients who fulfilled all criteria but were unwilling to be a part of the study in spite of being made aware of the confidentiality clause.
5. Clients who fulfilled the criteria, but also had a significant objective intervening factors in the form of financial, social or marital issues competing with the signs of Midlife Crisis, as a predisposing factor for the drop in the subjective well-being.

3.4 PROCEDURE

1. Clinical history was obtained.
2. The diagnosis was arrived at and psychotherapeutic process was initiated for symptomatic treatment in acute cases.
3. In clients with signs of midlife crisis the WHO-5 Well-Being Index was administered as a screening measure.
4. Detailed life history was taken using semi-structured interview.
5. As and when required non-directive interview, report from relatives or friends, personal notes, facilitative self- hypnotic relaxation techniques; all were used to gather information.
6. Insight facilitation to mediate a structural intra-psychic personality change was attempted in all cases via an eclectic approach (brief dynamic or client-centered or cognitive)
7. On attainment of preconceived therapeutic goals or sub-goals or initiation into the path of therapeutic change or at the request of the client, formal termination of the sessions was undertaken.
8. Cases that were willing to be a part of the study on the basis of informed consent were taken for the research endeavor.

3.5 DATA ANALYSIS

1. Thematic analysis of the existing literature on the concept of Midlife Crisis was undertaken in order to discern the basic theoretical themes/factors, traditionally thought to be underlying Midlife Crisis.
2. The individual case histories and life histories were subjected to qualitative thematic analysis, to extract personal meanings and individual themes associated with the psychological crisis at Midlife.
3. A set of themes that formed a common thread or matrix across all the different cases were identified.
4. Certain themes that differentiated the males from the females were identified.
5. The findings were compared and contrasted with the traditional theoretical conceptualization of the concept of a Midlife Crisis.
6. Themes that were similar were identified and were used to validate the research data.
7. Themes that were found to be unique to this research group that represent Midlife Crisis in the Indian context were noted.
8. Themes that were found to be differentiating the males from the females were noted.

3.6 ETHICAL CONSIDERATIONS

1. A General outline of the study was explained to all the participants prior to inclusion of their cases in the research study.
2. Informed consent was taken prior to the inclusion in the study.
3. All participants were assured of confidentiality.
4. Participants were informed of their right to withdraw from the study at any point of time.
5. Participants were informed that there would be no direct or indirect benefit for participating in the study.

CHAPTER 4

DETAILED CASE STUDY PRESENTATION

4. THE CASE STUDIES

McAdams's '*life story model of identity*' has been an important development in the context of narrative approaches to understand human behavior and experience. It asserts that people construct an internalized and evolving narrative of the 'self'. A life story reflects a number of important themes in developmental, cognitive, personality, and cultural psychology. An upsurge in interest has been witnessed among theorists and researchers in recent years in autobiographical recollections, life stories, and narratives (McAdams, 2001).

Initially 29 cases were selected, but only 19 of them were found fulfilling the criteria in a strict manner. Finally the choice was narrowed down to 8 typical cases, to be presented in this thesis, after accounting for duplication or similarity between the cases. Highest effort has been taken to present the cases, keeping intact its narrative and autobiographical quality. The intention is to give the reader an experiential insight into the life stories depicting the Midlife struggle.

The cases have been presented serially one after the other and the cases presented cover the following;

- Demographic details
- Presenting complaints
- Psycho-social history
- Past history

- Family history
- Diagnosis
- Treatment framework
- Therapy sessions
- Outcome
- Conclusions on the mental processes

Finally the case presentations are followed by the thematic analysis of individual cases. The reader might encounter considerable overlap among the analyzed themes from different stories. This will facilitate an easier insight into the common underlying themes across separate life narratives. It is with this intention that the themes are presented distinctly in succession and not subsequent to the presentation of the respective cases.

Case Study 4.1

A Midlife Crisis Stuck in the emotional Past

Demographic details

Name: A

Informant: The Client (reliable and adequate)

Sex: Male

Age: 43

Religion: Hindu

Profession: Chartered accountant

Background: Upper-middle class, Urban.

Marital Status: Married for 13 years

Spouse: 39 year old, High school teacher

Children: two, 12 year old girl, 8 year old boy

Family type: Nuclear

Presenting complaints

- Not able to get enough sleep at night (past 2 years, intermittent)
- Not able to keep-up a cheerful mood (sometime after the birth of the second kid, fluctuating)

Psycho-social History

The client hails from a traditional Hindu joint family and is a middle order child among 6 siblings. He shared normal relationship with his family with no significant emotional trauma or major physical illnesses and no clinically discernable mental illness from childhood through adulthood. He reportedly was shy in childhood and used to interact less with people. His friendship pattern has been selective and according to himself, has been probably an introvert by nature. He has been an above average student throughout and during school days used to be in the good books of his teachers. He used to like to indulge in games and sports but due to his shy nature, never attempted any of those at school. He was quite happy to merge into the crowd and never attempted to assume leadership roles during school days or college life thereafter. The communication pattern in his home was quite need based, with no active effort to express neither affection nor reprimand. He reportedly was closer to his mother and communication with the father was mainly need based and indirect, through the mother. With his siblings, he states sharing a normal relationship with slight extra closeness to his elder sister. His main leisure activity during those days, he recollected as being solitary play activities and daydreaming. He obtained around 70% marks in tenth standard and got admission in the commerce group in a government college at home town. He reported his basic nature as largely unaltered even during his college days. Later he joined degree level education and during this phase of life he described himself as being slightly more open to

mingling with people. Though still he never had any extensive friend circle, he maintained a cordial and warm relationship with a selected group of friends whom he termed “like minded”. He described that all of them used to share lots of experiences with him and he used to be considered as a good listener. He cited the real reason for this as, being devoid of any particularly interesting experiences in life that merited his narration. He felt he was largely accepted among his classmates and shared cordial and need based relationship with most of them. During the second year he reported that for the first time in his life, he spoke to a girl in his class at his own initiative. Slowly they started developing a friendship. The girl, according to him, was of a similar nature like his kind, which meant being reserved but helpful. Their friendship grew by the day and for the first time he recollected academic life turning beautiful. Initially their discussions mainly centered on academics and career. But with time, they started sharing lots of personal space and he reported feeling very comfortable in revealing his feelings and sharing his experiences openly with her. Slowly he started spending more and more time with her and their friendship grew into an affectionate relationship and then into a mutually shared love relationship by the end of third year. At the end of college days he suggested to her that they should get married sometime in the future and she reportedly readily accepted it. Their plan was to get employed as soon as possible and then present the matter at their respective homes. The girl, within some months, got a job in a private firm in the city. Even though it took another one and a half years for him to get a job, he used to regularly visit her during this time and maintained a steady communication with her, over the phone. Then he fetched a meager job in a private firm and he reports having lots of positive expectation about life during this time. After almost five years of knowing and understanding each other, both of them presented the matter at their respective homes. Though initially slightly reluctant, the girl’s family with time became open to an exploration. But the client’s family was

dead against the whole issue, as the girl belonged to a much lower caste. Though he tried his level best to persuade them, he just could not succeed in convincing them. He recollected as lacking enough courage during those times to be assertive with his family, especially with his father. His family maintained it strict that, if he went against the family honor, then they would treat him like an outcast stranger. He had an elder sister also to be married off at that time and moreover for finance too, he was totally depended on his family, as his meager salary did no afford him any luxury of living independently. The girl reportedly tried to give him strength to convince his family, but at last even she could not withstand the social pressure for marriage and was married off to someone else. He reported, that one year period following her marriage, as the hardest times he ever faced in life. He lacked any interest in life as everything he did appear mechanical. He reported having no feeling of anger or revenge towards his family, but recollected that he was just upset about his misfortune. In one year time he got an opportunity to be placed in the gulf with the help of an acquaintance and grabbed the opportunity happily. Primarily it has been an effort to just escape from his immediate environment. He worked there for almost seven years and used to periodically visit his home. Slowly things turned normal and he developed a normalized emotional bond with his family too. He reportedly was very hard working and said that he could develop lot of accounting skill and interest and expertise in that field during the time. His financial back-up vastly improved and he made a new reliable friendship there. Both of them decided to start a firm together and when they returned back after six years of being in the gulf, they set up an accounting firm in the client's home town. The organization clicked and he reported never having to look back after that. He married at the age of thirty and the marriage was an arranged one with the full consent of his family. The girl was a higher secondary school teacher. He felt the woman fulfilled all his initial expectations, and as life proceeded, she proved to be a perfect life mate. They got a baby

girl in one year and in a couple of years his wife got permanently appointed in a government school in his hometown. By this time his firm has grown large enough and he parted cordially from the partnership and established individual business which evolved reasonably well. But even though he was financially sound and his wife was a perfect partner who had a permanent job and he was happily settled, he reports a feeling of insecurity haunting him most of the times; the reason of which he knew not what. So he insured his business. He took a couple of insurance policies in his name and his wife's name too. He reported being perfectly legal and law abiding in his business and avoided any chance of risk. After the birth of his second child he reported starting to feel a kind of boredom in life for which he found no reason neither solution. His professional life had been remarkably successful and his sexual and emotional relationship with his spouse was also reasonably well off. He has to bear some burden of his siblings who were not doing that reasonably well in life, but all those responsibilities were over by this period. Still, he felt a kind of inadequate and thought that the prime reason was that, though he was an expert in the business he was not a qualified one. So at the age of 36 he enrolled in an accredited chartered accountancy course and in a period of 2 years completed it successfully. It added a lot of legal strength to his business which as usual was flourishing reasonably. Still, he felt he was just mechanical in life and there was no real happiness in things he does. During these times he started developing occasional sleeplessness at nights. His sleep usually got disrupted by dreams from which he could not discern any significant meanings. He faced difficulty in falling asleep too. This prompted him to go on an insurance spree. He reported that to date he has insured most of the things and people at home to such an extent that nothing if ever destroyed or stolen could be a matter of concern. But even after being a successful professional, having a happy, settled family and enough safety precautions; he felt inadequate and in his own words 'robot like'. Over the past couple of years his sleeplessness

has increased to such an extent that, the tiredness reflected on his face when he gets up in the morning. Though it has not affected his work or relationship patterns in any way, according to him it is a source of irritating personal distress. One year back, he consulted a psychiatrist for this problem and he was put on psycho tropics. Initially for a couple of months he stated as experiencing partial relief, but later started developing tolerance for the drug. Slowly the dose had increased, but the effect was still on the decline. This prompted him to stop the medication after informing his doctor, who suggested that he may meet a psychologist who may be of help to him. Hence 6 months after stopping the medication and continuing with the symptoms of sleepiness and tiredness, he consulted the Clinical Psychologist.

Past history

- Organicity: Nil significant
- Mental illness: Nil significant
- Medical history: Nexito.5 mg 0-0-1 for 3-4 months with partial initial improvement unsustained, discontinued 6 months before this consultation

Family history

- Mental illness: Nil significant

Diagnosis

- Insomnia (mild to moderate) -fluctuating
- ? Dysthymia mild (general lack of well-being)

Treatment Framework

Starting with Client centered approach in the initial phase and slowly merging into Brief Dynamic work to facilitate insight into the symptoms.

Therapy sessions

The initial part of the therapy sessions were devoted to taking a detailed case history and just to allow him to be acquainted and get comfortable with the therapist. Over a period it was found that some of his dreams as viewed in the Dynamic framework could be roads to his unconscious. He was asked to record some of his dreams and it was analyzed for its latent content.

A particular dream which repeatedly occurred is worth mentioning here for the peculiarity of its content:

(In this particular dream he reported been getting ready for office. At the dressing table, gazing at the mirror he felt very uncomfortable and panicky. Then the next scene, he remembers is being arrested by the police. He tries to convince them of his innocence, but then suddenly he slips off into something like a dirt or the like, and his sleep gets disrupted. After a while he sleeps off and continues to dream in patch something connected to the theme, but does not remember anything about it, though many a times he dreamed the same theme.)

It was assumed from analysis of the theme of the dream that, both in his conscious and unconscious mind, one common island of insecurity exists. Till this point in therapy, he had not expressed any ideas of guilt or remorse about any wrong doings of which he is consciously aware of. But there was one instance, which he justified through intellectual reasoning; his inability to act out his will. That is his love story. He never blamed his father or family or society for his heart break. Not even implicitly. Till that point in his story (history) he had narrated in great detail the feelings he and his former girlfriend went through. But after the breakup episode he has summarized the whole process of readjustment in just a couple of lines and proceeded directly to a detailed description about the success of his business life and life thereafter. It seemed like there was some unfinished emotional ventilation with his father, who is no more. It could also be with his family or other social factors, which restricted him at that time. But the expression of his pent up past feelings, even in the present, appeared to be guilt inducing. It was becoming clear that the ‘police’ were a revisit from the past, of the authority figure or figures, and the fall was a regression into the passive-shell of his past inability to assert. The analytic question that remained was, what guilt inducing thought or action of the present invited this buried past into current play. The next couple of sessions, the client missed, according to him due to certain unforeseen engagements. The revelation came through in the later couple of sessions, in the form of his confession that, he still at times longs for his past relationship. He said his wife is good and perfect; physically, mentally and socially. She is a good mother and a great wife. She cares for him, but somehow he doesn’t get cared. Means over the past few years he feels he is lacking something and he ‘needs to change’. Then he immediately corrected it, saying, “I mean I need to sleep better again”.

Probably the period was nearing in the therapy to reflect the therapist's interpretations to the client. The next session, he had again missed and it was rescheduled. He called up again on the rescheduled date to express his inability to make it on that day too, but said he wanted to refer a staff from his office that seemed to suffer from some kind of social anxiety. He sought permission to pass on the therapist's phone number to him. As to the next appointment he said he would call up and fix it up very soon, as for then it was the month of March and he was caught in the audit. That was the final communication and no further session materialized.

Outcome

Partial clearance of presenting complaints

Conclusions on the mental processes

The working impression formed soon after the history taking was that of dysthymia with insomnia. Symptomatically speaking, after this amount of brief dynamic work with the client, it is clear that the first diagnosis doesn't stand but the second one stands firm. But then one thing was clear; the person is longing for a change. He had a serious wish to relive the past. He perceives his present as flawless, but flashes of the memories of an earlier romance disturbs him. And his age range perfectly falls into the transition phase of human life called the 'Mid-life'. Certainly this appears to be a case of "Midlife-crisis" with a tint of guilt feeling arising from his past leading to Insomnia. A classic case of guilt emanating from own lack of initiative resulting in an incomplete past relationship, forcing its expression through the brittle state of the confused mindset at mid-life.

Case Study 4. 2

Midlife Crisis Rooted in 'ID'

Demographic details

Name: R.K

Informant: The Client (reliable & adequate)

Sex: Male

Age: 46

Religion: Hindu

Profession: Spoken English Teacher

Background: Upper-middle class, Urban.

Marital Status: Married for 14 years

Spouse: 40 year old, Home Maker

Children: One, 13 year old boy

Family type: Nuclear

Presenting Complaints

- Fear of heights.
- Confusion with regard to career.
- Hopelessness about future.

Psycho-social History

The client's childhood seems apparently normal and usual, born into a middle-class family comprising of a father who is a high school teacher retired as headmaster, a mother who is a traditional homemaker, and two siblings; one a younger brother and another an elder one. His only conflict with his parents, especially his father was over his lack of interest in academics and poor effort. His father was involved in umpteen number of social activities apart from his school work and was a highly respected and busy man. His elder brother (4 years elder to him) after completing his 10th standard had stopped his studies and was helping his maternal grandfather with his coconut business. Younger one has been good in studies from the beginning. The client got a second class in tenth standard and joined a private P.U college. Neither was he interested in studies nor did he socialize very much there. According to him, he used to request for money from his mother cutting some school expenses and use the money to see movies, bunking classes. He managed a just pass in pre-degree, and decided to stop studies. Almost for one year he was out of academics and in the meantime looked after their coconut estate and made enough money for personal needs out of it. Till noon he would supervise the farming and then in the afternoon go to the city and meet a few friends and in his own words do some 'girl-watching' and movies. He remembers not giving face to his father for weeks together as at every instance they met his father would criticize and advice.

He but claimed to be happy during this time as he was financially almost independent and there was no other major responsibility or worry. During this time his father suddenly passed away due to heart failure and that the client states as the biggest blow and turning point of his life. Suddenly there was a big void that couldn't be filled. As his elder brother had found a job in Kuwait under his maternal uncle's patronage, there was no one else to look after the home. His younger brother was still at school and mother was too grief stricken to take charge of things. Under these circumstances the client had no other choice but to look after the family estate in a full-fledged manner and provide for the family. Since he had the respite of his father's pension amount, he decided to study and joined an evening parallel college in the third group. Though travel consumed time and study hours were compromised due to household responsibilities, he remembers doing his best and fetching a second class in final year degree exam. By this time, after matriculation his younger brother was enrolled in a professional course that trained candidates to become an overseer. Also, his elder brother has settled in his business abroad and was now substantially contributing towards the family expenses. This gave much needed relief and time to the client to peruse his ambitions. English was a subject that he always adored but his skill in English language was rudimentary. Though he completed his degree he was facing some problems with English literature. To get better guidance he approached a retired a university professor for tuition for a couple of months. He was so fascinated by the man's linguistic skill that in his own words," he fell in love with English". In the coming year he completed his English M.A degree through correspondence. After this he wanted to find a teaching position, but none were available without a regular education degree at least. So he decided to join a spoken English academy as an English trainer. He says he used to be so prepared for the class that it made him think that there is nothing he couldn't do with English. He was also good at using humor and he became an instant hit with

students. They started flocking around him for guidance and according to him it was just fascinating. Within a couple of years he started to get well-known in the circles doing the language business and another bigger brand company invited him to join them. The pay was decent and he also could earn extra by conducting motivation and personality development seminar in other institutions. He says he felt he has found the real meaning in life. As far as finance was concerned, though his pay was best compared to other similar professionals in the business and compared to regular teachers it was not as luxurious. Though he could not save much, it was enough for him to maintain a middle class lifestyle. He married at the age of 32, and it was an arranged marriage. He says he wanted to marry a beautiful woman and his wife completely matched his expectations. His family life proceeded smoothly and he got a kid in the second year of marriage. By that time his siblings also separated from the joint family and got settled. According to him, he had a pretty good share of ancestral property which was enough to sustain his next few generations. His wife proved to be a good homemaker and did her duties to perfection and he just had to play the role of a provider and could concentrate enough and more time on his career. In spite of all this, over the past couple of years he started developing a feeling of inadequacy in life. He said that when he looks back, he feels his life has not been any success story. Though he is a self-proclaimed excellence in spoken English training, actually he has earned nothing in life on his own. He stated that he felt threatened by the new generation trainers who have been educated in Bangalore and other metropolitans and who appear to exhibit much better command over English. Following such ideas he started feeling insecure in the job and felt he doesn't have that charm anymore to simply attract students. He tried bribing a person to fetch a job in a private school, but not only he failed to get it but also lost his money. Of late, he has started developing a feeling that he is less attractive than before. He has been trying to compensate for it by using costly and gaudy dresses and using

elite perfumes, but according to him, he feels inferior to the newer teachers who join the institution. He has also developed a sense of fear of heights which he says he never had before. He says it is becoming difficult for him to stay for longer duration in closed places and gazing down from the balcony of high-rise buildings. He says that people at his place still maintain a good, respectful opinion of him in the face. They call him 'sir' since he is a teacher. But he also suspects that at his back they might be thinking that he is such a useless person because he couldn't do anything of his own. He also remembered that a casual acquaintance of his recently told him that if the kind of property that the client enjoyed was his, he would have doubled it many times by then. This has prompted the client to think that he should totally give-up this spoken English scrap and take up real estate. He says that his younger brother has been in real estate business for some time now and that that has put him in an enviable financial position. At the same time the client feels that he is very poor in business. He says he has ventured into shares and multi-level marketing a couple of times, but the results have been disastrous. He started getting increasingly anxious and also getting ideas that he is worthless and that he is not fit to live. He reports developing suicidal thoughts also during this time, but says those were just thoughts and that he never really could attempt to end his life. He met a psychiatrist to discuss his problems, who readily stated that since he had similar problems in the past when his father died, and that it appears to be a genetic predisposition for serotonin imbalance. He was prescribed a SSRI (cipralex-10mg). Though he says initially it appeared effective it has not done anything substantial in the long run. He has been on medication for past one year, but they reported that his mental confusion increasingly got more complicated and he stopped the medicine. Under such circumstances he met the therapist for professional help.

Past history

- Organicity: Nil significant
- Mental illness: Nil significant
- Medical history: Nil significant

Family history

- Mental illness: Nil significant
- No major socio-economic constrains in the family

Diagnosis

- Anxiety Disorder, stemming from self-doubt being generalized (interpersonal)
- Agoraphobia
- Low Self-esteem

Treatment Framework

A combination of Cognitive Behavior therapy to begin with, to be followed by Rational Emotive work, was used.

Therapy sessions

The first and the foremost obstacle in his way seemed to be his confusion to take a decision on his career. Though he aspired to make quick money the client himself had stated his poor business knack, and past ventures which toppled miserably. To attempt to get into regular main stream teaching, his qualification did not meet the prescribed standards. He was doing well in his current profession. But his growing concern about his being getting outdated, unattractive and fear of facing young competition was making the prospects of continuing in the profession as suicidal. It appeared too late for a career change, but also too early to feel outdated. His perceived meaninglessness in life appeared more to be a reflection of his hidden concern about declining attraction quotient than the reality. His preoccupation with his 'declining-self' appeared to be the impediment. But since the symptoms he came up with was fear of heights and an existential confusion with regard to the continuance of his career and its meaningfulness, a client centered problem focused kind of reflection was chosen as the mode to build up a rapport and then shift to CBT. Perceived feelings were contrasted and compared with objective reality. Also *pranayama* along with mind fullness technique was imparted to help him gain control his body reaction to mental anxiety. Post fifth session, till then scheduled as one session a week, the client felt easier to deal with heights and could come to a firm decision to continue with his current profession. In the termination session, it was decided that rather than sticking on to a single firm it can be more beneficial if he can spread out his service and be somewhat like a freelancer. The follow-up was scheduled in 6months.

The follow up schedule overshoot by 3 months and the client called on the therapist without an appointment. He said he dropped in just to thank him for the wonderful change in his attitude, as he was passing by. The meeting lasted just a couple of minutes as the researcher had other scheduled appointments.

A couple of weeks later the client called up to fix an appointment stating he needed a follow-up as there were certain other issues that were bothering him. In the session the client expressed complete satisfaction over his career path and results of intervention for fear of altitudes. But he now stated a problem of a different kind. He felt that he was getting attracted to his female students. He said since his classes were a kind of mesmerizing the students just adored him. But while taking classes he accidentally gazes at their breasts. He felt that some students might be even noticing it as immediately some of them adjust their shawl or lean back onto their chair. He says that he is not able to control his eyes at times, though he is making a cent percent effort. He also revealed that he now has started masturbating frequently fantasizing some attractive female students. When queried about his relationship with his wife, he said he was completely satisfied with her sexually and otherwise too. He expresses guilt over his being mentally cheating on his wife but said he could not stop getting attracted to girls. Over a couple of sessions the matter was discussed in detail with the client. His guilt feeling was reframed as stemming from doing things which he himself did not approve of. It was explained to him that masturbation in itself has been just a biological phenomenon and derives no guilt. But it was reminded that if it is against his cultural belief, then engaging in such an act could beget anxiety (moral) and it can also lead to reduced satisfaction in sexual relationship with his wife. As far as his gaze problem is concerned, it was advised to him to try to fix his gaze at a point on the temple and in between the eyes, while speaking to females. This can cut down on a misperception of certain eye contacts as inviting and

thereby prompting gazing below the neck level. In subsequent follow-ups the client reported he could almost succeed in resisting himself from masturbating, but his gazing problem was still continuing. He was motivated to keep on practicing the same along with developing a habit of remaining within arm's reach of the blackboard and not venturing into the students' space beyond the teacher's chair. A follow-up was scheduled after 3 months and the sessions were terminated for the time being.

The client missed follow-up and there was no information about him for almost a year and more. Then he called up and fixed an appointment and met the therapist. He said this time his problem was the worst and that his whole life seems to be in a dilemma. He said his problem of gazing and masturbation was successfully overcome due to his extra dedicated effort though the therapists tips also helped. But he said the current issue is that he has got into a relationship with a girl who used to be a student of his. He said the girl was his student at a government skill development center where is a guest lecturer for personality development and spoken English. He informed that she was one of his main objects of fantasy for masturbation when he met the therapist last time. He claimed that he could completely do away with it, with time, on the therapist's advice. But he says the girl was always occupying the first bench and used to gaze at him incessantly throughout the class time (In his own words, "in adoration"). After finishing the course at the institute she still maintained in touch with him over the phone. He reports the length of their conversation grew over time and to such extent that it was interfering with his routine. Then they started meeting often and started getting physical with each other. The girl was in her mid-twenties and he claims to have advised her not to indulge with him any further as he is married and has a kid, and moreover since he is her teacher. But according to him, he also could not abruptly cutoff the relationship as her family circumstance was pathetic and his emotional support was important.

Then she got into a government clerical job in the department of forest in a remote area of the district and he became a regular visitor there. In the past couple of months preceding this consultation he reports engaging in regular sex with her many a time in private lodges and also from her home where she has no one but an ailing mother. He reports that he had made it clear to her that he cannot go any further than this and there is clarity and mutual understanding between them on this matter. He claimed that he constantly encourages her to get married, but her family and financial situation is not sound. He reported being in financial crisis himself as he is now spending a substantial chunk of monthly income on her. Also his wife seems to be slightly apprehensive over the calls which he receives a late night. He said as and when he is trying to ignore the girl and her calls, she retorts with crying spells, complaints of physical illness and death wishes. The girl, according to him, wants to continue this relation like this life long without disturbing either family.

It was decided to reflect to the client his hidden motives. He explained the relevant details of need of psychological testing. A Thematic Apperception Test was administered on him. A qualitative inference was drawn and it implied poor impulse control, tendency for immediate need gratification, the tendency to project sexual needs on others, poor trust-formation in heterosexual relationships, and preoccupation with self, high intelligence and manipulative tendencies. It was communicated to the client and it was reflected to him as to how he slowly manipulates the circumstances and people (including the therapist) to manipulate things to meet his ends. The client exhibited no resistance to the inference and readily accepted the conclusion. (It seemed more like an intellectual understanding of the inference which the client was readily aware of, than an emotional insight). The client, however decided to give up the relationship as it involved high risk. He was encouraged to join any recreation club and to fix up a regular schedule.

A follow –up was fixed in a couple of months. The client did not turn up for the follow-up, but promptly called up and reported that he has gradually withdrawn from physical involvement with the girl. He also reported to be now concentrating well on his work.

Outcome

- Symptom cure achieved
- Personal growth process through insight development could be initiated

Conclusions on the mental processes

It appears that the client had a hidden need to prove being still attractive and desirable, even though he perceived his aging signs. Consequently, his tendency to seek attention of people from the opposite sex seems to have been modified into his perception of them being attracted to him (reaction formation). To validate this assumption and to fulfill his ego syntonic need to prove his retained desirability, he chooses a soft target. He used his power and position as a teacher to step into the persons system supportively and slowly manipulated her to serve his needs. Once his immediate need is met he felt threatened of the chance of losing his power position with the person and image in the society. He then reverts back to his former position, claiming insight development. This seems to be a case in which the basic id impulse of sex surfaces as a need to assess his own desirability quotient so as to prove his vitality. His ego mediates between the instances of gratification and the moral values leading to confusion. Certainly this appears to be a case of “Midlife-crisis” with id impulses resurfacing in the wake of the perceived deterioration of ability to maintain vitality, as conceived by the male ego.

Case Study 4.3

A Midlife Crisis rooted in misplaced expectations

Demographic details

Name: R Informants: the client and her spouse (reliable adequate)

Sex: Female

Age: 45

Religion: Hindu

Profession: House Wife

Background: Upper-middle class, Urban.

Marital Status: Married for 18 years

Spouse: 47 year old, Senior Bank Manager

Children: one, 16 years old boy

Family type: Nuclear

Presenting complaints

- Anxiety and Sleeplessness (past 2 years, intermittent)
- Feeling isolated and helpless
- Tendency towards self-harm
- Uncontrolled impulsivity; and anger towards husband

Psycho-social History

The client was the third of three children born in an affluent Hindu family. Father being a high government official and mother being the only daughter of a landlord she enjoyed all comforts and facilities in childhood. From a young age, she learnt classical dance and gained much appreciation and attention for it. She was an average student, but shared a good relationship with teachers and friends. Being the youngest at home, she was her father's pet child and reports being more demanding and playful than other siblings. She shared a close bond with her mother, whom she reported as her main source of emotional support, even after she was married off and till her death. Her college life was extraordinarily eventful with involvement in a lot of group activities and cultural functions. She described herself as proud, as she was acknowledged as being very beautiful by all and used to be the object of attraction of many of her male classmates. She had a crush on one person, but never allowed it to flourish in a relationship. She described herself as playful but traditional. The client approached initially as a caregiver/bystander for counseling, consultation for her son's problem. Her issue was that her son who used to be obedient and hardworking till a couple of years back, gradually showed slight changes in his attitude. His marks took to a downward trend and he was mostly preoccupied with his mobile phone and the internet.

He was preparing for the examination of 10th standard and his teachers already seemed unsatisfied with his performance as they felt he was not working to his potential. The client appeared extremely anxious and showed signs of palpitation and burn-out as she narrated her problems with exaggerated emotional intensity. She was asked to be calm and was instructed that, to solve her sons issue her being relaxed is extremely important. Over the next two sessions with the boy it became evident that he shared an enmeshed relationship pattern with his mother and there appeared serious rift between the father and the mother characterized by passive aggression on the part of the wife and reactive cold shouldering from the husband. It was found that the mother was steadfastly trying to drag the son to her side and emotionally isolate the father, thereby establishing an unhealthy coalition within the family hierarchy. The boy in his late adolescence was resisting it through his disobedience and related behavioral problems. He seemed to share a love-hate relationship with his mother and wished to break free from the overprotective attitude of his family. The mother even accused the boy of genetically becoming a replica of his father and accused the father too of being a poor role model. Another couple of sessions were taken with the boy. The theoretical client centered strategy was adapted to understand the premises of his issues and an eclectic model of CBT and Humanistic perspectives was used to help him gain insight and regulate his behavior. (The boy passed his 10th standard with 86% marks and was admitted to plus two courses along with advance coaching for entrance examinations.) The index client's exaggerated anxious reactions were decided to be taken up for individual therapy. From the first session, she exhibited a high level of motivation for consultation. During the sessions her over attachment with her son being the only child, generally unsatisfactory marital partnership with her husband mainly owing to her expectations not being met, inability to pursue a career in classical Indian dance form, in which she was trained from childhood, inability to overcome the loss inflicted due to the sudden

demise of her mother, lack of emotional support from any of husband's family members, non-availability of friends or meaningful healthy relationships in immediate neighborhood, and the like came to the forefront. Though her son's issue was a significant point of discussion, it was her anger towards the husband and her tendency to seek revenge through her son or through self-harm that dominated the narration. She perceived her husband to be the coldest and laziest man ever born. She accused him of being highly irresponsible towards family matters and thought his un-involvement in child-rearing was the main reason for the boy's perceived behavioral problems. She perceived him as a complete failure as far as his ability to integrate her to his family (husband's family) was concerned. She also felt physical relation with him was unsatisfactory with added accusation of him never loving her genuinely. She appeared to be irritated by minor things like his hygiene level, way of communication, dressing style and lack of perceived social involvement. She felt thoroughly devalued and reported herself to be filing the role of an unpaid maid in the husband's life. She revealed that umpteen numbers of times she had thought of committing suicide and that she resisted the idea with great effort by thinking about her son. She felt if she was not around the boy would become a wayfarer as he was neither bothered about him nor about his career. Altogether the husband was painted as an all bad person with minimum emotionality, nil responsibility and non-committing to his family.

Past history

- Organicity: Nil significant
- Mental illness: Nil significant

Family history

- Mental illness: Nil significant
- No major negative socio: economic circumstances

Diagnosis

- Adjustment related Anxiety symptoms (working diagnosis to start with)
- Mixed personality traits (Impulsive and Histrionic)

Treatment Framework

Client centered approach was used initially and graduated to CBT for obtaining behavioral adaptation and a reduction or neurotic symptoms. Family therapy basically systems approach was used for marital conflict. Insight oriented brief dynamic work is been envisaged for future sessions once the current therapeutic goals are achieved satisfactorily, to address the basic personality issues.

Therapy sessions

Certain therapeutic observations

- Though the client was narrating many sorrowful events and feelings of her life, her mood was largely irritable and not depressive

- The client throughout maintained a tendency to shift away from the topics being discussed, to general world-view topics, arts, literature, travel details etc.
- Whenever the client spoke of her suicidal ideations, she exhibited anger and irritability and not hopelessness.
- Predominantly her speech was self-centered and appeared to have a high self - appraisal, which reflected in her gaudy dressing style and polished style of communication.
- During the therapy sessions, she insisted on sitting physically closer to the therapist and holding his arms as she felt it helped her become comfortable (this was discouraged and stopped over-time)
- She seemed to be immensely preoccupied with her physical attractiveness and reported many heterosexual concerns of social evaluation (usually a hallmark of women belonging to a much younger age group.)
- From the client's sudden mood swings and extended range and reactivity and overt behavior analysis, she appeared over-sensitive, short tempered, attention seeking, dominant and exhibited a tendency to be histrionic.

It was decided to bring in the husband for a couple of sessions, an idea to which she was initially reluctant with (as she believed he is too adamant to change) but later heeded to. The husband a senior bank manager in a reputed bank in Kerala appeared initially not motivated for the session. He felt such sessions were held earlier too, and it was of least help. However, on explanation regarding the need of it in order to resolve certain intra-psychic issues with his wife that can help avoid certain difficulties in future, he was ready to comply. Over the sessions he appeared to be a simple and non-sophisticated person with reasonable world-view and saturated

outlook with regard to life. He appeared very diplomatic and matured in his attitude and disposition. He described the negative feelings of his wife as a product of her own peculiar thinking style. He believed he was perfectly fulfilled his familial duties as he is the only earning member of his family and hitherto has never left his wife and son devoid of at-least some basic needs in life if not too much luxury. He said his wife was a difficult person to relate to as no normal conversation would pass without a conflict for more than a few minutes. She always found fault with whatever he said or did and constantly nagged him over things in the past which according to her was injustice. He was not involved much in his son's affairs as the mother was supervising him round the clock 365 days and moreover the nature of his work demanded a high level of input and overtime work. He felt she had problems with his mother (mother-in-law) and his family right from the beginning and over a period of time isolated him from his family too. He remembers her nagging him constantly of being a mamma's child with no decision making capacity. He described himself as an introverted person with not much social activity; instead he derived satisfaction from his work. He appeared to be an easy going kind of person with no rigid planning for the future and was even-tempered and tried to avoid conflict ridden situations and conversations by avoiding it or remaining cold. He felt he never really understood what is wrong with himself as well as what really is wrong with his wife.

Further therapy oriented conversations with him revealed the following significant points

- The husband clearly fulfilled his traditional role as a provider, but was seldom expressive
- His communication pattern was mainly need-based and exhibited controlled emotions through diplomacy.
- He had reasonably strong ego and self-esteem and hence used ego defense mechanism of rationalization and sublimation

- The behavior pattern he mostly used to counter aggression towards him was avoidance, passivity and spending time at work
- He came out as a man with optimal sophistication, simple plans for life and no much hobbies, interest or other than work related activities
- He appeared completely out of touch with his wife's imaginations, desires, aspirations and view of life.
- He was neither a good listener nor an effective communicator as far as his family was concerned, and was non-dominant passive recipient of his partners passive and active aggression with no insight into her behavior and neither having any interest to make an attempt towards it.

Another few sessions were held which could be described more as marital therapy in which there was combined participation of the couple. The main orientation of the sessions was towards marital enrichment. Better understanding of self as well as mutual understanding was facilitated. Later, behavioral correlates that needed to be accompanied along with cognitive insights were instilled through therapeutic goal setting.

In between intermittent sessions continued with the boy as and when vacations occurred and after he passed the SSLC exam it was decided to send him for pre-university education along with advanced entrance coaching to another city. After his departure the client again started coming in for regular sessions. She had again started developing conflicts with her husband. This time she was furious that he was not paying any attention towards the boy's progress as he is not maintaining regular interaction with his teachers or paying regular visits. Also old problems started

getting restated. On being asked whether her husband had not cooperative to make changes as instructed during the combined sessions, she responded in affirmation, but stated she felt no emotions for him whatsoever positive things he did. She also started reporting of the suicidal ideations and even stated that but for the therapists patience to listen to her she would have done something to herself. It was decided that she should be imparted some techniques to gain relaxation and in the coming few sessions along with ventilation she was imparted JPMR and cognitive technique of thought stopping. Also, it was decided to get her engaged in activities of interest which also helps her in meaningful growth. She was encouraged to take up classical dance once again and also weekly, twice she attended a palliative care unit. She felt much better with this and her depressive cognitions and self-harm tendency came down considerably. Also, her anxiety showed much reduction on the Hamilton rating scale. Though she would occasionally call-up and pays a visit with certain complaints about her husband, overall longitudinally she was maintaining much better. In between she reported on a few different occasions that men were showing interest in her and sometimes her mind tended to sway. She was constantly counseled towards conscience management.

Within a few months she had regained her old touch and was into group stage performance and other theatre and art forms. Being an outgoing and dominant personality, she could make friends with ease and be the center of attention, which she enjoyed. After almost one and a half years of intermittent sessions the frequency was gradually reduced to the level of once in three months. Her perception of her husband has more or less remained the same throughout, but through therapy she has learned to hold back her impulsivity through relaxation and anger-management. The best part was that her pent up emotions could be channeled through involvement in an activity of interest from which she could derive meaning in life. It reduced her feeling of helplessness and

dependency and also helped her gain control over her own life events. Along with that it provided her the much needed attention for which she had dire need for, and best thing was that it could be conjured from right sources. Though she drops in at times or calls up, currently she is maintaining her well-being to a reasonable level and her social functioning appears satisfactory. Her misplaced attraction towards certain males still remains, and the matter is still being discussed in the ongoing sessions. This was evident from her passing remark when she stated “if you don’t provide proper care and support, I would jump out of this mess into certain some one’s heart”.

Outcome

- Near pre-morbid (pre-marital) level of subjective well-being achieved.
- Marital therapy is in progress and conflict reduction has been possible
- Behavioral expression related to personality issues are being regulated through CBT
- Insight oriented work would ensue at an appropriate juncture

Conclusions on the mental processes

Preoccupation with self, concern about purposefulness in life, rumination about a bright past, hopeless projections for future, blaming of the partner for inadequacies perceived , power struggle in the family through cross hierarchical coalition, desperate need to control own life and confused priorities, concern about own physical attributes, craving for attention form opposite sex and misplaced attractions, need to reinvent self and desire to break free from a perceived shell, repeated contemplations about priorities outside the family; a plethora of transition phase related

signs are available in this case for in depth scrutiny. These point at clear signs of a well-established Midlife Crisis. This is typical of the cultural transition and the changing roles of women in urban India. It appears to be a clear cut profile of crisis experienced by certain women in mid-life.

Case Study 4. 4

A Midlife Crisis rooted in a moral conflict

Demographic details

Name: J

Informants: The Client (reliable & adequate)

Sex: Male

Age: 48

Religion: Christian

Profession: Accountant in a Private oil firm

Background: middle class, Urban.

Marital Status: Married for 38 years

Spouse: 43 year old, souse wife

Children: two, 10 year old boy, 12 year old girl

Family type: Nuclear

Presenting complaints

- Feeling/perceiving heat sensation in and around the penis
- Frequent erectile dysfunction
- Anxious reactions characterized mainly by lethargy and lack of energy

Psycho-social History

The client was the second of four children born in a poor Christian family. Father was a stone worker and was into animal rearing. Mother was a housewife and used to help her husband in his work and supply milk to a few households. The upbringing was an orthodox Christian type with father being very strict and mother being moderate. He doesn't have any special memories that are different, from his childhood except that the Easter times used to be colorful with church activities, visit to a relative's house and much cherished vacation from studies. Along with studies, he also used to help his father with minor household things and like his brother used to help mothers in milk supply. He reportedly was an introvert at school and had few selected friends. Being a small boy he remembers being at times bullied by certain back benchers in class. He was average in his studies and used to be fully involved in church and retreat activities as it was highly valued and encouraged by his family. He scored an average in 10th std. and was sent to Vocational higher secondary school. Thereafter he took up trade related diploma in distillation and boiler designing. He was jobless for some time following this and used to make a living by working in a mid-sized candle making unit associated with the main church in the city. From there he reportedly with the recommendation of the vicar moved to Pune for work in a company where he has continued all these years. His position now in the company is comparable to mid-level manager

and he is completely satisfied with his work and remuneration. He has a two bedroom flat within the city limits and is settled there with wife and two children. The client reported that he is suffering from a particular kind of heat sensation in his penis and testis area. Many a times, he felt; as if some hot viscous fluid is leaking through his penis, which he couldn't control. He has gone to a couple of hospitals and had detailed examinations, but every report reads negative. On examination of the bunch of medical reports furnished by the client it was clear that he has exhausted all possible sources in urology, Nephrology and neurology from a couple of reputed hospitals in Pune where he had been working and settled for the past 25 years. Since any physical basis for the perceived problem was ruled out, one physician had prescribed a mild dose of anti-anxiety medication which he has refused to take. He also complained of frequent erectile dysfunction for which he was taking a prescribed medication. He reported that this problem had started 3 years before, approximately within a year after he developed the heat sensation. He has not shared this problem with anyone and was afraid that his wife might guess it out soon if he encountered frequently failed attempts to complete sexual intercourse. He felt there was only a little more time left to enjoy and he is depriving his wife of that pleasure too. He reported that now when he has a stock of the medicine as back-up, most of the time he is able to sustain an erection even without taking it, but wanted a permanent solution for his problems.

Past history

- Organicity: Nil significant
- Mental illness: Nil significant
- Medical history: had detailed urology, neurology and Nephrology consultations, was on sex stimulant medication for a brief period.

Family history

- Mental illness- Nil significant
- No significant socio-economic issues

Diagnosis

- Psychosomatic Disorder (intra-psychic origin)
- Erectile dysfunction (performance anxiety originating from guilt)

Treatment Framework

Initiating rapport with client centered approach and shift to a brief dynamic frame or therapy thereafter for insight development

Therapy sessions

The client walked into the clinic with no prior appointment. On being informed by the receptionist about the possibility of the need to wait for more than a couple of hours, he was readily willing but refused to register his name as he felt uncomfortable with the process. Soon after getting into the therapist's room, his first action was to shut the door tight and bolt the door. (From his actions it could be inferred that he was worried that the receptionist seated at the help desk outside might overhear him.) He was asked to be relaxed and a confidentiality assurance was given. On being asked what brings him in, he responded by taking out a bunch of medical reports from his suitcase and placing it on the therapist's desk. He was told that the reports could be examined later and that it would be better if he could state his problems verbally, to begin with. The client was told that his problems seemed like having psychological underpinnings, but needed a little bit in depth exploration. He was asked to maintain an A B C dairy (a technique of structured

behavioral observation method in CBT). He was given a brief relaxation session with ‘Yoga-Nidra’ and an appointment was fixed for a couple of months later as he was available only then.

The client promptly reported for the next appointment with the given task completed to satisfaction. On analysis of the recording it was inferred that the episodes of erectile dysfunction was temporally co-related to the perceived feeling of heat sensation and on other days he was perfect with his sexual life. Further, it was found that most of the times when this feeling developed, it was the client's official time, and predominantly it was working days when the dysfunction manifested. For further clarifications with the client it was found that he felt more satisfied with sex on Sundays, the reason for which he attributed to being not tired of the usual office business. One point that he repeatedly stressed was that he loved his wife very much and that he was more worried for her rather than him because of these problems. On probing further, it was found that though he claimed to in perfect harmony with his wife and led a transparent and satisfied life with two kids born out of the wedlock; he has never even once mentioned about his perceived problems or dysfunction with her. His explanation was that he feared whether on revealing it, she might misunderstand him. (The word ‘misunderstands’ appeared to be either a malapropism or a hint of something that the client could be hiding from his wife. There appeared nothing here that could prompt any misunderstanding. The very fact that the client claimed to be sharing an understanding relationship with his wife hitherto and his fear of being misunderstood appeared contradictory. It was apparent that the client actually wants to communicate certain conscious conflict with the therapist, but was afraid of being judged. Hence it was thought that given a safer option for his ego to defend itself, he might find it easier to state his conflict.)

It was informed to the client that since he is around for one week the next appointment would be given the day after. It was also mentioned to him that the therapist intends to induce a hypnotic trance so that certain information buried deep within his mind could be accessed. The client was anxious whether he would be hypnotized and he was reassured citing that the procedure has been just self-hypnosis and he shall not be made unconscious or anything like that.

In the next sessions a hypnotic contract was established with the client and basic five word induction was given to the client. He was taken into deep relaxation state and was made perfectly comfortable. He was commanded that he now shall readily answer any questions without any contemplation over it. The following suggestions were prepared beforehand and were put forward chronologically;

- You are a believer and a regular church goer
- You make frequent confessions
- You have a severe feeling of guilt which you want to share, but are afraid of.
- You are ready to talk about it, now. You shall empty your mind right now and feel free.
- Now you shall tell me what happens in your office that disturbs you

What came out of the heightened suggestible state was significant in causal value to his symptoms. The client reported that he is a strong believer and is a regular church goer. He is a Christian belongs to a particular sect (YahovaSakshi / witnesses of Yahova) that maintains extreme truthfulness in life and utmost loyalty to family and god. In the past some years he has started getting attracted to slightly younger and attractive women working at his office. He used to dress up in colorful attire and started to groom fashionably in order to get their attention. Slowly some

of the women started responding and he started chatting with them regularly. Usually this happens after the office hours at the canteen or while walking together to the bus lounge. He reports being sexually over charged and fully erect during these occasions, with the erections sustained for about 2 hours or more at times. With time he started feeling some fluid is getting discharged through his penis. He reported feeling very interested in having sex with any of these women, but says he cannot because he is a believer and is loyal to his wife. After a while he developed signs of erectile dysfunction and then the heat sensation in and around his penis materialized, which according to him is constantly present off late. He believed that the inability or decline in sexual performance may be due to his swaying away from the contract with god. After rigorous medical checkup, he also has the idea that it might be due to increased blood supply into his penis for an unusually long time owing to his inappropriate feeling towards other women that might be resulting in the heat sensation. He confessed that he has now understood his sins, but is not able to completely resist his feelings towards other attractive women though the erection has significantly reduced. (Kindly note, that this was not any information lying in the client's unconscious. The client has always been consciously aware of these facts. Only that the fear of being judged or being looked down upon was putting up a resistance to him revealing it on his own initiative. All that the therapist did was to shift the locus of control or initiative to reveal the information, from the client on to the therapist.) After the session the client reported he felt very relaxed. Certain general matters were discussed in order to make the client comfortable and he was given another appointment in a couple of days.

In the final sessions it was told to the client that his problems need further individual psychotherapy inputs. Since it was time for him to leave from the city and get back to work and he can get back only in a years' time during vacation, it was decided to make appropriate referrals.

A therapist was located in Bombay and spoken to. Report of the sessions, findings and inferences were mailed along with a recommendation for brief dynamic work. The client was given one final session of JPMR and was handed a brief self-instruction note to practice at home. He was also given a single session training of autosuggestion, to be practiced when he loses relaxation over the feeling of heat sensation. Though the client reported being comfortable with the therapist and requested to continue sessions over live chat or phone, it was turned down citing the possibility of ineffectiveness. The sessions were terminated for the time being. He was instructed not to use any sex stimulant medication for the time being. (The case was discussed with the new therapist after 2 months and the client was reportedly maintained well with brief psychodynamic therapy.)

Outcome

The initial phase of therapy was completed and middle phase could be initiated. Appropriate referrals could be made and progress is being followed up.

Conclusions on the mental processes

Immense need to conform with the society and religious rules and regulations, coupled with acknowledgement of his basic sexual tendencies that is in direct conflict with those, seems to be the basis of the moral anxiety experienced by the client. His super-ego development has been the dominant result of his nurturance, but it is devoid of any learning of how to channelize the instinctual forces. The conflict he is consciously aware of but seems to lack any understanding of its role in the development of his psychosomatic symptomatology. Several times in the therapy he had mentioned that he has only little more healthy life left. This feeling is putting immense pressure on him and is clouding his ego. This aspect again indicates a common pattern found in the Midlife crisis experienced by people with high super-ego functioning.

Case Study 4.5

A Midlife Crisis emanating from a reaction formation from the past

Demographic details

Name: SF Informants: Client, Son, Daughter-in-law (reliable & adequate)

Sex: Female

Age: 53

Religion: Muslim

Profession: House Wife

Background: Upper-middle class, suburban.

Marital Status: Married for 33 years

Spouse: Retired TPO of Corporation, died at the age of 61, four years ago

Children: Three, 33 years old boy, 29 years old boy, 27 years old daughter

Family type: Nuclear

Presenting complaints

- Sadness of mood, Crying spells, Fatigability
- Persistent headache and frequent back pain
- Sudden spells of autonomic arousal, Decreased sleep
- Feeling that her good days are over and there is no meaning in life
- Retrospective ruminations about a better past and seeing future as bleak

Psycho-social history

The client reportedly was a well-adjusted woman with good coping skills; self-reliant with high self-esteem and self-efficacy, reasonable social interaction, had a stable marital relationship and enjoyed the good social status. She was staying with her eldest son, wife and children. She shared a particularly warm relationship with them. She reported that her husband was more of a workaholic and couldn't find time for her or family much. Since marriage all responsibilities of the household and children was on her. Her mother in-law was a strict lady and used to dominate her and make her work like a slave. At that time the husband was not independent and he did not have much say at home. But she stated that this was common in their community in those times and she did not feel like having suffered something totally unique. Hence, she decided that she shall be a refined mother in-law and has been very friendly with both daughter in-laws right from the time they were married into the family. Second daughter in-law had adjustment problems from the beginning; she used to have arguments with her husband too, and the immediate family was forced to be nuclear. The client used to tell all relatives and people that whatever happen her first daughter in-law considered her like own mother and shall always hold the family together. However, when the client was diagnosed as having stones in the gall bladder, and was recommended

to be operated on, she started perceiving changes in the attitude of her first daughter in-law. She started behaving as if it is an added burden on her and was not willing to take up necessary responsibility. She started talking rudely and started ruminating about the financial burden. Was constantly nagging, cursing her own destiny and appeared frustrated over the fact that none of the other children of hers were contributing anything.

Past history

- Organicity: Nil significant
- Mental illness: Nil significant
- Medical history: Was diagnosed with stone in the gall bladder, underwent surgery for the same, had a tubectomy in 1982, and was operated for ulcer appendicitis in 1985 and hysterectomy in 2000.

Family history

- Mental illness: Nil significant
- No major socio-economic issue

Diagnosis

- Moderate depression (reactive) with somatic symptoms

Treatment Framework

- Cognitive Behaviour Therapy (CBT)

Therapy sessions

The client approached with the above mentioned presenting complaints. Right from the first session, she was preoccupied with the pains and aches of her body. She said she cannot bear another surgery as she had already undergone many surgeries in the past and cannot bear the pain anymore. She also felt that, earlier her husband was there who had the responsibility to take care of her, but now she was like a dependent old wretch. She felt love and concern had no meaning in this world as anyone is bothered only about their own benefit and loss and not about relationships. Client's son who had accompanied her reported that she would also get sudden attacks with experience of increased palpitation, restlessness, and extremities would become cold; headache and fear of dying, chest pain and dizziness are usually reported. All this would last for 30-50 minutes. She couldn't carry out her daily chores and felt tired most of the time.

Detailed evaluations of the presenting problems and the maintaining factors were undertaken in the initial part of the therapy by using a behavior analysis Performa and Beck's Depression Inventory (BDI). The score was indicative of moderate depression. Behavioral deficits were present in the form of decreased self-care, tendency to be bed-ridden, not interested in cooking that used to be her passion, not interested in knitting and stitching which used to be her

hobbies earlier, not calling up any friends or relatives which she used to do regularly, and not interested in any household chores though her physical problems was not that severe.

On a cognitive front it appeared that the fact that the daughter in law was upset over the financial and physical burden of the disease weighed too much or pervaded all other constructive thoughts of the client. This led to negative cognition that all things that the girl did or say were consciously to irritate her. When spoken to in person and from the report of other family members it did appear that the daughter in law was slightly upset because she was a homemaker. She had two small children to take care of, needed to make thing ready for her husband as well as needed to take care of the mother in-law too. But still she seemed very dedicated and was performing her duty to the best of her ability in the given circumstances. The client appeared to be making a cognitive error of ‘all or none thinking’; i.e., even a slight imperfection means all wrong. There was also tendency towards retrospective falsification about her life as better when her husband was alive (she had earlier stated that her husband never had time for her.) It is noteworthy that the client never had any problem with her sons and in spite of all this spoke highly of both of them.

The therapy was aimed at providing cognitive insight into her faulty thinking style and then inculcates adaptive behavior. A session was taken with the son and the daughter in law. Being educated and psychologically oriented they appeared immensely cooperative. The session appeared to bear fruit as the session absorbed all negative feelings they had about the client and developed an un-conditional positive regard for the client. Behavioral analysis was carried out with the client; faulty thinking styles were assessed, evaluated and replaced through collaborative discussions. Activity scheduling was executed incorporating all those activities that the client earlier identified as pleasurable. Somewhere in her life, she has lost her positive ego-strength oriented independence and her behavior appeared to shift towards a dependency pattern owing to

faulty expectation. Though physically still reasonably healthy, a minor trigger of a bout of illness was being interpreted by her as catastrophic. In a psychodynamic sense; probably her pent up and suppressed emotions were finding its expression through anger towards the daughter in-law. Within a period of 6 months through regular follow-up and thinking style and behavior modification; the client was maintaining significantly better. Direct contact therapy was terminated and contact over phone continued for some time and that too was tapered and discontinued.

Outcome

Symptom Cure achieved and attained pre-morbid level of functioning. The adaptive thinking style was instilled.

Conclusions on the mental processes

Being a very self-reliant person with good physical attributes and fair ego-strength, she rarely seeks support from anyone. As the husband has never been there to lend a helping shoulder, she learnt to deal with all issues on her own. Subjected to all mental and occasional physical atrocities from her mother in law; her suppressed anger and frustration that were harmful to her ego were defended through reaction formation. This led to her tendency, to be extremely gentle and caring and loving (Over doing) towards her daughter in-laws. The expectation of such an action was also an equal and opposite reaction. Even before the detection of the stone problem; deep within her, she used to have the feeling that the daughter in law did not love her as much in

return in comparison to how much the client loved her. And this negative expectancy was underlined by the otherwise normal and obvious reaction of the daughter in-law, to the bladder stone issue. This was misinterpreted by the client and the feeling of it was maximized (cognitive error of 'all or none thinking'). Coupled with this when she reached her mid-life, the imminent feeling of disease and dependency along with the burden of her pent up feeling, found expression in the form of blame and anger towards the daughter in-law and social approval in the form of depression. A sense of diminishing physical abilities coupled with a loss of time and regret over the perceived futility of hiding her real emotion (what she was subjected to as a daughter-in law) to be good with her daughter-in-law led to this outburst of this crisis.

Case Study 4. 6

An inappropriate attachment from the past reappearing in Mid-life

Demographic Details

Name: SLK

Informants: Client, Husband and Child (reliable & adequate)

Sex: Female

Age: 40

Religion: Hindu

Education: degree

Profession: Tailor

Background: Middle-class

Marital status: Married for 17 years

Spouse: 43 years, Jeep driver

Children: 2 children-boy 14, girl 10

Presenting complaints

- Behavioural problem in the son with a tendency to get aggressive to the younger sibling and occasional physical aggressiveness to the mother (the client).
- Frequent anger outburst with the son and hopelessness with regard to life.

Psycho-social History

The Client was extremely well-groomed, well-motivated and verbal. Made and maintained good eye to eye contact. She had normal psycho-motor activity with apparent euthymic mood barely keeping in with her story she later presented. The client presented with the above mentioned issue of her son and wanted the therapist's help to resolve the issue. Around 2 to 3 sessions were spent with the child to build up a rapport, behavioural recording and well as formulating a contingency management plan. During the behavioural recording and analysis phase, it was found that the antecedent factor for most of the instances of verbal or physical abuses were, equally violent action/reaction emanating from the mother. It was decided that this issue would be dealt with separately after few initial sessions with the child. His issues with his other family members as well as his resistance towards regular academic studies were successfully dealt with to an extent, but his aggression towards mother remained as a disturbing factor. At this point it was found necessary that the mother merits individual therapeutic attention and she was taken in for individual psychotherapy. On detailed enquiry it was found that she did not share a cordial mental relationship with her husband. She complained that for all the academic and other school purposes, she herself had to toil around and there was none to help her. The husband being a jeep-taxi driver is mostly away from home, and spends more time after work too, outside with his friends and

acquaintance. Also, he reported not being a good provider, she is compelled to work as a tailor. Add to this the burden of taking care of the family and children and she reported life to be a hell. On enquiry she accepted that she had regular outbursts against the boy since he would not heed any importance to her, or nor comply with her instructions properly. This would lead to her losing temper and verbally abusing him, to which he reacts. This most of the times extend into a cycle and escalates into highly charged verbal fights and emotional tension. To the extent that she threatens to commit suicide to teach all of them a lesson and it ends with her breaking into tears. Then the children would console her and she regains composure. Reportedly, there appeared a constant feeling of dissatisfaction in her life. She found no meaning in her life and said no one understood her and constantly lamented lack of any emotional support. She said many times she had contemplated suicide in the past and once even attempted to do so by planning to slash her vein, but failed to complete the act due to lack of courage. She reported that her only hope in life was to get her children educated well and help them move out of this entrapment kind of a life. With this kind of a scenario, even that grim hope in life seemed a farfetched dream. She said even to at least verbally express her tensions and to emotionally relate to, her husband was unavailable. At any instance, she tries to communicate with him with regards to the issues, he repels and dismisses it as her imaginative problems. Many a times she broke down during the sessions and requested the therapist to make her son all right, but for which she had no other option than to die. In the coming sessions it was learnt that she was an only child of a moderately wealthy parents who had separated and the mother with whom the client was living in their ancestral home died at an early stage. Since she was very young, she lived with her uncle's family and was married off at the age of 20. She was educated up to degree level and could not opt for any job as her husband's family was against her going out for any job. As far as the choice was concerned, she reportedly

had none regarding marriage matters, as she already was a burden on her uncle's family who were eager to send her off at the earliest. So, though in their initial meeting, she did not like the person, she had to settle for him who eventually became her husband. It was during the enquiry phase about her sexual life that she appeared most turbulent and anxious. Though initially she broke down and had no words to speak, on being comforted, she revealed that her sexual life was a disaster. She reported being thoroughly unfulfilled in her sexual life with her husband since he was largely uninterested in it. It was reported that the last time they had coitus was 6 months before and that too on her repeated initiation. She said her husband accuses her of being a nymphomaniac whenever she tries to initiate sex. She gets attracted to other males vicariously while seeing television and also when she happens to interact with others closely. She reported her constant regret for thinking so and expressed her fear of falling prey to her sexual desire whenever certain persons approach her with romantic intention. She revealed that she keeps engaged in things to prevent her mind from wandering and still finds it difficult. In her own words her life has being ruined due to this approach of her husband and there appeared no hope further. On the insistence of the therapist, though initially reluctant she agreed to bring in her husband, who hitherto was never present for any session. The interview with the husband revealed that he was not so keen to marry the lady, but for the property she possessed on which his parents had an interest. According to him there was nothing so drastically negative going on at home that she had to approach a mental health professional. He felt that most of the things are her imagination and creation. He said that she constantly cribs that no one loved her and that he did not care for her emotionally. He also corroborated the information that she has attempted suicide and consulted a psychiatrist earlier who had prescribed some medication which she discontinued. He reported the client always comparing his lack of care with the great care she got from her uncle's house. But he made it clear

that he was doing for her all things that needed to be done by a husband, and that he can only be her husband and not a parent. The husband felt that she was trying too much to discipline their son who according to him was doing fairly well. On being confronted with the fact that the son had failed in 2 subjects in half-yearly exams, he reacted nonchalantly that he himself was not that great in studies and blamed it on genetics. With regard to sexual life he reported that initially it was going on well, but of late his work was getting demanding and he was tired to think about sex every time. On being reminded the very low frequency of physical interaction they had, he said he never considered these things the most important issue and that running the family and providing opportunity for a decent education and living for children was his priority. On further discussion and counselling him, at least superficially he agreed to look into the matter and take effective measures to improve communication and mental and physical relation to his wife. The need to be a part of disciplining and an education regime of children at home was also insisted, in a hope to instil some intellectual understanding in him. It was confirmed by the client in a later session that she had consulted a psychiatrist as her family insisted to do so after the attempted suicide. The O.P sheet read a diagnosis of borderline personality disorder and certain anxiolytic drugs that she discontinued since it had no effect. On further probing it was discovered that during her stay at her uncle's house, she had undergone certain sexual experiences from him. It was learnt that her uncle used to touch her private parts and kiss her in the absence of others in the family. Though in their presence he would act strange, secretly he would buy her many things even though she did not demand. She was quite apprehensive after revealing this matter, but was reassured citing the confidentiality clause of the therapeutic contract and ethics. It was decided that she needs to undergo individual psychotherapy with marital therapy occasionally along with her husband.

Past history

- Organicity: Nil significant
- Mental illness: Nil significant

Family history

- Mental illness: Nil significant
- No major socio-economic crisis

Diagnosis

- Prolonged adjustment related anxiety disorder
- Impulsive personality traits leading to irresponsible decision making when faced with stress.

Treatment Framework

Cognitive behaviour therapy to deal with the behavioural issues and emotional perceptions
Brief Dynamic Work to facilitate insight

Therapy sessions

- Relaxation training, stress-management, assertiveness and problem-solving skills and dialectic behaviour therapy for countering self-harm tendency.
- Marital therapy for issues with husband.

- Communication building, increasing shared responsibilities as well as delineating assigned individual activity, sexual life enhancement- for life enrichment.
- A simultaneously periodic session with the child was planned to build on the initial gains on the behavioral issues as well as to make his relationship with the mother (the client) cordial.
- Insight oriented Dynamic psychotherapy for intra-psycho conflict resolution was ongoing

Outcome

- In a couple of months as therapy sessions continued, it was found that the child has improved significantly with regard to his academic performance.
- Generally relationship with mother (the client) improved with occasional anger outburst toward mother persisted.
- The Client still continued with feeling hopeless about her marriage except for threats of suicide or any attempts to self-harm which she has managed to hold back.
- The husband came for two initial sessions and later gave the excuse that it affects his work. He reportedly was making an effort to reduce time spent outside the family, but observations revealed the contrary. No significant change in a positive direction could be obtained with regard to marital life till date.

- A framework of Brief Dynamic therapy is being followed for individual therapy sessions. In the long term probably this would help in attaining insight into her behaviour and attain better emotional bond with her husband and circumstances.

Conclusions on the mental processes

This is a clear cut Midlife crisis rooted in perceptions of hindrance to psychosocial and predominantly psychosexual development. The basic premise of the origin of dependent personality trait lies in her unemotional up-bringing. Certain instances of sexual-abuse in childhood had created in her identification with the abuser away from her conscious awareness. In a way she was searching for the kind of care that her abuser provided her. The care she was searching in her husband was that kind. Triggered by dissatisfaction emanating from immediate perception of sexual un-fulfilment the index client is forced instantly to review her life in terms of failure and hopelessness. This combined with her poor communication and problem solving skills at times resulted in decreased stress tolerance leading to un-thoughtful self-harm tendency. Her inability to control her immediate environment (husband) to meet her emotional and physical needs (which she compared with the inappropriate care she experienced in childhood) resulted in pent up negative feeling discharged and displaced onto her son. The boy is a scapegoat in this emotional tussle (active seeker role of the mother and cold shouldering of the father) and tries to shrug off the mother's over-involvement with him (an effort to unconsciously suppress her socially unacceptable desires through overdoing a desirable thing). Also the recent onset teenage related resistance from her son, which she herself interprets as "his father, like behaviour", engages her in trying her to control him more. In essence, she projects her feeling towards her husband on to her son and displaces all her anger and frustration.

Case Study 4.7

A Midlife Crisis originating from a misperceived childhood relationship with the father

Demographic details

Name: R

Informants: Client and Spouse (reliable & adequate)

Sex: Male

Age: 42

Religion: Hindu

Education: Degree

Profession: Dancer and choreographer

Background: Middle class, urban

Marital status: Married for 15 years

Spouse: 38 years old, Homemaker

Children: Nil

Presenting complaints

- Anticipatory fear that something bad might happen (fear of impending doom)
- Fear of death and disease, especially on knowing about others death
- Hypertension, palpitation, muscular rigidity, sleeplessness.
- Acute bouts of fear of losing control and dying

Psycho-social History

Client approached alone for the above mentioned problems. It commenced about 1 ½ years before as a fear of closed spaces, like while using the lift or being in other closed situations. With time the prominence of such fear reduced by itself. In the past 6 months he has developed severe symptoms of anxiety as mentioned above, that forced him to opt for leave from office. He has consulted many physicians, faith healers, did rituals in places of worship and the like. None of them could actually bring about any significant changes to his symptoms. The only slight relief he reportedly got was on days when he practiced certain yogic postures prescribed by a guru. On enquiry it was found that he did not share a fair cordial relationship with his parents, though currently they stay together in the same house but in separate floors and cook separately. At office also he constantly indulges in the comparison of self to other colleagues. Feels relatively he has done little in life as far as monetary accumulation is concerned, nor has he done enough for his family. Though a dedicated artist and working for a government broadcasting organization, he considers himself sidelined, as no one value dedicated hard work and all his effort goes futile. Finds himself stagnated, unappreciated and with no great development scope in future. As far as his relationship with wife is concerned, they have been married for the past 14 years and according

to the client himself his wife has been beyond his comprehension. For trivial issues difference of opinion has been common and the wife's compatibility with the client's parents is minimum. To add to this the fact that they could not bear a child has become a triggering factor for his anxiety, as the social pressure for the same is mounting like never before. In between they tried to adopt a child and almost completed the procedure, but at the last moment the plan was put off due to the wife's disagreement. Most of his friendship circles are limited as the wife is attention seeking and rarely allows him the freedom to indulge in his own circle. Moreover, she constantly tries to emotionally pull him towards her family and away from his. To a great extent this has resulted in the deterioration of his relationship patterns with his wife, immediate family as well as friends. The client is the first of four siblings of parents belonging to middle socioeconomic status. Father was an employee in a private cement company and mother a housewife. The father used to be very strict in the early years and used to severely beat up the client for minor mischief. The father used to be away from home as his job was in another city. After the birth of the second child he got transferred to the same city and was constantly there to monitor the client. As a child, he was less interested in studies and spent more time in play or minor mischievous acts. This invited regular and severe punishment from the father. At this point in time there occurred an incident that is according to the client changed his complete perception of his parents and home. An uncle of his who didn't in good terms with his father tell him, that he was not the real son of his parents and has been picked up from somewhere, as initially for some time they did not have children. This information generated so much hatred and anger in the clients mind towards his parents that he ran away from home with another boy from his street that faced similar problem. Soon they were caught wandering on the streets by cops who returned them back home. This prompted the mother to step in and ban any further physical punishment. This led him to join back at school, but his

poor interest in academics continued and there began a cold war between the father and son that continues till date in another form. Education wise, he discontinued his studies in 8th standard and went for certain radio repairing cum electronic course. He worked for some time, making meagre allowances barely enough for subsistence. Then an acquaintance of his father introduced him to a natyakalakshetra (a dance education centre) and that changed his life completely. He got extremely interested in dance and learnt and practiced it so well that within a couple of years he became a well appreciated student of that institution. At the age of 18 he got a chance to visit Moscow as a part of the dance group representing the country and this made him very proud of himself. He got the contract for many stage shows subsequently and very often his photograph and program details appeared in newspapers (many such cuttings he still preserves). But in spite of all this he felt underappreciated. The social view regarding dance was that of a feminine art, and more so, in a society that viewed government jobs or professionals like doctors, engineers and the like with high esteem. The most disturbing fact to him was that in spite of all his effort and achievements, his father was never as appreciative of his work when even strangers showered accolades. Whenever they had any conversation which rarely occurred, he used to advise him to attend the PSC or SSC exam so that he could get into a government job at a lower level though and still make his life secure. A sense of inferiority and insecurity always remained in him and this led him to make a decision to plan his marriage, the way he did it later. This girl was a classmate of his at his dance centre. She belonged to another caste that was considered higher in that society and was economically well-off. Being handsome and mostly chosen for all the lead roles in the programs conducted at the kala-kshetra, the client was a natural point of attraction to many, including her. They started dating each other and the courtship continued for 10 years. She used to visit his house and was very familiar with his family. Most people around knew of their togetherness and had

accepted them as a couple, though they were not formally wedded. Finally, when he contemplated a formal proposal the girl turned it down, saying her family would not agree to this, since he did not have a stable job or any government job. The client was very disappointed and remained indecisive for more than a year from thereon. Soon after, he got lucky as there appeared a vacancy in a government broadcasting organization for the post of a permanent artist in the same art and category of his. Though the basic educational qualification for it was 10th standard, which he did not possess, with the influence and financial help from his father he got that post. This led to his acceptability in the girl's family and the marriage finally materialized. [Through this association he was possibly trying to lift his own status higher than that of his father and in the eyes of the society, by marrying a girl educated till degree, from a higher caste and economically better off than his own family]. But as time trickled by the whole purposes of marriage got shattered as the neither the lady not the in-laws could establish a compatible relationship with each other. She was not the homemaker kind of girl that the family required and the family also found the kind of freedom and independence she demanded, hard to digest. Every time the client would return from work she would narrate incidents about, how she was humiliated by the in-laws; and being immature to handle such circumstances he would straight away put up a fight with his parents. This lead to a sour relationship between him and his mother too, and the peacefulness at home got completely spoilt. This led to them deciding to stay apart. Since such a decision would present the family in a bad picture to the society, they decided to construct another floor upstairs and shift. That is how they have been living for the past 8 years. Presently the client harbours a feeling that he has very less time to set anything right. That he has not been able to find development in his career and remains inferior to other friends and cousins who are professionals. He feels insecure about his job; that he might lose it as he did not have the relevant qualification when he got it,

though he acquired it later through the open school scheme. Feels like he has not done enough for his parents who are now aging and in case something goes wrong, he might not be able to support them. Feels incomplete as he could not become a father and any further positive step towards it in the form of adoption is met with fear that he is now too old to start parenthood. Marital life appeared to him as a failure as still relationship with his wife remains unpredictable.

Past history

- Organicity: Nil significant
- Mental illness: Nil significant

Family history

- Mental illness: Nil significant
- No major negative socio: economic circumstances

Diagnosis

- Mild depression secondary to generalized anxiety
- Moderately severe Marital Discord
- Occasional panic-attacks superimposed on the pattern of generalized anxiety

Treatment Framework

1. CBT
2. JPMR
3. Metacognitive strategies to train the client in objective thinking and remove cognitive bias
4. Dynamic work
 - i. Deal with unresolved childhood conflict with his father
 - ii. Re-establish marital harmony
5. Existential Work
 - i. Help the client to move forward concentrating on the present
 - ii. Help in clear present oriented thinking leading to effective decision making.

Therapeutic status: Ongoing

Therapy sessions

The client was asked to maintain an A-B-C cognitive diary for a couple of weeks to start with. Then he was given a body scan meditation to understand his physical symptoms which are usually followed by a negative appraisal due to his negative expectation pattern. He was also taught the thought stopping technique. To gain control over the symptoms through reciprocal inhibition he was imparted the Jacobson's Progressive Muscular Relaxation technique. Along with this he was also put on an activity schedule in order to bring about a balanced and regular biorhythm and

progressive completion of daily tasks in spite of the symptoms. These factors helped him gain some self –efficacy and moderate control over his daily routine and official obligations. He's panicking to information about death and dying was dealt with the use of meta-cognitive intervention of Mindfulness technique. He was trained to observe each of his formerly anxiety provoking, though in a neutral manner. By the time the therapy has proceeded for around 6 months the client was in a position to carry on his daily life activities, even though the panic symptoms would keep appearing sometimes though with much reduced intensity. Even when the discomforts appeared it did not peak as usual and its association to psych somatization has considerably reduced.

The next task was to change his outlook on his relationship with his father. His childhood experiences had programmed his mind to evaluate the degree of success of any activity of his in terms of parental approval, especially that of his father. A framework of psychodynamic and commitment and acceptance therapy was used to help his channelize away his pent up anger towards his father as well as neutralize his expectation about his behaviour. The locus of control of the client was found to be external, in the form of evaluation by significant others. This has constantly given rise to a feeling of fear of negative evaluation and inability to meet his own expectation framed on the basis of his perception of required external demands. Currently after being exposed to certain normal decline in physical aspect usually associated with middle-age, he has developed a sense of timelessness in life of late. He envisaged that a lot of tasks remain to be completed and what ever done has been unsatisfactory (not approved by his father). Physical symptoms any, triggered in him a cognitive pattern of negative appraisal, which lead him to predict an inevitable doom.

His relationship dynamics with his father, mentally designed from his childhood perceptions is being worked on. Currently his pent up anger finds its expression through a socially approved manner in the form of being over concerned about his father's health and possible future illness. Objectiveness on the other hand, his father is in his healthy seventies and is leading a perfect family and social life. He has found re-employment after retirement from his government job and is still an earning member making a constructive contribution to his family (an unconscious wish on the part of the client to see his father being mentally and financially dependent on him, cannot be ruled out.) Only further dynamic work can unearth many more unanswered questions from beneath his conscious awareness. Simultaneously marital work has been started and there appears motivation in his partner to take relevant steps as instructed to revive the relationship.

Outcome

- Significant Symptom reduction achieved, dynamic work is ongoing
- Marital therapy is ongoing

Conclusions on the mental processes

He presently shares a love hate relationship with his father with its origin in childhood. All his actions crave for approval from his father unconsciously, but overtly there has always been strict adherence to an attitude of independence and non-botheration. He could not find completion of his desire of rising above the expectation of his family and society through his independently chosen career path which in his own eyes seems unfulfilled, and blames the social system for it. The inability to at least fulfil the social and familial role of giving birth to a child added to the

failure to establish a compatible relationship with his wife too, leads him to desperation and hopelessness with regard to the future. This makes him review his life purely subjective and dichotomous thinking using the criteria of success versus failure, and ends up judging himself as a failure. This puts on him a self-imposed time pressure that makes him feel left with very little time to complete a lot of tasks the possibility of which getting completed looks dwindling to him. This completely cloud his conscious thinking and colour it with complete pessimism pushing him into severe existential crisis. Thus, any stimuli internal (like symptoms of fatigue, anxiety of general illness) or external (reading of mishaps in a newspaper or viewing tragic scenes in films) trigger in him an anxious review of his own life hitherto from the perspective of a midlife and repeatedly trigger and underline a perceived identity crisis. This vicious cycle prevents him from objectively viewing the situation and utilizing the available resources to improve things that could be bettered, and accept things that cannot be changed.

Case Study 4.8

A Midlife Crisis arising from an underlying wish to relive the past

Demographic Details

Name: N.K

Informants: the client and his spouse (reliable adequate)

Sex: Male

Age: 40

Religion: Hindu

Profession: General physician

Background: Upper Middle Class-Urban

Marital status: married for 15 years

Spouse: 38 year old, Gynecologist

Children: Two-12 years old boy, 14 years old girl

Family type- Nuclear

Presenting complaints

- Constant feeling of tension and stress at workplace
- Feeling that others at work place is against him and plotting against him
- Wishing if he were dead and contemplating at times about suicide

Psycho-Social history

The client is the eldest of three siblings born into an agricultural family. Educated up to 10th standard his father, since he had enough inherited land, decided to take up pepper and areca-nut cultivation. The mother being a house wife primarily looked after the children and also indulged in minor farm activities along with the household duties. They lived as a nuclear family as the father inherited a large stretch of exclusive share of land for himself. The father was keen to provide good education to his children and hence sent all of them to a nearby English medium school. All children were good in studies. The client was good at sports too, and used to participate in most items. He was a specialist in swimming. He represented his school in all interschool competitions and represented the district many a times also winning medals. When in 12th standard the client represented the state at the national levels and won silver medal. Later he went for medical education and after completion of that, started working in a private clinic. By that time his siblings finished their degree and being girls were married off. In his campus life the client was a star attraction as he was good at many things like sports, singing, elocution, etc. He had many fans and some affairs during that time which he termed as a time - pass. After a couple of years he got into government service and was married at the age of 25 to a lady who was a physician herself. After marriage initially they stayed at their paternal house. He then got transferred to a far off city

and later took his wife along and stayed at government quarters. During this time the wife enrolled for Post-graduation in gynaecology. The client being contented with his post in the primary health centre did not pursue higher education. He reportedly was like a king at the centre with nurses and clerical staff to serve him. People used to bow in front of him with respect and he was called for most of the important functions in the taluk many a times as the chief guest. In two years his wife completed her course and they gave birth to a girl child. During this time he got transferred to another Primary Health Centre, but the situation and paraphernalia remained almost the same. The wife started private practice along with part-time work for a private hospital. Within a short span of time she became successful and was earning much more than her husband. The client being a spendthrift used to squander away a lot of money on dress, up-gradation of his car, junk food, etc. The wife used to provide for all expenses including the client's insurance premiums and stuffs. This used to trigger small fights which with time evolved into a formidable ego-clash. But to his relief the wife became pregnant again and for one year went to her parents' house as is the custom, for delivery and aftercare. He used to visit her regularly and took good care of her. This led to reconciliation and mitigation of the cold war between them, following which she returned back and took up her work. Since they had this long term maid who served them, she got enough liberty to manage between work and child rearing. The client during this time had learnt a new way to manage his life. He used to make a to do list of all important things like bill payment, house-hold purchases, marriages, parties etc. and execute it timely. Hence there were no complaints like before from his wife and things went on smoothly. By the time the kids have finished primary education, the client reportedly felt life to be increasingly meaningless and boring. He got membership of certain posh clubs and started regular visit. There he became friendly with many businessmen and entrepreneurs. He says that was the time that he realized that the life and money that he enjoyed is

nothing in comparison. He was deeply attracted by their flamboyant lifestyle but yet the blotless image these people maintained. He restarted his earlier habit of occasional drinking and started browsing the internet mostly for pornography. Whenever his wife used to pressurize him to work for his higher studies he used to get irritated and used to retaliate saying that he has done enough in life and is providing for the family to the optimum. During this time he got transferred to a territory care organization in a big city in the state as the Resident Medical Officer. His imagination for a better flamboyant lifestyle and authority reached new frontiers. From the day one in his new official capacity, he started being over dominating. With time he found adjusting with other doctors and colleagues difficult. According to him, all others were people without life and ambition. He used to boast to others about the medals he had won and earlier state level representation in sports. During this time there has spread a general rumour in the hospital that his mannerisms while interacting with female colleagues was slightly questionable. He used to be extravagantly dressed-up and within a couple of months upgraded his car to the latest model. During this time he started forcing a female co-worker to be friendly with him and many a times pestered her, offering her lift even though she has declined his friendship request at the first instance itself. When matter started getting over board she complained to her department head that immediately intervened and gave him a warning. He was very irritated following this and started becoming extra strict in his administrative functions. Many a times he used to fire female staffs coming late and people coming out of his cabin in tears became a common pattern. During this time he first met the therapist for mending his temperamental issues. He was given certain relationship management tips and assertiveness training, following which he felt in better control of situations. A couple of months later, another incident occurred that completely destroyed his image and pushed him into a state of mild depression. He had got friendly with a subordinate staff

that was hailing from another part of the state and was put-up in the staff quarters. She was a married woman and was living away from her husband and children. Slowly they got friendly and he was sometimes spotted behaving informally over-attached to her including offering her lifts. They started calling each other very often and the conversations turned into frequent sex chats in no time. Slowly he started trying to get physical with her which she rejected. This made the client irritable and he started getting rash with her. Even then when she refused to yield, his anger spilled over to his administrative power to control her. He started refusing her leave requests and marking her absent for slight late comings and the like. Continuation of such actions in spite of repeated pleas against it, made her frustrated and fearful. This led to her filing a written complaint against him for sexual harassment with the Head of the hospital. This led to utter chaos, as this grade of an offense warranted immediate suspension and even dismissal from government service at the worst. This led him to develop symptoms of adjustment related anxiety and depression and again, he consulted the therapist for a solution.

Past history

- Organicity: Nil significant
- Mental illness: Nil significant

Family history

- Mental illness: Nil significant
- No major negative socio-economic circumstances

Diagnosis

- Adjustment related anxiety
- Secondary depression (Mild) without somatic symptoms

Treatment Framework

CBT was administered for anxiety and mood symptoms and, combination of Commitment and Acceptance therapy along with an Existential framework for situational crisis resolution and facilitation of insightful future personal growth.

Therapy Sessions

He was put on CBT and the situational crisis was attempted to be solved by bringing in the lady in question for a session. She was convinced that it was an un-thoughtful mistake on his part to behave in a demeaning manner to her, and that such behavior shall be immediately ended. Following hard and persistent attempts to convince her she relented and withdrew the complaint. He was put on CBT to manage his anxiety with Jacobson's progressive muscular relaxation and in-vitro desensitization to disturbing thoughts. The daily activity schedule was drawn out along with practice of positive self-statements and motivation techniques to control his low mood. His wife was also involved in the therapeutic process (only the symptomatic details were revealed to her) and supportive work was implemented through her. One major issue was his tendency to magnify the negativity of the situation and then develop an anticipatory hopelessness. Instead of analyzing the problem at hand, he was avoiding it by withdrawing into a shell of hopelessness. Again he had an internal feeling of guilt, but was actually fearful of revealing it expecting negative evaluation. Commitment and acceptance framework was used to overcome this aspect and address

the problem responsibly. He was advised to enter on long leave on the basis of the treatment certificate issued by the therapist. Consequent to periodic therapeutic sessions and the dissolution of the situational crisis his condition gradually improved and he attained pre-morbid level of functioning. He was advised to apply for a transfer and to his luck his transfer request met with an apt vacancy elsewhere and he was relieved from the hospital duty. After joining at the new place he felt much better and still remained in touch for some time after which the sessions were tapered off.

Outcome

The client completely attained pre-morbid level of functioning.

Conclusions on the mental processes

A straightforward case of Midlife crisis where there is a marked attempt to re-discover the past youthfulness and vigour. Resurfacing of pent up sexual feelings and attempt to convince the self of the retained physical and sexual attractiveness through seductive association with much younger aged persons of the opposite sex was evident in this case. Such feelings become irresistible and break out of the conscious control of the ego at times, leading to irrational risk taking behaviour very often resulting in self-destruction of valuable social image. Fortunately for the client this time he escaped unscathed primarily due to timely psycho-social intervention. All attempts were made during the therapy to instil a functional insight into the same to prevent such risk taking behaviour in the future.

CHAPTER 5

INDIVIDUAL CASE ANALYSIS

5. INDIVIDUAL CASE ANALYSIS

- Analysis of the progression towards Midlife using the subjective verbal reconstruction of the clients' lives made accessible through the case histories.
- Extraction of main themes according to their chronological appearance.
- Understanding common themes.

5.1 Analysis of Case Study 4.1

Overt complaints

1. Not able to get enough sleep at night (past 2 years, intermittent)
2. Not able to keep-up a cheer full mood (sometime after the birth of the second kid, fluctuating)

Emerging themes

Stable Childhood, Authoritarian parenting, Introversion trait /shy nature, Selective socialization, Limited initiative or leadership, Minimal adolescent exploration, Adherence to social norms, Submission to authority, Fear of evaluation and consequent social conformity, Suppression of youthful emotions, Normal career path way, Stable and satisfactory marital bond, Positive Perception of life partner, Stable economic condition, Boredom with life, Feeling of insecurity, Precautionary actions, Fear of loss of social image, Irrational protective actions, Ruminating on the past, Regret on past inactions, Longing for the past state/emotions/relationship, Need for a change but knows not what, Feeling of stagnation, Lack of happiness, Appearance of neurotic symptoms, External attribution, Absence of insight.

5.2 Analysis of Case Study 4. 2

Overt complaints

- i. Fear of heights.
- ii. Confusion with regard to career.
- iii. Hopelessness about future.

Emerging themes

Stable childhood, Powerful father figure, Introverted/shy nature, Selective socialization, Critical parenting, Submission to authority, Nonchalant or explorative early youth, Normal career pathway, Stable and satisfactory marital bond, Good self-efficacy and self-esteem at work, Stable economic condition, Feeling of inadequacy, Feeling insecure and threatened, Preoccupation with self-image, Concerned about diminishing attractiveness Resorting to impulsive precautionary measures, Making un-thoughtful changes in life area, Perception of timelessness, Realization of inappropriate sexual impulses, Guilt about inappropriate thoughts, Inability to control the impulses, Fear of losing control over own emotion, Fear of loss of social-image, Suicidal ideations, Appearance of neurotic and mild mood symptoms, Direct presentation with the presenting complaints, External attribution and Partial insight present.

5.3 Analysis of Case Study 4. 3

Overt complaints

- i. Anxiety and Sleeplessness (past 2 years, intermittent)
- ii. Feeling isolated and helpless
- iii. Tendency towards self-harm
- iv. Uncontrolled impulsivity; and anger towards husband

Emerging Themes

Stable childhood, Influential and traditional family, Authoritarian parenting, Outgoing nature, Good self-esteem, Good social interaction, Submission to authority, Suppression of emotions/preferences, Normal traditional life path way, Discord in marital bond, Negative perception of life partner, Minimal sexual dissatisfaction, Anger towards life partner, Perception of meaninglessness in life, Hopelessness, Suicidal thoughts, Perception of insult and mentality to take revenge, Excessive attachment with children, Trying to control the partner through the child, Being nagging and critical, Fear of indulging in destructive actions, Craving for affection and care, Ruminating about past relationships/contemplating on new, Feeling guilty, Attention seeking attitude, Attraction to other males that cannot be controlled, Appearance of neurotic and mood related symptoms, Indirect presentation in the form of family issues or problems of the child, External attribution, Absence of insight.

5.4 Analysis of Case Study 4.4

Overt complaints

- i. Feeling of heat sensation in and around penis
- ii. Frequent erectile dysfunction
- iii. Anxious reactions characterized mainly by lethargy and lack of energy

Emerging themes

Stable childhood, Religious family environment, Authoritarian parenting, Introverted/shy, Limited social interaction, Restricted friend circle, Controlled explorative activity in youth, Submission to authority, Adherence to social norms, Normal career pathway, Stable marital bond, Positive perception of life partner, Satisfactory sexual relationship, Stable economic condition, Perception of certain physical/ sexual weakness, Perception of timelessness in life, Realization of inappropriate sexual feelings, Attracted to people of younger age, Wish for sexual interaction and increased self-stimulatory sex, Excessive guilt over own action, Inability to check own actions/thoughts, Fear of being caught, Taking excessive precautions, Feeling helpless and depressed, Feeling of insecurity, Fear of loss of social image, Emergence of neurotic and psychosomatic problems, Direct presentation with the symptoms, External attribution, Absence of insight.

5.5 Analysis of Case Study 4. 5

Overt complaints

- i. Sadness of mood, Crying spells, Fatigability
- ii. Persistent headache and frequent back pain
- iii. Sudden spells of autonomic arousal, Decreased sleep
- iv. Feeling that her good days are over and there is no meaning in living
- v. Retrospective ruminations about a better past and seeing future as bleak

Emerging themes

Stable childhood, Traditional and religious upbringing, Limited social interaction, Normal life path way keeping in with tradition, Positive perception of life partner, Submission to authority, Suppression of own emotions, Resilient nature and initial hopefulness, Efforts to gain control over family through positive means, Emergence of physical problems, Perception of timelessness in life, Misperception of insult and isolation, Regret about past actions in life, Feeling of helplessness, Feeling hopeless, Death wishes, Craving for attention, Emergence of psychosomatic symptoms, Verbalization of symptoms, Feeling depressed, Ruminations about the better past, Direct presentation, External attribution, Absence of insight.

5.6 Analysis of Case Study 4. 6

Overt complaints

- i. Behavioural problem in the son with tendency to get aggressive to the younger sibling and occasional physical aggressiveness to the mother (the client).
- ii. Frequent anger outburst with the son and hopelessness with regard to life.

Emerging themes

Unstable childhood, Early death of parents, Authoritative figures in parenting role, Introverted/shy nature, Inappropriate sexual experiences in childhood, Limited socialization, Submission to authority, Adherence to social norms, Restricted adolescent and youth exploration, Suppression of emotions, Normal traditional life path way, Marital discord, Perception of husband as cold and unaffectionate, Perception of lack of emotional support, Anger and frustration, Tendency to self-harm to ventilate the anger, Excessive demand placed on child, Over attachment with the child, Critical attitude towards the child, Using the child to gain attention and control over the spouse, Sexual dissatisfaction, Getting attracted to other males, Regret about the thought process, Unable to exercise control, Over engagement with the child to distract, Resistance from the child, Feeling hopeless and helpless, Impulsive thoughts, Appearance of psychosomatic and neurotic symptoms, Attention seeking behaviour, Indirect presentation in the form of issues of the child, External attribution, Absence of insight.

5.7 Analysis of Case Study 4.7

Overt complaints

- i. Anticipatory fear that something bad might happen (fear of impending doom)
- ii. Fear of death and disease, especially on knowing about others death
- iii. Hypertension, palpitation, muscular rigidity, sleeplessness
- iv. Acute bouts of fear of losing control and dying

Emerging themes

Stable childhood, Authoritarian parenting, Strong father figure, Normal socialization, Conflict with father, Anger towards authority, Submission to authority, Explorative adolescence, Assertion to be independent, Revolt against authority, Creative career pathway, Formation of emotional attachment outside, Compensating for rift at home through the attachment source, Formation of marital bond symbolic of revolt against authority, Implicit coalition with life partner against authority figures, Minimal social bond and social support, Feeling underappreciated, Comparison of self with others, Low self-esteem, Feeling inadequate, Perception of life partner as inadequate, Lack of interest in sexual activity, Development of insecurity, Feeling of timelessness, Life review and feeling of underachievement, Anticipatory fear of bad happenings in future, Regret of past actions, Compensatory concern for parents, Sarcastic attitude towards life partner, Anger outburst and regret, Preoccupation regarding own image and physical decline, Fear of death and dying, Development of anxiety and panic, Development of mood symptoms, Using the symptoms to gain attention of immediate family members, Direct presentation with the symptomatology, External attribution, Absence of insight.

5.8 Analysis of Case Study 4.8

Overt complaints

- i. Constant feeling of tension and stress at work place
- ii. Feeling that others at work place are against him and plotting
- iii. Wishing if he were dead and contemplating at times about suicide

Emerging Themes

Stable childhood, Authoritarian parenting, Fair socialization, Good explorative childhood, Good initiative or leadership, Adequate adolescent exploration, Opportunity for youthful emotions, Good exploration, Normal career path way, Stable and satisfactory marital bond, Positive Perception of life partner, Stable economic condition, Boredom with life, Comparison of self with others, Feeling of inadequacy, Perception of a need to change, Wish to revive early youthfulness and energy, Impulsive actions, Emergence of sexual inadequacy, Inappropriate sexual impulses, Indulging in inappropriate actions, Regret on the action, Fear of social evaluation and regret, Fear of loss of status, Feeling of insecurity, Hopelessness and helpless, Suicidal ideations, Emergence of mood symptoms, Direct presentation with symptoms, External attribution, Absence of insight.

CHAPTER 6

RESULTS AND DISCUSSION

6. Analysis of Results and Discussion

Primarily the results of individual case analysis have been presented in the form of listing out of common themes. The common themes/mental processes identified across the cases studied are presented in the following manner;

- Pre-conditions: themes which are found to be necessary prerequisites for the emergence of Midlife Crisis.
- The Crisis: themes which are sufficient and contributory for the appearance of a crisis at Mid-life

Following this, themes that differentiated males from females are presented under separate headings as:

- Thematic mental processes identified as specific to males undergoing Midlife Crisis- The Indian scenario
- Thematic mental processes in women in, Midlife Crisis - The Indian scenario

Results are followed by the discussion. Here the findings are contrasted and compared with the themes extracted from the existing literature (the review). Also themes unique to both

males and females in the Indian context have been elaborated with suitable reference to the cases studied.

6.1 RESULTS

6.1.1 Common mental processes identified in both males and females undergoing Midlife Crisis- The Indian scenario

S. No.	Types	Mental process for both Males and Females
1.	Pre-conditions	Stable Childhood
		Authoritarian parenting/ powerful parental figure
		Introversion trait /shy nature
		Selective socialization
		Minimal adolescent exploration
		Inadequate exposure in youth
		Adherence to social norms
		Submission to authority
		Suppression of youthful emotions
		Stable economic condition

		Good social standing
		Initial positive perception of marriage/marital bond
2.	The Crisis	Ruminating on the past
		Regret on past actions /inactions contributing to the present
		Lack of happiness
		Hopelessness
		Mental recall of past situations/relationships
		Wishful thinking of a new better circumstance/ relationship
		Impulsive though or action
		Inability to consciously check the impulses and Regret
		Development of psychological condition

6.1.2 Thematic mental processes identified as specific to ‘Males’ undergoing Midlife Crises

1. Initial Stable and satisfactory marital bond
2. Continued positive perception of marital bond
3. Positive Perception of life partner
4. Boredom with life
5. Feeling of inadequacy
6. Wish for a change unknown
7. Preoccupation with loss of youthfulness
8. Perceived sense of timelessness
9. Impulsive action with regard to career, wealth or relationships
10. Feeling threatened by the younger generation or fear of obsolescence
11. Attraction to other females
12. Tendency to attract (planned/opportunistic)
13. Consequent regret with regard to life partner/or being found out
14. Feeling of insecurity
15. Precautionary actions
16. Fear of loss of social image
17. Irrational protective actions
18. Direct presentation of symptoms

6.1.3 Thematic mental processes of ‘Women’ in Midlife Crisis

1. Initial perception of marital life as stable
2. Later perception of instability/discord in marital bond
3. Negative perception of life partner
4. Perception of lack of emotional support
5. Perception of life partner as cold and unaffectionate
6. Minimal sexual satisfaction
7. Anger towards life partner
8. Perception of insult and mentality to take revenge
9. Feeling helpless
10. Tendency to self-harm to ventilate the anger
11. Excessive attachment with the child and excessive demand placed on the child
12. Trying to control the partner through the child
13. Criticizing the child attributing the qualities of the life partner
14. Fear of indulging in destructive actions
15. Craving for affection and care
16. Attention seeking attitude (general)
17. Attraction to other males that cannot be controlled
18. Guilt with regard to loss of moral values
19. Indirect presentation in the form of issues like problems of the child (scapegoating)

6.2 DISCUSSION

Certain pre-conditions are emerging from the analyses of the case studies which appear to be the basic obligatory conditions for the emergence of a Midlife Crisis.

A stable childhood with the cohesive thought process is important in providing a base for an organized personality development in future. The theme here being, only what is organized can be disorganized at a future point in time. Midlife Crisis is understood to involve a Sense of personal disorganization (Rosenberg & Farrell, 1976).

In the majority of cases authoritarian parenting style with a powerful/strict father figure has been implicated with the adoption of a traditional parenting style. This leads to the formation of a powerful super-ego that checks the degree of freedom to which the ego can negotiate for mediation of the Id-impulses. The value system that the individual imbibes and subscribes to, as a part of growing up is its reflection. A change in the value system of the person has found to be at the core of Midlife Crisis (Ciernia, 1983)

As a trait that most commonly permeates across the cases being studied, is the tendency towards introversion or shyness. A lack of initiative to socialize or experiment with novel options leads one to more or less go through a controlled and monotonous framework of life experience. Such a pre-condition is a prerequisite for the later feeling of boredom and stagnation in life, with emerging freedom for exposure and experience. A sense of stagnation has been known to be a contributing factor (Levinson, 1978). Introversion and openness to experience appeared to be the necessary and sufficient conditions for the occurrence of Midlife Crisis (Oles, 1999).

It is also noted from the analysis that in most of the cases, there appears inadequate explorative activity in the adolescence and early youth. This is also related to a strong tendency to submit to the authority and thereby adhere to the social norms with suppression of feeling/emotions/opinions that are perceived by the self to be possibly unacceptable by the authority.

To an extent the Indian system of parenting where decision-making in an individual's life is continued to be undertaken by the parents till youth and beyond, as well as the pattern of social and financial dependency on parents might be a contributing causal factor. This can also be corroborated with the absence of the 'quarter life crises in the majority of cases being studied. Such a trend may be generalized to the collectivist cultures in general where submission to authority is appreciated, in contrast with the western trend, where self-exploration to establish own individuality is encouraged and expected from an early age. At a later stage in life when self-exploration ensues with the exposure to diverse circumstances, a conflict with hitherto adopted personal choices and belief system (as given by authority figures/social norms) can escalate into a crisis. Discovering that the current mode of accommodation many at times is in contradiction with the true preferences and a consequent questioning of the personae (the mask) leading to mental turmoil and confusion is a hallmark of Midlife Crisis (Jung, 1971).

Stable economic condition and appreciable or self-valued social status appears to be a prerequisite for later emergence of a Midlife Crisis. Degree of work, career and measures of economic success is known as factors contributing to development of Midlife Crisis (Bellah et al. 1985; Keegan 1994; Sidler 1986). It can be well theorized in relation to Maslow's hierarchy of needs theory (Maslow, 1943) that Midlife Crisis illustrates the nature of an existential crisis. This is evident by the fact that, there is a sense of stagnation experienced in most cases as the crisis is

unfolded (Levinson, 1978). Hence, the successful passage through the lower stages of the need hierarchy is a natural requirement and this is evident from the case studies analyzed.

Another important predisposing trend found across the majority of the cases is the fact that there is an initial perception of marriage or life partner in a positive light. From the experiences in clinical practice it can be theorized with practical confidence that, cases that have a negative perception of the life partner to start with, usually present as a cases of marital conflict/marital discord. Their presentation is usually immediately after marriage or relatively early in married life. In contrast, almost all the cases of Midlife Crisis have presented almost after a decade or more of being into married life. The role of love and other intense emotional bonds (Bellah et al., 1985; Bourdieu, 1977; Swidler, 1986) and making sudden and large changes (Levinson, 1978) mainly arising in the form of the imposition of explicit or implicit demands on their life partners (Braverman & Braverman & Paris, 1993) are implicated in Midlife Crisis.

It's found that after acquiring a basic stability in work, life and society, there emerges a retrospective rumination mainly involving a wish to relive the past. A tendency to compare the past with the present ensues and with propensity to evaluate the present as less enjoyable. This led to a sense of timelessness and regret over perceived waste of time hitherto by involving in all actions in the past, which led to this stagnant present state. Self-imposed pressure to act to compensate for the lost time is embedded in the midlife confusion (Broker, 2013). This very often leads to unhappiness and feeling hopeless about the past and the present.

Also the rumination about the past is many a time found to be consisting of recall of an old pleasant experience/situation/relationship and a wishful thinking to reclaim it. Concerns regarding; expressing love through more than sexual contacts is present at midlife (Erickson, 1963). Often,

such a reconstruction of the past is unrealistic and that leads to a search for a symbolic representation of the past, in the contemporary. Accumulation of perceived decrements and unrealized goals is known to be present in midlife (Jacques, 1965), with a Self-imposed pressure to act to compensate (Broker, 2013).

The above mentioned factors of feeling of stagnation, rumination about the past, brooding on time lost, sense of timelessness and dissatisfaction about the present; reduces an individual's self-efficacy as far as his perceived control over own life and circumstances are concerned. This state of mind pushes the individual into radical actions which are often impulsive and destructive to his current well established personal and social niche. Lack of a sense of control over the environment and making sudden and large changes are known theoretical constructs of Midlife Crisis (Levinson, 1978; Baumeister, 1986; Bellah et al, 1985; Giddens, 1991).

Finally, these impulsive actions lead to the destruction of social image or threaten to tarnish the individual's social status. Also, in most cases irrespective of any overt or discernable change in the social environment it leads to significant internal conflict that result in powerful feelings of regret, paving way for considerable cross-sectional mental turmoil. The conflict arising out of being destructive versus constructive is a major theorized confusion in midlife (Levinson, 1969)

Such a mental state as being discussed above with ingredients like: perceived dissatisfaction with current life circumstances, depressive ruminations with regard to chosen life pathway, sensing of a need to re-live a distant past, feeling of time pressure to act, impulsive actions to compensate for all these and consequent real destruction inflicted or a threat of it, on a well-established current psycho-social life condition; can be a perfect breeding ground for clinical or sub-clinical Psychological illness.

Talking specifically about common factors exclusively found among males experiencing Midlife Crisis, it is apparent that there is a continued perception of the marital bond and the life partner in a positive light. In spite of this there persists a feeling of boredom and feeling of inadequacy in life. A feeling as if lacking something in life whose origin is inappropriately traced to the inadequacy in current relationship, in most of the cases studied in the Indian context. Concerns regarding; expressing love through more than sexual contacts (Erickson, 1963) and a sense of stagnation (Levinson, 1978) in midlife is well accounted for.

The kind of feeling indicated by this is sufficiently brought out in this excerpt from the clinical interview with the client in case no: 1, where he says “I know she is a perfect wife and cares for me but somehow I don’t get cared”. This induces a constant and strong wish for a change, but without any clear aspect in future to plan for or look forward to. This appears mainly due to the fact that the individual himself is unsure as to what he wants but just knows that he wants something. This is well entrenched in the concept of the questioning of the personae in midlife (Jung, 1933).

In majority of the cases this is followed by a feeling of preoccupation with loss of youthfulness, perceived sense of timelessness in life and impulsive actions with regard to career, wealth or relationships. A realization that the lifespan is limited (Jacques, 1965) with a Self-imposed pressure to act to compensate for the lost time (Broker, 2013) and making sudden and large changes (Levinson, 1978) accounts for this observation.

In most cases this is accompanied by a fear of obsolescence or a perceived threat from the younger generation. This is well related to the attempt made by many people in middle age to remain youthful by being in company of youth, dressing up or involving in activities typical of the

young and the like. There seems to be an increased concern about own attractiveness and there arises a need to prove retained vitality. The finding that aging is understood to be posing a threat to career, work, self-reliance and maintenance of love relationships (Menon 2001) substantiates this finding.

Moreover it is known that midlife involves a realization that lifespan is limited (Jacques, 1965) and an attempt to unrealistically stay young (Levinson, 1969). Also found accompanying are reinterpretation of time, life values and goals being re-evaluated and re-planning for the second half of life (Oles, 1999).

Another specific tendency observed in men is the tendency to get attracted by other females particularly of much younger age group. The sexual nature of this attraction is sometimes out of the awareness of the individual, but in most cases it appears to be a conscious action. An interesting observation is that there appears a clear presence of discretion, opportunism and intention wherever inappropriate relationships have been made, as far as the analyses of the obtained cases are concerned. A change in Values and chance of these men falling into an extra-marital association of psycho-sexual nature has been implicated in Midlife Crisis (Ciernia, 1983; Braverman & Paris, 1993).

Consequent to this imagined or real impulsive action, there emerges regret with regard to life or being disloyal to one's life partner. This, in some cases seem to be superficial, as once the immediate conflict is resolved, similar irrational action is found being repeated. There is also a fear of being caught in the act by significant others that leads to a feeling of insecurity. This triggers the usual defense- mechanism of reaction-formation and overdoing, in the form of excessive precautionary actions. A good example of this is Case study 1 where the individual has a strong

guilt emanating from his wishful reliving of an old relationship and the compensation being done in the form of going on an insurance spree to safeguard his family. Conflict of being destructive versus constructive (Levinson, 1969) found in midlife brings out this turmoil.

Fear of loss of social image, irrational protective actions, guilt and related mental turmoil etc., brings about a complete obstruction many a times in the ability to think through the obstacles or life areas like work and interaction with family; leading to low self-esteem and emergence of clinical or sub-clinical psychological illness. This psychological standstill and the build-up to it seem to be symbolically conveyed in the attribution of a “fear of impending death” to the concept of Midlife Crisis (Jung, 1922).

In the men who were studied, the final differentiating factor from women was the fact that, though they mostly had no insight or sometimes had partial insight into their own mental processes that had played the major role in materialization of their current existential crisis; they approached for professional help with direct presentation of the psychological symptoms. This is grossly unlike the case of the women who were studied, the discussion on the findings of which follows.

Discussing about the specific nature of patterns observed in women; like men they too appear to start with a positive perception of marriage and the life partner. With time however this change and almost turn to the diametrically opposite. There develops a negative perception of the life partner, perception of lack of emotional support and discernment of life partner as cold and unaffectionate. This leads to utter dissatisfaction with life and produces a sense of hopelessness in the individual. Consequently this results in pent up anger and frustration which is expressed in the form of lack of support in mundane household activities and lack of consideration.

This above mentioned fact is well evident from the following excerpt from case no: 3 in which the client said, “I feel thoroughly devalued and seem to be filing in, for the role of an unpaid maid in his (the husband’s) life.” This is aided by the finding that reports of Midlife Crisis would be associated with life events and transactions in women (Elaine, 1998).

Consequently there is a feeling of sexual dissatisfaction, though any significant qualitative or quantitative difference in the nature of sexual indulgence, from how it was during the initial period of the relationship in comparison to the current times, was not evident in the clinical interviews. Concerns regarding; expressing love through more than sexual contacts (Erickson; 1963) and the aging process in women been understood as a humiliating process of sexual disqualification, is implicated in midlife women (Scarf, 1980). Report of a change in their sexual response, more often as decrements than increases expressed in the form of desire for more non-genital touching, is well recorded in Midlife women (Mansfield, Koch, & Voda, 1998).

This might mean that own lack of sexual interest might be projected as a lack of interest in sex on the part of the life partner, or may take a form of own dissatisfaction with sex with the spouse in particular.

Anger towards life partner escalates with time into a purely subjective perception of insult and a feeling of helplessness to make any changes. This is found to be followed by significant hopelessness with regard to the future. Some women at this stage are known to attempt to be independent in order to perhaps make changes to self, in order to overcome the inability to influence their life partner to the desired end. Anxiety with regard to the future and innate tendency to achieve individuation seem to be areas of concern in women in midlife (Roberts & Newton, 1987).

Such efforts, or plans of the other kinds to dilute the anxiety when met with resistance, disapproval or lack of success; turn into a mentality to take revenge. This is mostly in the form of anger turned inwards leading to a tendency to self-harm. Midlife in some women has been understood as a time of interpersonal disconnectedness (Morris, 1995; Barbanel, 1988; Roberts & Newton, 1987).

In the Indian context one most unique feature seems to be the tendency to scapegoat the child or children. Excessive attachment with the child has been observed in almost all the cases studied. There appears a tendency to be over- caring/disciplining with excessive demands placed on child. Symbolically it is an attempt to control the life-partner through the child. Criticizing the child, while attributing the qualities of the spouse to the child, is found to be a common pattern of displacement.

This excessive concern for the child, in a way acts as a mask or shield preventing a total outburst. This results in a highly emotionally charged psychological state; and most of the women studied, harbored a fear of being destructive in some way they couldn't predict. An impulsive tendency they found hard to resist. Lack of a sense of control over environment (Baumeister, 1986; Bellah et al., 1985; Giddens, 1991) and internal conflict with regard to being destructive versus constructive (Levinson, 1969) is known at midlife.

As a final implication, a craving for affection and care that results in a general attention seeking attitude ensues. This is evident by the fact that most women who entered therapy found it comfortable when they got a listening ear. Many a times they repeated the same verbalizations over and over again. Rather than problem solving, a tendency to verbalize and ventilate their pent-up anger and frustration seemed to be the purpose.

Unlike men there seem to be less tendency in women to plan and attract a specific person or situation to fulfill their desires. Nevertheless attraction to other males that cannot be controlled and guilt with regard to this was expressed by some women being studied. The guilt here emerged out of both real or imagined attraction and relationship. In spite of this, the quality of guilt is found to be dramatically different from that of men. Rather than loss of face or loss of social status, such women had guilt with regard to loss of moral values. It appears to be more of an intrapersonal guilt, rather than the guilt of interpersonal nature originating in men, leading to fear of negative evaluation. However the inability to control these impulses in spite of been acknowledged by the self as inappropriate is present. Such a mental state very often gives rise to clinical or sub-clinical psychological illness.

The final difference observed in women undergoing Midlife Crisis in comparison with men, is in the mode of presentation. Though majority of women like men, lack any insight into their own mental processes that contribute to their current issues, most women came up with an indirect presentation of their psychological symptoms. Mostly the presentation was in the form of problems faced by the child in academics or behavioral problems. This accounts for a tendency to mask the real problem and present it in another manner or under the shadow of another issue. This tendency seems to be unique to the case of Indian women facing the Midlife Crisis.

CHAPTER 7

SUMMARY AND CONCLUSION

7. Summary and Conclusion of Research

Summary of the research as presented in this exploratory endeavor can be separated into two segments:

- Summary of the research process
- Insight from the research
- Conclusions: This section has been designed as brief, crisp and bulleted points. The intention behind this is to give the reader an all-encompassing, but still swift recap of the research realizations. Through this research, we tried to explore the concept of Midlife Crisis in the Indian context, undertook an extensive and broad thematic analysis of the theoretical constructs as well as the real life manifestation. The results and discussion of the study, in our opinion would appear more conclusive and better comprehensive if presented in brief and with precision. This unit envisages that vision.

7.1 Summary

Initiated by the Neo-Freudians who conceptualized it to be driven by “fear of impending death”, the notion of Midlife Crisis has led to the emergence of certain important theoretical constructs. Midlife has been referred to as the afternoon of life by Jung (1933) in his essay, “The Stages of Life”. He points to the mental confusions that can occur in an individual’s mind at this time period of life, describing it as a key to the process of self-awareness and self-actualization, leading to individuation. Erikson (1963) held that people in middle- adulthood undergo a struggle to find new meaning and purpose to their own lives. First coined by Psychologist Jacques (1965) in an article entitled, “Death and Midlife Crisis”; it was theorized that the Midlife Crisis was driven by a fear of impending death. Levinson (1969) proposed the Stage-Crisis view that deals with an individual’s personality development. Accordingly, in the middle adulthood the person must come to terms with following four major conflicts: being young versus old, being masculine versus feminine, being destructive versus constructive and being attracted to others versus being separated. The concept of Midlife Crisis has received enormous attention in popular culture and literature, but in the arena of serious academic, psychological research and application it has not lived up to that expectation.

Commonly Midlife Crisis is assumed to be a crisis that may be experienced in the middle-age involving frustration, panic and feeling of meaninglessness, at times, resulting in radical and even destructive changes in lifestyle. This paper aims at analyzing the existing theoretical constructs to compare and contrast them with the underlying themes as extracted from case studies done in the Indian context. An explorative case study research was undertaken to understand the dynamics of Midlife Crisis in the Indian context. The objectives were; to conduct detailed case

studies on Midlife Crisis and to conceptualize the underlying psychological factors into a compact set of a discernable framework, by searching for underlying common themes. The cases were selected using judgment sampling on the basis of certain predetermined criteria indicative of the existence of a Midlife Crisis. A sample of 8 cases was selected, both males and females, between the age group 40 to 60 years. Methodology of case study was used for the research; aided with qualitative techniques for data collection. The individual case histories and life histories were subjected to qualitative thematic analysis to extract personal meanings and subjective themes. Finally a set of themes were identified, that formed a common thread or matrix, across all the different cases studied. Certain pre-conditions emerged from the analyses that appear to be the basic obligatory conditions necessary for the emergence of Midlife Crisis in the Indian context. The research study concludes that though many aspects of Midlife Crisis in the Indian context overlap with its counterparts observed anywhere else in the world, certain unique themes clearly differentiate it from the rest, like; initial submission to parental authority, indirect presentation of the issues and tendency to scapegoat one's own child.

7. 2 Insight from the Research

Midlife is perceived as unsatisfactory by some people. This may be due to an objective or subjective discernments which is perceived to be hindering individual's development, or may be thought of as something that designates failure. Negative experiences/circumstances at Midlife or the vice-versa, or the experiences which are interpreted as negative by people at mid-life, inculcate a fear of imminent death.

Midlife is the period when usually for the first time in his/her life, the adult seriously contemplates on the concept of death as an imminent possibility. What is being referred to here is an emotional insight into the concept rather than an intellectual understanding. Many undergo the first-hand experience of the death of a loved one. The thought of an impending death encroach the boundaries of conscious awareness than ever before. Body signs of aging starts popping up and unprotected and singular the person finds himself at the top of the generational ladder, acting out a social role with a limited degree of freedom.

'What all you could be' of yesterday has narrowed down to 'what you are now' of today, and adjustment with this logical present becomes essential. Decline in physical strength, cognitive agility and vitality combined with the emotional understandings of the limitations of 'the self' derived from experiences in life, force a person into a review of his life story hitherto.

Compatibility if perceived, with an earlier harbored vision of the self as to 'how it should be', begets normalcy and adjustment. Perception of incompatibility triggers dissatisfaction and unrest, which propels the mental energy to find an alternative to restore normalcy and bring about adjustment. The peculiar experiences that contribute towards the formation of a crisis at this stage

are thought to appear universally roughly between the later part of early adulthood and late adulthood.

Death here seems to be symbolized in the form of loss of youthfulness, vitality and attractiveness. This also brings to the forefront the stark reality that, it is perhaps impossible to recapture that lost vigor or to relive those past times permeated by that earlier vitality. This leads to a sense of timelessness in life and a need to compensate for the time lost. The pendulum of mindset swings back from a collective mindset to that of an individualistic mind-set. The action pattern changes from that of a 'constructive and tolerance focused - building' concept to that of a 'destructive and need gratifying- irrational' concept, aimed at compensating for the perceived loss of time and energy. This involves a re-evaluation of the past in the light of the current subjective lack of life satisfaction, which paints all efforts leading to present, as misdirected and futile.

With the onset of a Midlife Crisis there transpires a plodding perception of lack of joy (vitality and contentment) in usual mundane life activities which hitherto appeared purposeful and gratifying. This loss of pleasure leads to a meta-cognitive dilemma involving an evaluative self-review. Discernment of an existential meaninglessness arouses a state of negative emotion and feeling in the individual. This subtle mood change brings about a gradual but sweeping change in the pattern of interpersonal relationship resulting in distortions and imbalances. The ability to derive fun and enjoyment from any activity, person, or matter within the usual circumstances, almost entirely wanes. Such a state of mental affair on progressive accumulation results in significant dissatisfaction in socio-emotional, professional and routine functioning of the individual. In its extreme it can culminate in development of neuroticism.

7.3 Conclusions

1. Midlife Crisis is an existent and discernable transition related stage-crisis appearing in human lifespan development.
2. Like any other 'life-stage crises', appearance or absence of a Midlife Crisis, is dependent on various factors.
3. In the Indian Context too, for some individuals, the Concept of Midlife Crisis holds true.
4. Many intra-psychic and overt behavioral features of Midlife Crisis in the Indian Context overlap with its western counterpart.
5. Many intra-psychic and overt behavioral features of Midlife Crisis in the Indian Context are unique and culture bound.
6. There is a significant gender related differences between the intra-psychic and overt behavioral underpinnings of 'Midlife Crisis between men and women.
7. This holds true in both the Western context as well as the Indian Context.
8. Midlife Crisis when encountered may be extremely stressful and significantly affect the well-being of the individual in a negative manner.
9. Psychological intervention may be beneficial in the event of a neurotic breakdown as a consequence of a Midlife Crisis.

7.4 Limitations of the present study and scope for future research

1. The present study has evaluated the concept of Midlife Crisis in comparison with the theoretical framework about the same, existing in western literature. It has also come out with certain unique characteristics that differentiate the phenomenon as manifested in the Indian context. An in-depth analysis of the unique differentiations with regard to their intrapsychic origin has not been attempted.
2. All the cases analyzed here are individuals who have been in long standing marital relationships. There is further scope for exploration into the lives of individuals who remain unmarried, divorced or are single parents. Comparison of such findings with each other and also with that of the underlying factors revealed about married individuals in this research would expand and determine an ample scope for future research.
3. The factor of 'degree of age-gap' between the life partners might have significant implications on the outcome of the quality of life in the Mid-life. This influencing variable has not been accounted for in the present study, and holds considerable importance for future research.
4. The subjects' chosen in this research owing to availability has been confined mainly to urban or semi-urban dwellers. These geographical areas have been off-late under the increasing influence of western education and lifestyle, post globalization. Hence this research may not be a representative of rural India. There is significant scope for

exploration regarding the nature of Midlife Crisis as manifested in the rural population and the comparison of the same with the findings of this research.

5. A comparative study of the different life stage crises like Quarter-life, Midlife Crisis and Geriatric psychological crisis; would constitute a research topic in itself for future research.
6. The present study has exclusively concentrated on analyzing the psychological and cognitive construct of Midlife Crisis as inferred through academic research. An exploration into the psycho-social construct of Midlife Crisis including the analysis of popular literature about the concept would be an interesting avenue for future research.
7. Explorations into the concept of Midlife Crisis in psychological research have been essentially confined to western cultures or other cultures under high influence of it. There is a general assumption that the whole concept is a by-product of individualism, industrialization and a nuclear familial nature of that culture. A research delving into the broader picture of this crisis in the oriental and certain other isolated or indigenous cultures, and a comparison with existing researches would shed light on the universality of a Midlife Crisis.
8. All the subjects analyzed in this research have never been exposed to the concept of Midlife Crisis in the form of any theory or literature. Hence their response to the crisis, which leads to their lack of life satisfaction, can be reliably assumed to be projections of their mental states. Indirect presentation of the crisis in the form of diagnosable psychological

problems, mostly adjustment related ones, stands a testimony to it. Hence the result of the analysis may not be a true representative of the cognition or behavior of individuals who are, formally, literarily or culturally exposed to the concept of a Midlife Crisis

9. Being one of the possible few endeavors in this country to study this comparatively less researched psychological concept, the sampling criteria have been kept stringent, purposefully. Future researchers can take the liberty of loosening the criteria and expand the sample size.
10. Theory building mainly focused on the psychoanalytic aspects of Mid-life, is one area that would structure an interesting avenue for future research.

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