

Midlife in the 2020s: Opportunities and Challenges

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Development is a cumulative, lifelong process, but strikingly little is known about development in midlife. As a consequence, many misconceptions exist about the nature of midlife and the developmental milestones and challenges faced by middle-aged adults. We first review dominant views and empirical research that has debunked false narratives. Next, we discuss major opportunities and challenges of midlife. This includes the unique constellation of roles and life transitions that are distinct from earlier and later life phases as well as shifting trends in mental and physical health and in family composition. We additionally highlight the importance of (historical shifts in) intergenerational dynamics of middle-aged adults with their aging parents, adult children, and grandchildren; financial vulnerabilities that emerge and often accrue from economic failures and labor market volatility; the shrinking social and health care safety net; and the rising costs of raising children. In doing so, we discuss issues of diversity and note similarities and differences in midlife experiences across race or ethnicity, sexual orientation, and socioeconomic status. We consider midlife as a pivotal period that includes a focus on balancing gains and losses, linking earlier and later life periods, and bridging generations. Finally, we propose possibilities for promoting reversibility and resilience with interventions and policy changes. The suggested agenda for future research promises to reconceptualize midlife as a key period of life, with a concerted effort to focus on the diversity of midlife experiences in order to meet the unprecedented challenges and opportunities in the 2020s and beyond.

Public Significance Statement

Middle-aged adults are facing unprecedented societal challenges, but scientifically, midlife remains largely uncharted territory. We outline and discuss opportunities and challenges middle-aged adults are confronted with, including changes in relationships of middle-aged adults with their aging parents, adult children, and grandchildren as well as vulnerabilities that emerge from economic failures, labor market volatility, and a shrinking social and health care safety net, which operate in the context of historical shifts in mental and physical health and family composition. We discuss interventions and policy changes to help promote reversibility and resilience among middle-aged adults to meet the unprecedented challenges.

Keywords: life span development, policy implications, current and dominant narratives, financial vulnerabilities, promoting reversibility and resilience

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Development is a cumulative, lifelong process (Baltes, 1987). Although midlife comprises a large portion of adulthood and important life transitions, researchers are only at the very beginning of understanding this life phase and how it may differ from other periods of adulthood (Lachman, 2004). The narrative surrounding midlife needs to move beyond the misconceptions tied to the midlife crisis to consider midlife as a vibrant period with unprecedented opportunities and challenges. To make the case, the current article pursues three objectives. First, we provide a brief overview of dominant narratives about midlife and the empirical evidence that supports or refutes the claims. Second, we identify opportunities and challenges that distinguish midlife from other life stages, with an emphasis on diversity across race or ethnicity, sexual orientation, and socioeconomic status (SES). Third, we discuss interventions and policies to address the unique developmental questions related to the opportunities and challenges of midlife. Pursuing these three objectives promises to reconceptualize midlife as a key period in the life course, with distinct and unprecedented opportunities and challenges to be met in the 2020s and beyond.

Dominant Narratives and Perspectives About Midlife

Early Theories of Midlife

The best known theories of midlife are those of Carl Jung and Erik Erikson (Lachman & James, 1997). Jung referred to midlife as the afternoon of life and thought of it as a period distinct from early and later adulthood (Lachman &

James, 1997). Erikson's (1993) stage theory of development considers the psychosocial conflict in midlife to revolve around generativity versus stagnation and self-absorption. Middle-aged adults devote time and effort into nurturing and promoting younger generations and creating goods that will last past their lifetime. Being generative can occur in a wide range of pursuits: parenthood and grandparenthood, work and professional activities, volunteering, and religious or political organization participation (McAdams & de St. Aubin, 1992).

Although midlife has received far less research attention than have other age periods, the situation is slowly changing. The Midlife in the United States Study (MIDUS) has been instrumental in bringing to light the importance of explicitly studying individuals in midlife across psychosocial, cognitive, and health developments; dynamics of daily life; and physiological and neurological correlates (Brim, Ryff, & Kessler, 2004; Ryff & Krueger, 2019). By now, midlife-relevant questions can fortunately be examined using an increasing number of longitudinal panel surveys that include adults in midlife (e.g., Health and Retirement Study [HRS], Survey of Health, Ageing and Retirement in Europe [SHARE], English Longitudinal Study of Ageing [ELSA], German Socioeconomic Panel Study [GSOEP], Household Income and Labour Dynamics of Australia [HILDA], Midlife in Japan [MIDJA]).

Researchers and the public have generally considered midlife to encompass the ages of 40–60, plus or minus 10 years, making it a relative approximation. When polled about when midlife begins and ends, people, on average, believed it begins at age 44 ($SD = 6.15$) and ends at age 59 ($SD = 7.46$; Lachman, Teshale, & Agrigoroaei, 2015). Such age boundaries, though, are secondary. More important for defining midlife than chronological age are the unique role constellations that people take on combined with the timing of life events and experiences (Lachman, 2004).

U-Shaped Curve in Well-Being Across Adulthood

Much work has focused on how middle-aged adults compare to those of other ages in well-being. There are many large studies that show a low point in life satisfaction during the middle years (e.g., Blanchflower & Oswald, 2008; Stone, Schwartz, Broderick, & Deaton, 2010). Although these results have been replicated in many samples across nations, most of the study designs are cross-sectional, and findings differ from those in longitudinal studies. Longitudinal research from multiple panel surveys has shown instead that well-being is high and stable in midlife and that hedonic aspects and emotional experience exhibit upward trajectories (Baird, Lucas, & Donnellan, 2010; Carstensen, Isaacowitz, & Charles, 1999; Galambos, Fang, Krahn, Johnson, & Lachman, 2015). The noted cross-sectional age differences in well-being are typically rather small; never-



Denis Gerstorf

theless, the U-shaped curve findings are often interpreted as evidence for a widespread midlife crisis.

Midlife Crisis

One dominant narrative surrounding midlife involves the “midlife crisis.” Elliott Jaques (1965) first coined this term through observing abrupt changes in lifestyle and productivity in his midlife clients as well as their coming face-to-face with their own limitations and ever-increasing salience of mortality. The stereotypical images are buying a red sports car, marrying someone significantly younger, or elective surgery to look younger. Occurrence of the midlife crisis has turned out to be a myth; research shows 10%–20% of people actually experience it (Lachman, 2004; Wethington, 2000). Although some consider it humorous and the focus of jokes, movies, and TV shows, negative repercussions from promoting the crisis as normative include ignoring mental or physical health problems when attributing the symptoms to a midlife crisis (Lachman, 2015).

Another example of a supposed crisis in midlife is the empty nest phenomenon. The initial conception was that after decades of caring for children, women—especially those whose primary role was mother—would be depressed after their children left home. It was also assumed that spouses would have to renegotiate their relationship. The empirical evidence sketches a differentiated pattern, which includes possibilities for women finding new roles or taking the opportunity to reconnect and rekindle interests with one’s spouse (Mitchell, 2006). Challenges for adjustment may arise when cultural, social, or personal norms about adult roles and educational paths are not congruent between

parents and their adult children (Mitchell, 2006; Settersten & Hägestad, 1996).

Opportunities and Challenges in Midlife

Figure 1 illustrates our guiding conceptual framework of how midlife constitutes a pivotal period in the life span. Figure 1’s overarching goal is to demonstrate how the study of midlife involves a complex interplay of examining individual level trends across pertinent domains (the central box labeled *Defining Features of Midlife*); middle-aged adults’ central role in bridging generations (represented by the double-headed arrows across aspects of middle-aged adults’ social network composition when they are at different stages of the life span); and the important role of macrolevel forces, such as culture and policy, in impacting this interplay. As we elaborate in further detail below, the defining features of midlife are represented in the central box and constitute the unique constellations of balancing multiple roles, life transitions, opportunities, and challenges. The significance of midlife is conveyed in middle-aged adults’ connectedness with network members within and across generations (grandchildren, adult children, family or friend network and parents or parents-in-law), and that development in midlife is a temporal process that unfolds in the societal–cultural–policy–historical time context. The sequence of the connectedness, its stability and change, and the dynamic and plastic nature of the life structure—that is, the underlying pattern or design of a person’s life at a given time (see Levinson, 1986)—across pertinent domains will differ based on race or ethnicity, sexual orientation, socioeconomic status, and the timing of transitions or events (discussed further below).

As the population in midlife increases and circumstances change, there is a need to focus attention on key opportunities and challenges middle-aged adults are confronted with now and in the near future. Some of the challenges are not novel or restricted to midlife but emerged earlier in life and continue to be evident and are magnified in midlife. The key point is that their intensity, magnitude, or sheer load are increasing because middle-aged adults are often confronted with a myriad of these concurrently, while typically holding responsibility for those younger and older in the family. Of note is also that the load comes at a point in life when vulnerabilities begin to emerge (e.g., onset of chronic disease, cognitive declines). As a consequence, the manifestation of these challenges may be different in midlife compared to young adulthood, in the ways people experience or enact them. For example, middle-aged adults are often simultaneously balancing caregiving-related duties for aging parents, relaunching their adult children, and maintaining their own career, while dealing (in the United States) with a shrinking social safety net in the form of rising health care costs and insufficient family leave poli-



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cies. This balancing and overload of a myriad of roles is transpiring in the context of their own changing mental, physical, and cognitive health, resulting in some middle-aged adults having to put their own health needs and leisure time second to other's priorities.

The sections that follow discuss midlife as a pivotal period given its central role in the life course in relation to those younger (grandchildren and adult children) and older (parents and in-laws). Key themes include the unique constellations of roles and life transitions, opportunities in midlife such as rewards in one's career, shifting trends in mental and physical health, intergenerational dynamics, and financial vulnerabilities. To begin, we note that little is known about midlife. Complicating matters, the little that is known is more or less entirely based on U.S. samples that mirror traditional family structures of middle-class people, who are White, married, and have children. To spur research into diversity, we use each theme to discuss similarities and differences in midlife across population segments defined by race or ethnicity, sexual orientation, and SES. Admittedly, some of the points made are rather speculative, so we invite others to address and test the points empirically to advance the field.

Midlife as a Pivotal Period

Midlife has recently been conceptualized as a pivotal period in the life course to recognize the central role that midlife plays in the individual life course and the success and development of other people in the family, workplace, community, and society at large (Lachman et al., 2015). Middle-aged adults often play a crucial role in bringing

together and nurturing family members and mentoring coworkers. The central position in the life course is captured by balancing gains and losses associated with the aging process, linking earlier and later periods of life, and bridging generations. As shown in Figure 1, the nature of development in midlife is affected by what occurred earlier in life. Empirical research has shown that adversity, parenting styles, and SES in childhood are associated with cognition, mental and physical health, and social relationship quality in midlife (Liu & Lachman, 2019; Miller et al., 2011). In turn, midlife health and well-being often profoundly shape the course of later life. For example, high blood pressure in midlife—but not old age!—predicted old-age cognitive declines (Launer, Masaki, Petrovitch, Foley, & Havlik, 1995). This perspective on midlife serves as a framework for describing, explaining, and modifying the biopsychosocial experiences in midlife. Health disparities across race or ethnicity, SES, and sexual orientation are often present and magnified in midlife, further signifying the importance of biopsychosocial experiences in midlife (Adler & Rehkopf, 2008; Fredriksen-Goldsen, Jen, Bryan, & Goldsen, 2018).

Unique Constellations of Simultaneous Roles and Life Transitions

Midlife is only loosely tied to age boundaries but is defined and characterized by the myriad of social roles (broadly defined) that people take on, occupy, and feel responsible for. These roles include, but are not limited to, spouse or partner, parent, grandparent, adult child, sibling, friend, coworker, caregiver, community, and religious roles. Ahrens and Ryff (2006) documented that adults could be involved with up to eight different roles, with the average individual in midlife being involved in four. The number of role constellations that middle-aged adults navigate and balance differs compared to young adulthood and old age: Older adults likely select themselves into fewer roles due to retirement, health changes, and focusing on emotionally meaningful goals (Carstensen et al., 1999), whereas young adults are in a stage of exploration, establish their career, and start a family (Arnett, 2000), which in turn limits their commitment.

Another unique organizing feature of midlife is the various life transitions people are normatively faced with. These encompass profound changes in everyday life routines in one's career (e.g., promotion and career advancement, labor market volatility), physical health (e.g., onset of chronic conditions), and social life (e.g., timing of having a child[ren]; decision concerning whether to have children and, if so, how many; empty nest). The nature, onset, and duration of midlife is in part driven by the timing of marriage and childbearing. With more people waiting to have children until later in their 30s and early 40s (Martin, Hamilton, &

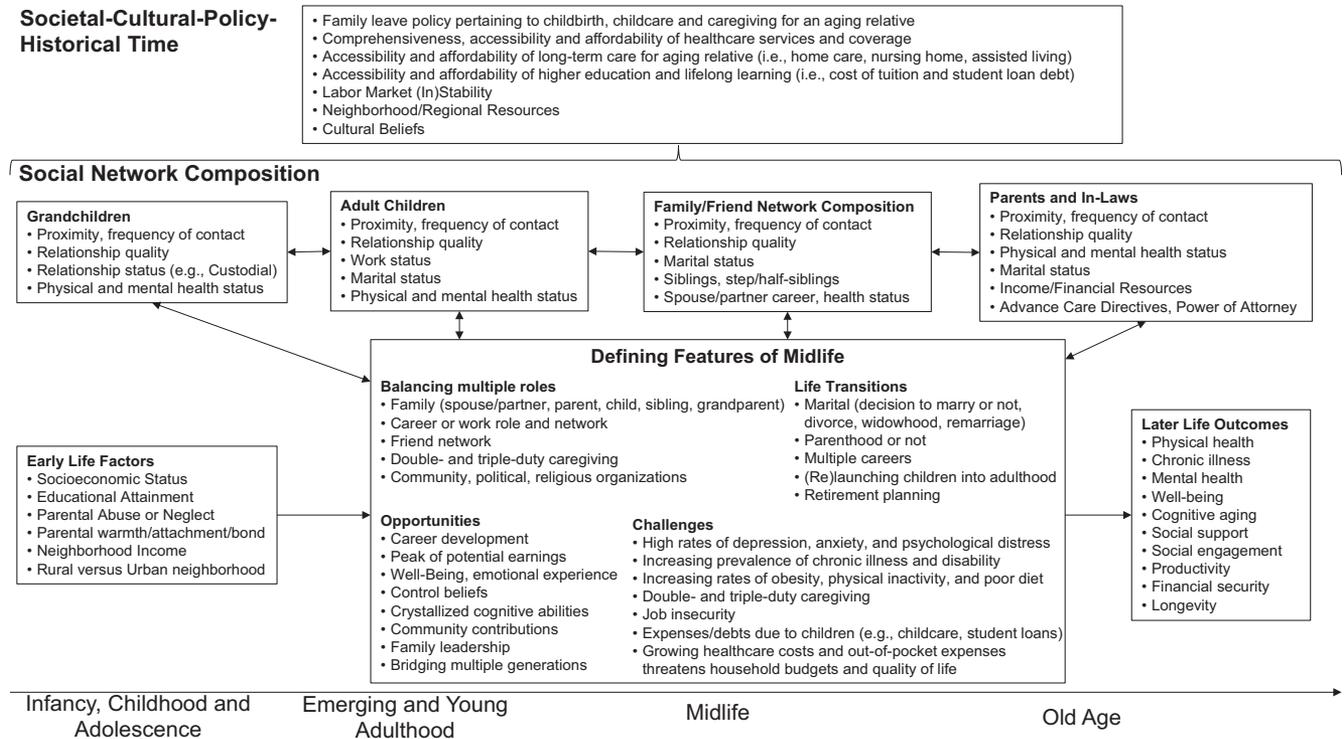


Figure 1. A life span perspective on midlife. Guiding conceptual framework that portrays midlife as a pivotal period in the life course. Midlife is best defined by balancing multiple roles, life transitions, opportunities, and challenges. These defining features of midlife transpire across the typically defined age periods of adulthood (i.e., young adulthood, midlife, and into old age). Early life factors, such as socioeconomic status (SES), parental relationships, and neighborhood factors, shape the nature of midlife, which in turn affects outcomes such as health and well-being in later life. Current cohorts of middle-aged adults are confronted with increases in the intensity, magnitude, or sheer load of concurrently balancing multiple roles and challenges while typically being responsible for those younger and older in the family and contending with increasing prevalence of chronic illness, disability, obesity, and mental health issues. The challenges of midlife are offset by opportunities, such as career development, peak of earnings, gains in well-being, control beliefs, and bridging multiple generations. Social network composition details the significance of middle-aged adults' connectedness with multiple generations, including their parents or in-laws, spouse or partner, adult children, and grandchildren. The form, function, and structure of social network composition across the multiple generations shown in Figure 1 is dependent on a variety of factors, such as the proximity, frequency of contact, and relationship quality with network members; their cognitive, mental, and physical health status; one's own and family members' marital status; and presence/number of children. The societal-cultural-policy-historical time context that middle-aged adults and their social network composition reside in carries great significance. Government policies and cultural beliefs have implications for development in midlife and connectedness with social network members. Important considerations for this component include family leave policy, health care services and coverage, and higher education. The timetable of midlife can be shifted for numerous reasons, including age of parents, the pursuit of higher education, timing and decision of having kids, and whether and when adult children have children. Targets for intervention can span multiple levels, including physical activity, social support and engagement, higher education, and workplace structure and organization and policy. Last, the life structure or the underlying pattern or design of a person's life at a given time will likely differ across race or ethnicity, gender, sexual orientation and SES.

Osterman, 2017), they are having to care for toddlers and school-age children later and would typically not become empty nesters and grandparents until their 60s or beyond. How the implications of these role constellations overlap with and differ across populations segments (e.g., those who have no partner or children) are by and large not well understood.

Opportunities of Midlife

Although we detail below many challenges associated with the key role of middle-aged adults, there is evidence that midlife has many rewards and positive experiences (Lachman et al., 2015). Figure 1 includes various areas where midlife can be a peak time, such as work position,

earnings, family leadership, self-confidence, decision-making abilities, and community contributions. Individuals have presumably moved up the career ladder, resulting in the highest point of earnings occurring, on average, in the late 40s for people with fewer years of education, and the early 50s for people with higher levels of education (Bhuller, Mogstad, & Salvanes, 2017). Gains are also observed in emotional experience (Carstensen et al., 1999), crystallized abilities (Schaie, 1994), and control beliefs (Lachman, 2006). Middle-aged adults typically become grandparents, leading to opportunities for generativity and multigenerational relationships, such as involvement in the everyday care of their grandchildren (Bengtson, 2001). Opportunities of midlife are societally structured. Higher SES provides access to opportunities such as better quality and more consistent health care; expanded leisure activities; exposure to fewer negative events and chronic strains; and presence of social, financial, and psychological resources (Kirsch, Love, Radler, & Ryff, 2019). In contrast, these gains do not fully transpire across population segments. For example, disparities are already evident in midlife, with lower levels of and/or reduced gains in episodic memory and executive function among Blacks relative to Whites and among lower SES relative to higher SES (Zahodne, Manly, Smith, Seeman, & Lachman, 2017). Similar SES differences have been reported for control beliefs (Lachman, 2006). Empirical reports have also documented that low-SES individuals as well as lesbian, gay, bisexual, transgender (LGBT) adults show higher risk for poor mental health (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013; R. Chen et al., 2019; Ryff, 2017).

Emerging Trends Across Mental and Physical Health

Mental health. A paradoxical finding vis-à-vis the stability in life satisfaction and upward trajectories of emotional experience in midlife is that rates of depression, anxiety, and serious psychological distress are highest in midlife, particularly among women, lower SES individuals, and those who identify as LGBT (Brody, Pratt, & Hughes, 2018; Fredriksen-Goldsen et al., 2018). Correspondingly, antidepressant use and seeing a mental health professional is highest in midlife (late 40s to early 60s) compared to earlier or later in adulthood and is more pronounced for women and individuals with fewer years of education (Blanchflower & Oswald, 2016).

A consequence of changing mental health trends is historically rising mortality rates for middle-aged adults, in particular deaths from poisoning, suicide, chronic liver disease, and cirrhosis (Case & Deaton, 2015). These trends have been labeled *deaths of despair*, and potential reasons (discussed later) include serious difficulties in work, family or home, and social activities, as well as ease of access to

opioids (Case & Deaton, 2015; Masters, Tilstra, & Simon, 2018).

Physical health. Similar historical trends have been reported for physical health, with recent cohorts of middle-aged adults having higher prevalence rates for certain chronic illnesses such as metabolic disease (Masters et al., 2018) and increasing disability rates (Y. Chen & Sloan, 2015). Potential explanations include rising rates of obesity, increased calorie intake and reliance on processed foods, low physical activity rates, and a large number of individuals who are “under-insured” in the United States (Crimmins & Zhang, 2019). Middle-aged adults across affluent nations report more sleep problems, severe headaches, concentration difficulties, and alcohol dependence compared to those in young adulthood and old age (Giuntella et al., 2019). These trends are more pronounced for people who attained fewer years of education (Kirsch et al., 2019), Hispanics and Blacks (Hales, Carroll, Fryar, & Ogden, 2017), and those who identify as LGBT (Fredriksen-Goldsen et al., 2013). Among the long-term consequences of middle-aged adults approaching old age with more chronic diseases, disability, physical inactivity, and obesity are presumably greater health insurance expenses and reliance on family members for caregiving duties.

Intergenerational Dynamics

Historical changes in family composition. The double-headed arrows between the defining features of midlife and social network composition in Figure 1 exemplify how one key focus of midlife is interacting with and bridging younger and older generations (Lachman et al., 2015). Pew data reveal historical shifts in family composition in midlife: One third of middle-aged adults are unpartnered, and one fifth (more than ever) do not have children (Fry, 2017). Additional trends include record numbers of Americans living in multigenerational households, more women giving birth who have never been married, and changes in the gender composition of heads of households (e.g., same-sex couples, transgender spouse[s]). Little is known, however, about whether and how the downward and upward intergenerational dynamics noted generalize across population segments of race or ethnicity, SES, and sexual orientation.

Historical changes in the structure and function of families have impacted relationships of middle-aged adults with their aging parents, including the frequency of assuming a caregiving role, launching and relaunching grown-up children into adulthood, and the upsides and downsides of grandparenting. Among the multitude of underlying factors are the rapid increase in the number of individuals who are living to age 65 and beyond and the changing norms for single parenthood, divorce, and stepparenting that have resulted in remarriages, blended families, and cohabiting

families (Antonucci, Birditt, Sherman, & Trinh, 2011; Bengtson, 2001; Silverstein & Giarrusso, 2010). Changes in family composition and dynamics have led to individuals having more and different types of relationships, which have implications for development in midlife (Connidis, 2015). This may include added grandchildren as a result of a remarriage and thereby increasing the size of family support networks, whereas a possible downside is losing contact with grandchildren who move away with the custodial parent (Antonucci et al., 2011). Postdivorce families are vulnerable to tensions and ambivalence, which threatens the likelihood and quality of intergenerational care provision (Connidis, 2015). Caregiving for an aging parent can involve shared responsibilities across siblings and spouses or partners that can strain relationships (Aneshenshel, Pearlin, Mullan, Zarit, & Whitlatch, 1995). Remarried caregivers, on average, report less emotional and instrumental assistance from adult stepchildren, with considerable tension and conflict reported (Sherman & Boss, 2007). Although family structure and function are varied, complex, and have changed a great deal, family members remain an important source of social support.

Caregiving for aging parents. One consequence of the tremendous gains in life expectancy in the 20th century is the increased engagement of middle-aged adults and their aging parents with the lives of each other. To begin with, despite health-related challenges, aging parents continue to engage in support exchanges with middle-aged children, particularly when adult children incur life problems, and such support exchanges are associated with daily well-being and health (Huo, Graham, Kim, Birditt, & Fingerman, 2019; Ryff, Lee, Essex, & Schmutte, 1994). Midlife children often report giving more support than parents report receiving across various dimensions of support (Kim et al., 2011; Silverstein & Giarrusso, 2010; Suito, Sechrist, Gilligan, & Pillemer, 2011).

The needs of the aging parent can strain the nature of the relationship, and this trend will presumably not slow down, because more and more Baby Boomers will live longer and the absolute number of dementia cases will increase (Feinberg, 2018; Hebert, Weuve, Scherr, & Evans, 2013). A recent report found that across the United States, Germany, and Italy, most adults feel an obligation toward helping their aging parents (Pew Research Center, 2015). These demographic trends have already led to more middle-aged adults being involved in caregiving-related responsibilities while having to juggle full-time work (Gordon, Pruchno, Wilson-Genderson, Murphy, & Rose, 2012). Informal caregiving for dependent children and/or aging parents while working full-time is referred to as double- and triple-duty caregiving. A report by the American Association of Retired Persons (AARP, 2015) suggests that approximately 44 million U.S. adults provide unpaid family care to either a child or adult and that 6.5 million adults provide unpaid family care to

both; 54% of those providing care are in midlife, and 60% are working. On average, 2.5 hr per day are spent on unpaid care—time that often interferes with paid work, family time, and sleep.

Caregiving-related duties have implications for middle-aged adults' health and well-being, future employment status, and retirement income. Double- and triple-duty caregivers' health and work-life balance affect the care they provide to their loved ones as well as their own work performance, because these middle-aged adults have to coordinate their roles, resources, and the management of care (Aneshenshel et al., 1995). Double- or triple-duty caregivers report more work-family conflicts, perceived stress, and psychological distress; poorer sleep and partner relationship quality; and more acute-health services utilization than do noncaregivers (DePasquale et al., 2016, 2017; Polenick, DePasquale, Eggebeen, Zarit, & Fingerman, 2018). Their career is impacted by reductions in work hours, changing jobs to a less demanding one, delays in career advancement, early retirement, and quitting jobs to be a full-time caregiver (Eifert, Adams, Morrison, & Strack, 2016; Feinberg, 2018). Daughters and spouses of the older adult who needs care are more likely to provide support to aging parents (Johnson & Wiener, 2006). In the United States, Black and Hispanic caregivers are more likely to be coresidents, spend more hours providing care, and use less formal support services compared to White caregivers (Johnson & Wiener, 2006). LGBT middle-aged adults are confronted with elevated risks, including discrimination, identity concealment, and unique family structures that may constitute added barriers to receiving and providing high-quality caregiving (Fredriksen-Goldsen et al., 2018).

Changing relationships with adult children. The relationships that middle-aged adults have with their grown adult children is undergoing historical changes in the form of increased (a) contact between generations, (b) continued support from parents to grown children, and (c) coresidence and affection (see Fingerman, 2017). The frequency of contact between parents and grown children has increased over the last 30 years, likely due to advances in technology (e-mail, phone, text; Fingerman, Pillemer, Silverstein, & Suito, 2012). Middle-aged adults have more contact with adult children who have problems and are providing more support to them (Huo et al., 2019). Regardless of how successful other children in the family are, when one grown child experiences problems, this often has long-term consequences for midlife parents, including diminished relationship quality, worry and stress surrounding the child, and beliefs that they failed in their parenting role (Byers, Levy, Allore, Bruce, & Kasl, 2008; Fingerman et al., 2012).

As a corollary, the nature of parenting has evolved, especially in the realm of pressures, involvement, and costs for raising children. Trends of increasing pressures for students to excel in the classroom and overinvolvement in

extracurricular activities have elevated their risk for substance use and internalizing or externalizing symptoms (Ebbert, Kumar, & Luthar, 2019; Vincent & Maxwell, 2016). Parents are contending with increasing costs of raising children through expensiveness of day care, pressures for involvement in extracurricular activities, and saving for college. This has led to growing attention to “helicopter” and “bulldozer” parents or “tiger moms,” who orchestrate their children’s lives and protect against the experience of any hardships or disappointments for their adult children (Ebbert et al., 2019). Greater involvement, coupled with prolonged educational attainment, may be associated with greater reliance of grown adult children on their midlife parents (Settersten & Ray, 2010). More grown adult children nowadays are living with midlife parents compared to 10 years ago (Fry, 2015) before the Economic Recession of 2008. In the United States, parents can retain children on their health insurance until age 26, and an increasing number of parents are involved in college admission processes and cosigning of loans. A drawback of taking on the risk of a cosigner of student loans is that the debt can increase overall financial risk by competing with other needs: saving for retirement, mortgage payments, and being liable for paying off the loans if children are unable to (Walsemann & Ailshire, 2017). Parental overinvolvement and education pressures provide people who have more financial resources with the advantage of taking care of the costs of childcare and extracurricular activities, but adolescents raised in affluence typically have greater substance use rates and mental health issues (Ebbert et al., 2019). Blacks, Hispanics, and low-SES individuals typically have less access to school activities and sports and more likely rely on families for childcare (Vincent & Maxwell, 2016). Greater child-related educational debt was reported by parents with more education, higher income, more net-worth and Black parents (Walsemann & Ailshire, 2017).

The upsides and downsides of grandparenting. There is tremendous heterogeneity in the frequency and type of grandparent involvement, ranging from rare interactions over visiting or babysitting to custodial grandparenting (Meyer & Kandic, 2017). For a variety of reasons, such relationships are increasingly important to individuals and families. Among the upsides of grandparenting is that it offers people the opportunity to engage in fulfilling family functions and helping behaviors provides meaning and purpose, which is key to maintaining quality of life (Bengtson, 2001; Hilbrand, Coall, Gerstorf, & Hertwig, 2017). Grandparents who are retired may be involved with childcare for their grandchildren or help if their grown child is divorced or travels for work, which can reduce childcare costs and other potential burdens. Findings have indicated an inverse U-shaped association between grandparenting and positive benefits (Coall & Hertwig, 2010). Balancing the correct amount of intensity and frequency can prove beneficial for

cognitive functioning, quality of life, physical health, and longevity (Arpino & Bordone, 2014).

One potential downside of grandparenting is when it is full-time, such as when one of the grandparents takes on primary custody of the grandchild(ren). Reasons for custodial grandparenting are widespread, ranging from parents having to work longer hours to crises among the birth parents (e.g., substance use, incarceration, mental and physical illness, and child abuse or neglect). Although custodial grandparents contribute tremendously to society by providing care, the circumstances leading to care combined with the stress of full-time parenting have profound physical, psychological, and social effects on both custodial grandparents and grandchildren (Meyer & Kandic, 2017). In contrast to grandparenting for the “right” amount of time (i.e., middle of the inverse U-shape), stressors faced by custodial grandparents include financial strain, insufficient social support, lifestyle disruption, and disregard by service providers (Meyer & Kandic, 2017). Multiple studies have corroborated that those raising a grandchild are more likely to report worse mental and physical health and more activity limitations than are noncaregivers (e.g., Hayslip, Fruhauf, & Dolbin-MacNab, 2017). Likelihood of involvement in grandparenting differs across SES and race or ethnicity. Individuals in lower SES strata and Blacks and Hispanics are more likely to be custodial grandparents (Hayslip et al., 2017), with the rates increasing for Whites because of substance abuse (Alexander, Kiang, & Barbieri, 2018) and military deployment (Bunch, Eastman, & Moore, 2007).

Financial Vulnerabilities

Career development, employment, and financial stability are central to midlife. Their significance is exemplified through extant findings that work-related factors such as occupational class, work hazards, and work complexity predict mental and physical health, cognition, and longevity in midlife and old age (Fisher et al., 2014; Hülür, Ram, Willis, Schaie, & Gerstorf, 2019; Super, 1990). Our discussion of financial vulnerabilities focuses on middle-aged adult’s sensitivity to economic failures, employment (in)stability, and shrinking social and health care safety net.

Economic failures and labor market volatility. Findings obtained in the aftermath of the Economic Recession of 2008 in the United States illustrate that middle-aged adults, compared to other age groups, are presumably most vulnerable to economic failures and labor market volatility. Circumstances surrounding the recession included multiple hardships rather than a stand-alone event: Housing and financial conditions plummeted, retirement accounts were depleted, and unemployment rates soared (Burgard & Kalousova, 2015). This led to job insecurity, financial strain, stagnant wages, more frequent and longer phases of unemployment, and increased debt (Burgard & Kalousova,

2015). To illustrate, between 2008 and 2013, some 25% of Americans aged 50–59 and 20% of those aged 60–64 lost a job and—due in part to ageism and age discrimination—they often had difficulty finding new jobs (AARP, 2014). Despite legislation, age discrimination is a continued problem that can impede employment opportunities and career advancement and have consequences for mental and physical health and overall quality of life (Rothenberg & Gardner, 2011). This labor market volatility extends to individuals' perceptions of job (in)security: 24% of people aged 45–74 thought they could lose their job in the next year (Moen, 2016). The economic downturn also led to an increased likelihood of individuals working beyond age 62 (Goda, Shoven, & Slavov, 2011).

Labor market volatility and the Economic Recession had adverse effects on mental and physical health and family relationships. For example, job loss is associated with an increase in depressive symptoms both in the United States and Europe (Riumallo-Herl, Basu, Stuckler, Courtin, & Avendano, 2014). During periods of economic recession, there is a higher prevalence of mental health and substance disorders and suicidal behavior, with one key mechanism being declines in household income (Frasquilho et al., 2016). Recession hardships directly linked to job (taking an additional job), home (missed payments), and financial (increased debt) matters are associated with reporting more chronic conditions and acute somatic symptoms, lower self-rated health, and higher waist circumference (Kirsch & Ryff, 2016). Long-term consequences of fluctuations in economic hardships in midlife can even extend to cognition in old age (Leist, Hessel, & Avendano, 2014). More generally, long-term cyclical effects of job insecurity, financial loss, bankruptcy, and home repossession can lead to anxiety, depression, binge drinking, and suicidal behavior (Haw, Hawton, Gunnell, & Platt, 2015; Phillips & Nugent, 2014).

Empirical studies have also shown how economic pressure and hardships of their adult children undermine the health and well-being of middle-aged parents. Middle-aged parents' concerns about their adult children's economic future was directly associated with higher levels of anxiety and depressed mood (Stein et al., 2011). This was driven by the lack of employment opportunities and inability to meet material needs, such as lack of health insurance (due to job loss) that impacts one's ability to manage chronic conditions (Rajmil et al., 2014). Middle-aged parents may have to contend with a continued or renewed dependency of their adult children, including them returning to live with them (Stein et al., 2013; Ward & Spitze, 2007).

Specific population segments are hit harder than others: Those who lost their job due to an unexpected closure, low-to middle-SES families, and midlife parents of a child with disability were most impacted by unemployment during the 2008 Recession (Lam, Fan, & Moen, 2014; Riumallo-Herl et al., 2014; Song, Mailick, & Greenberg, 2018). Women,

particularly of color, are among those most vulnerable to poor mental and physical health and report being most financially vulnerable to labor market volatility (Castro Baker, West, & Wood, 2019; Kirsch & Ryff, 2016; Wang, Wang, & Halliday, 2018). Following Wahl and Gerstorf's notion (2018) that immediate and distal contexts shape development and do so in interactive ways, the impact of the economic recession on suicide rates was strongest in U.S. counties with high levels of poverty, foreclosures, and unemployment (Kerr et al., 2017).

Shrinking social and health care safety net. In the United States, labor market volatility and economic failures contribute to a shrinking social and health care safety net for middle-aged adults. Middle-aged adults typically have families that rely on them for health care and financial security, with restricted access to and increases in health care costs being burdensome. Health care costs are growing faster than inflation, and out-of-pocket spending is sizable and increasing (Paez, Zhao, & Hwang, 2009; Woolhandler & Himmelstein, in press). Less comprehensive health insurance benefits can lead to anxiety, substantial debt problems, and disruptions of medical care (i.e., less adherence to disease management; Grande, Barg, Johnson, & Cannuscio, 2013). Such sequences can threaten household budgets pertaining to food, housing, and access to social activities (Salamon, Geller, & Spence, 2009).

The shrinking safety net is most striking for middle-aged adults who are taking on caregiving responsibilities for their aging parents. It was estimated that in 2017 family caregivers in the United States provided 34 billion hours of care with their unpaid contributions valued at approximately \$470 billion (Reinhard, Feinberg, Houser, Choula, & Evans, 2019). Feinberg (2018) noted the profound lack of paid family leave policies that pertain to family caregivers providing unpaid assistance to family members needing long-term services. These people are at major risk for economic insecurity and declines in mental and physical health. Individuals who work while caregiving typically take reduced hours at work, take a less demanding job, take early retirement, or decide between caregiving and work (Komisar, 2013). This disproportionately affects women (who are more likely to provide care) and lower SES individuals compared to those with higher income, who can hire help or afford to place their aging relative in a care facility (Aneshenshel et al., 1995).

Policies are not set up for middle-aged caregivers, but the number of those involved in unpaid caregiving will increase in the future. In the United States, only eight states and the District of Columbia have extended paid family leave policies specifically for caregiving for an adult relative. Depending on the state, these policies can include having up to 12 weeks of paid time off with wage replacement between 50% and 80% of one's salary (Feinberg, 2018; Reinhard et al., 2019). Although this may seem helpful, it is often those

who cannot afford to take a wage cut who have to take on caregiving responsibilities.

Another byproduct of the shrinking safety net is the growing rate of bankruptcy for middle-aged adults. Individuals aged 45 and older have the fastest growing rate of bankruptcy (Thorne, Foohey, Lawless, & Porter, 2018). This is driven by rising debt from greater cost sharing pertaining to health care and medication costs and cosigning student loans. Although significant progress has been made in health care coverage and delivery of services, there is ongoing debate on ways to manage growing costs while providing widespread coverage. Policymakers should consider the consequences of high cost sharing for families facing strained household budgets. Rising inflation and out-of-pocket health care expenses, coupled with stagnant wages and employment instability, will lead to people explicitly ranking bill-paying priorities, often beginning with housing costs and involving compromises on utilities, health care (i.e., delay life-saving procedures and skips in medications), transportation, and food (Grande et al., 2013).

Promoting Reversibility and Resilience in Midlife

Because middle-aged adults constitute a large component of the population, they are carrying much of the weight of the economy, and their productivity, health, and well-being influence many others. Now that we have illustrated the central opportunities and challenges surrounding midlife, we next discuss the grand task of configuring effective solutions using interventions and policy changes for promoting the mental and physical health and capacity for resilience in middle-aged adults. We propose several promising ways interventions and policy can help further support and promote the lives of middle-age adults. Given the complex nature of midlife, interventions and policy changes should span the multiple levels shown in Figure 1 by not targeting only changes that can be implemented by the individual but also opportunities for support and engagement through one's social network composition, as well as what can be done at the macro level of workplace organizational structure and policy changes. In this context, interventions need to be cognizant of disparities across race or ethnicity, SES, and sexual orientation. As discussed above, segments of the U.S. population are disproportionately impacted by the challenges of midlife. Resilience is broadly defined as positive adaptation in the context of the challenges middle-aged adults are confronting (Infurna & Luthar, 2018).

Interventions to Improve Physical Health

Numerous empirical studies have documented that better health in midlife is a precursor for health in old age. Being more physically active, having greater muscle strength, and

having healthy blood pressure in midlife were each predictive of better physical and mental health, cognition, and longevity in old age (Launer et al., 1995; Rantanen et al., 2012). Midlife social, health, and lifestyle activities foreshadow many old-age outcomes. Interventions focused on promoting physical activity and engagement in midlife promise to help people reach old age healthier, reduce the trends of increasing chronic illness and poor health behavior prevalence, reduce societal costs, and increase individual quality of life.

Several interventions have been effective in promoting an active lifestyle in middle-aged adults. One such intervention capitalizes on implementation intentions to promote physical activity (Robinson, Bisson, Hughes, Ebert, & Lachman, 2019). This involved identifying potential barriers to being active, providing resources to help individuals take control of their daily schedule, managing time-related barriers to exercise, and incorporating physical activity into daily life routines. Individuals in the intervention condition took more daily steps, had more time spent in moderate-to-vigorous activity, and reported greater time-relevant exercise self-efficacy. Another intervention capitalized on people's views of aging—the knowledge, beliefs, and expectations an individual holds about aging processes (Brothers & Diehl, 2017)—as an avenue for promoting physical activity. The program involved an educational component targeting behavioral intentions and a second component translating the intention into actual behavior. The program indeed led to improvements in views of aging, control beliefs, and physical activity.

Interventions to Reduce Caregiving-Related Stress

Middle-aged adults are taking on caregiving responsibilities for their aging parents and children (with disabilities or illnesses). Research has documented the detrimental consequences of caregiving on mental and physical health (Aneshenshel et al., 1995). Fortunately, there is a rich literature on interventions aimed at reducing caregiving-related stress, ranging from social support to education, skills training, and self-care (Schulz & Martire, 2004). Utilization of adult day-care services reduces exposure to stressors and stress appraisals, leading to better mood and physiological functioning and reductions in behavioral symptoms of the care recipient (Klein et al., 2016; Zarit, Kim, Femia, Almeida, & Savla, 2011). Adult day-care services allow caregivers respite from the primary stressors associated with caregiving (Gitlin, Marx, Stanley, & Hodgson, 2015). Multicomponent interventions that involve individual sessions delivered at home or through the telephone, supplemented by support-group sessions, have led to reductions in hours providing care and improvements in quality of life, as well as an incremental cost-effectiveness ratio for caregivers across racial or ethnic groups (Belle et al., 2006;

Nichols et al., 2008). Puterman and colleagues (2018) conducted a randomized controlled trial (RCT) that examined the effectiveness of aerobic exercise for dementia caregivers who were sedentary, finding improvements in physiological functioning and declines in perceived stress.

Intervention delivery methods from support groups vary from being telephone- to Internet-based. A recent systematic review of Internet-based supportive interventions for caregivers found that Internet interventions for dementia caregivers can improve various aspects of caregiver well-being, provided these are composed of multiple components and are tailored to the individual (Boots, de Vugt, van Knippenberg, Kempen, & Verhey, 2014). Initial findings are promising, but much is still to be done to translate and incorporate effective interventions into policy and health care (for discussion, see Gitlin et al., 2015). This is shown by caregivers who contend with structural burdens due to difficulties attaining the proper informational resources, dealing with a fragmented system between care providers who do not interact with one another, and ensuring their loved one receives proper care (Funk, Dansereau, & Novek, 2019).

Interventions to Improve Mental Health Through Social Engagement

Interventions aimed at social support and engagement have the potential to mitigate stress (Infurna & Luthar, 2018) caused by changing intergenerational dynamics and financial vulnerabilities. Social support and relationships have a long-documented history of being a source of resilience for individuals confronting adversity (Luthar, Cicchetti, & Becker, 2000). During times of need, individuals can draw upon members of their network for emotional, informational, or instrumental support, each showing unique protective benefits across different contexts (Infurna & Luthar, 2018). Social support and engagement are found to be malleable through intervention. Castro, Infurna, Lemery-Chalfant, Waldron, and Zautra (2019) tested the effectiveness of a social intelligence training program that was delivered online to help middle-aged adults connect with others through building socioemotional skills. Using an RCT design, they found significant improvements in social engagement, perspective taking, and emotional awareness across midlife participants in the treatment condition, and improvements were stronger for those who experienced childhood trauma. Findings (a) shed light on the potential reversibility of socioemotional mechanisms that are oftentimes viewed as mechanisms leading to mental and physical health problems in midlife and (b) support the utility of widely accessible, low-cost intervention methods. Another intervention aims at fostering resilience among professional women at high risk for stress and burnout (e.g., health care providers who are mothers) by focusing on

aspects of support, prioritizing, mothering, and self-compassion (Luthar et al., 2017). Using an RCT design, Luthar and colleagues (2017) documented improvements in depression, self-compassion, feeling loved, physical affection received, and parenting stress. More generally, the authors discussed how tools facilitating colleague support groups could be viable, low-cost preventive interventions to mitigate burnout and distress for at-risk groups.

Policy Changes

Policy changes pertaining to the work–family nexus and shrinking safety net promise to help middle-aged adults accommodate some of the challenges of midlife. Few paid family leave policies exist in the United States for individuals wanting to provide care for an aging parent or stay at home for an extended period following childbirth, making it difficult to balance work and oftentimes forcing them to choose between work and caregiving. For example, Juengst, Royston, Huang, and Wright (2019) studied physician mothers' family leave and return-to-work experiences and found that a majority of mothers were confused regarding their employer leave policies and felt that their leave time was insufficient. Furthermore, participants encountered numerous difficulties when returning to work, such as lack of facilities and inadequate time for breast milk pumping, difficulty obtaining childcare, feeling pressured to return to work prematurely, and experiencing discrimination for having taken maternity or family leave. European nations have established systems for paid time off for new parents and child and health care. Glass and colleagues (2016) found that in countries providing social welfare benefits to parents, on average they are more likely to exhibit higher well-being. Beckfield and Bambra (2016) found that a lack of such policies accounts for 3.77 years of lost life expectancy. Feinberg (2018) outlined various ways to improve paid family leave policy. Workers can be provided access to sick days and paid family leave, which can lessen caregiving strain, providing family caregivers with greater financial security; increase employee retention; and help maintain a productive workforce. Additional suggestions include cost-sharing programs among employees and employers that would operate similar to a 401k program but for paid time off pertaining to family leave. This could operate through the employees' contributing a percentage of their salary and the employer matching this, with the expectation that this fund would be designated toward only paid time off for family leave.

Workplace flexibility can promote health, well-being, and workplace performance for middle-aged adults. Kelly, Moen, and Tranby (2011) tested a corporate initiative promoting employees' schedule control and loosening work-time calendars, which improved health-related behaviors, sleep quality, work–family conflict,

and well-being. Kossek and colleagues (2019) tested an organizational intervention designed to increase supervisor social support and job control; the intervention was most effective in reducing psychological distress for double-duty and triple-duty caregivers. Flexibility through organizational structures and interventions that increase job resources can lower turnover intentions, reduce work-to-family and family-to-work conflicts, and improve individual and family mental and physical health (Moen, 2016).

Education is often seen as the purview of the young, but given the rapid technological change, it is critical for middle-aged adults to continually be engaged with learning so as to reduce obsolescence and maintain critical work skills. Many companies offer retraining of employees, and those in midlife are prime candidates for enriching their repertoire so as to remain valuable as a worker but also to engage in cognitively stimulating activities that can have positive benefits for one's own cognitive aging.

Conclusion

The narrative surrounding midlife is shifting in the context of changes in the timetables of younger adults; the health span of older adults; and the historical changes seen in social, cultural, and economic life arenas. Given the decrease in the number of children being born and the increasing number of older people, middle-aged adults are more relevant than ever before as a significant resource for families and society. To the extent that middle-aged adults are successful and productive, then their families and the society as a whole will be the beneficiaries. The reverse is true as well: If the well-being of those in midlife is threatened rather than protected, the repercussions could reverberate throughout families and society.

Some of what is known about midlife is based on misconceptions, and some narratives have been debunked by empirical research. We have discussed opportunities and challenges those in midlife are confronted with, which we hope will stimulate future research, interventions, and policies related to this largely uncharted yet pivotal period of the life span. Future endeavors can focus on historical shifts in the mental and physical health and family composition among middle-aged adults; the changing intergenerational dynamics with grown adult children and aging parents; and the financial vulnerabilities associated with economic failures, labor market volatility, and a shrinking safety net. Multiple time-scale designs (Gerstorff, Hoppmann, & Ram, 2014) can be used to study the nature and correlates of how daily life dynamics (e.g., intergenerational interactions) change as people move through life transitions (e.g., one partner takes on caregiving responsibilities for an aging parent or is having to deal with repositioning at work).

For example, Huo and colleagues (2019) tracked middle-aged adults and their aging parents over the course of 7 days to study support exchanges and their impact on daily well-being. Combining multiple sources of information, including self-reports and informant reports, qualitative data through semistructured interviews, performance-based measures, and dyadic approaches (e.g., partners, children, coworkers) can further enhance the ability to study opportunities and challenges of midlife (e.g., spillover of workplace stressors to the family: Moen, 2016).

In future research, concerted efforts need to be taken to better understand diversity in how midlife is experienced differently across race or ethnicity, SES, and sexual orientation. This is along the lines of the initiative of the National Institute on Aging to specifically investigate and showcase priorities and investments in health disparities research (<https://www.nia.nih.gov/research/osp/framework>). Similarly, Kirsch and colleagues (2019) observed that middle-aged adults in the United States after the Economic Recession reported more financial insecurity, worse physical health, and more impoverished well-being than did same-aged peers before the Economic Recession, particularly among those who attained fewer years of education (for historical changes in daily-life dynamics, see Almeida et al., 2020). Based on these findings and our review of the literature, it is evident that the challenges confronting middle-aged adults are disproportionately impacting minorities, people in lower socioeconomic strata, and those who identify as LGBT. It thus seems imperative to move ahead from studying middle-class, college-educated White midlife adults who often have adequate financial, social, and psychological resources toward also studying the large populations at risk. This includes middle-aged adults who experience extraordinary challenges such as raising a child with a disability or illness, financially supporting and providing care for ailing parents, dealing with physically or mentally ill spouses, working multiple jobs to get by because of strained household budgets, or addressing their own declining health. Such conceptual and empirical lines of inquiry promise to shed light onto commonalities and differences across population segments in the opportunities and challenges of midlife, as well as the resilience factors people draw from, and thereby inform tailored prevention and intervention efforts.

Avenues for intervention to promote resilience among middle-aged adults include improving health through physical activity, reducing caregiving stress, fostering mental health through social support and engagement, and adopting policies pertaining to the shrinking social and health care safety net. A focus on optimizing the well-being of those in midlife can have far-reaching effects on those younger and older who depend on them.

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