

Midlife Crisis in Indian Men and Women

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ABSTRACT

Gender norms used to define midlife crises: women were disoriented and disillusioned by relationship changes, while males were disoriented and dissatisfied by job changes. Women's midlife worries have grown as more pursue employment and become breadwinners. The appearance of a midlife crisis varies depending on the woman who is experiencing it. Midlife can bring about a lot of changes and losses, such as decreasing health, retirement, caring for aged parents, and taking on unanticipated responsibilities for adult children or grandkids. Suicide rates rise as people get older. Depression and substance misuse are common, yet they are frequently misdiagnosed and untreated. By correctly diagnosing and treating midlife depression and substance misuse, making appropriate referrals for psychotherapy, and leveraging the support and educational resources of a community and national organizations, the primary care physician can promote healthy ageing. The association between midlife crisis and depression, worry, and quality of life in Indian men and women has been studied empirically, and it has a substantial relationship with depression, worry and quality of life. The study included 120 samples (60 males and 60 females), ranging in age from 45 to 60 years. WHOQOL- Bref, Beck's Depression Inventory II, and Penn's Worry Questionnaire were the three tools used. Descriptive statistics were used, as well as Pearson's correlation. Gender and midlife crises were found to have a positive relationship.

Keywords: *Midlife Crisis, Indian Men and Women*

The idea of 'midlife' or 'center age' turned into first cited in historic records via way of means of Aristotle round three hundred B.C., while he observed the "Prime of Life," believed occurred on the age of 50. The word in his key work, invented the term "midlife crisis. A standard aspect of grownup improvement during the midlife years, in line with Erik Erikson, is the query: "Can I make my lifestyles count?" This query is regularly requested approximately our jobs, children, parents, friends, and God. From here, the time of Midlife Transition commences. It's an important duration in one's lifestyles while the primary 1/2 of of one's lifestyles involves a near and one's healthily aligns with the demanding situations of the second one 1/2 of. As a result, midlife is seen as a time when adults reach "full maturity" as their duties get more complex. Researchers have never mentioned a middle-aged "crisis," but these repeated "transitions" become a "crisis" if middle-aged developmental problems and challenges remain unresolved. Said that it could be. In many studies, the middle- aged transition is seen as a period of significant change in

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interpersonal dynamics, including: B. Marriage, birth of a child, illness or death of parents, retirement and role coordination. Other scholars have focused on internal changes such as: Managing values and identities, and the emotions that can result from these changes, is necessary for the transition to middle age. Claims to be "The span of life from young to old" is defined as "middle-aged." There are no obvious midlife limits since the lines are blurred... The range of subjective perspectives on the transition period is wide. On the other hand, the relationship between chronological age and social, psychological and biological age can provide tools for studying middle age. It is generally believed that middle age begins at age 40 and ends around the age of 60 or 65, when aging begins. Most studies show that 40 is the year of modal entry and 60 is the year of modal exit, but the expected middle age is very different. The median age is often defined as 40-60 years, but because of the gap of at least 10 years at both ends, many think that the median age starts at 30 and ends at 75. While doing what used to make you joyful, you're worried about getting sick, always comparing yourself to successful friends and young coworkers, regretting your choices and decisions, and wishing to lose weight. A typical symptom is a sudden inclination to go to a club and reunite with high school or college friends, to seek spirituality, to change faith, to flee to a new area, or to feel stuck in family relationships. It's an emotional subject, and it's especially difficult for women who are single for the first time. Before we reach middle age, most of us are focused on education, employment, and family, but as we progress from early adulthood to maturity, we begin to question whether we are in the right position.

The term "crisis" applies to this middle-aged transition. People can be scared, unhappy, or agitated when they reflect on their quality of life because they can reach a point in life where they begin to consider all of the decisions they have made up to that point.

The American Psychological Association (APA) states that one of the most common signs of an emotional crisis is "clear and sudden changes in behavior."

Personal hygiene neglect, drastic changes in sleep habits, weight gain and loss, poor work performance, strong mood fluctuations (anxiety, impatience, rage, sadness, etc.) and/or withdrawal from activity are examples of these. Relationships may be included. While these changes can happen quickly, they are usually gradual.

Take a step back and check for changes that began weeks or months ago to discover if you or someone you care about is in danger.

Three "stages" of the midlife crisis

Many people experiencing an emotional crisis experience symptoms at three different stages.

You haven't reached full vulnerability yet, but certain experiences in your life have made you more vulnerable to an emotional crisis. Hambrick describes these as these "trigger" events, such as the loss of loved ones and friends, the collapse of marriage, and the feeling that career progress has leveled off.

There is a climax stage when these events, your reaction to them, and the resulting introspection come to mind. In addition, factors such as previous trauma, financial instability, a history of mental illness, or simply higher levels of stressors can make things

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worse for you. "They can all lead to prolonged or more serious problems," Hambrick explains.

And then there's the coping section, where the gear and coping techniques you have (or don't have) in your device kit either deepen the disaster, making it more difficult to resolve, or help you navigate further. These tools can include things like a fantastic support system to draw on or being associated with intellectual fitness care. On the other side, turning to substance abuse or allowing a disruption in your own family's environment can compound the disaster.

Because a midlife disaster isn't always a sickness, there isn't a comprehensive list of indications and symptoms that applies to everyone who is experiencing one. Instead, a midlife disaster is characterized through tension, stress, or frustration specially associated with age, aging, or mortality.

Sometimes, in an try and stave off the emotions of grief or tension that may accompany a midlife disaster, humans might also additionally have an affair, purchase a brand new car, use capsules or alcohol, or in any other case attempt to recapture the excitement of youth. People experiencing or approximately to enjoy a midlife disaster might also additionally show off a number of the subsequent feelings and behaviors:

- Dissatisfaction in a relationship: - A person may need to change their relationship's language, feel bored with sex, or drastically change their sexual inclinations.
- Obsessive care with one's appearance: An individual can reduce or cure the signs and symptoms of ageing by wearing clothing that makes them look "younger," eating specific diets, exercising consistently, or using cosmetics or therapies. It may also be difficult for the individual to comprehend who they have become.
- Occupational dissatisfaction: A person going through a midlife crisis may feel bitter and green with envy of younger coworkers, particularly those who appear to be on their way up, and may want to stop working or take a sabbatical from their responsibilities.
- Emotional pain: A person may feel melancholy or empty (particularly for long periods of time), be irritable or quick to anger, regularly think about mortality, question spiritual beliefs, act recklessly, or overuse drugs and alcohol in an attempt to break free from inner turmoil.
- People experience anger at this stage because they are irritated by the problems of midlife or their incapacity to manage those challenges.
 1. Replay. A person can try to replicate what was most appealing about their youth by getting plastic procedures, having an affair, or avoiding their duties.
 2. Depressed mood. If replay fails, a person may get unhappy and nervous.

Withdrawal is number three. A person withdraws from loved ones as a way of coping with their despair.

Acceptance is the fourth step. When a person realises they are becoming older, they begin to search for meaning in the next chapter of their existence.

There is minimal indication that men and women deal differently with midlife crises. According to a study published in 2000, both men and women undergo a midlife crisis. Over 50 percent of men and 36.1 percent of women said they were going through a midlife crisis.

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Midlife crisis was triggered by a sense of time passing in both men and women, and 14% of both men and women thought the midlife crisis was a period for big personal changes.

In the media, men's midlife crises are frequently represented as involving fancy cars, affairs, toupees, and strange new interests. However, for many men, a midlife crisis is about more than appearances of youth.

- How will his attractiveness or strength be affected by age-related illnesses?
- Whether or not he has achieved enough success in his professional life.

These indicators do not always imply that a person is experiencing a midlife crisis. Physiological changes in middle age, such as endocrine illnesses, might impact behavior. Many of the symptoms of a midlife crisis are also indicators of despair, anxiety, and other mental health problems. People who are experiencing trouble managing their emotions should see a mental health professional for help. Researchers can't agree on a single definition of a midlife crisis, let alone a set of predictable stages. People go through midlife crises in different ways. A midlife crisis can be divided into three stages for certain people:

1. An event occurs that causes fear about growing older. A significant birthday, the death of a loved one, a professional shift, or anything else that prompts a person to think on their age or life can all trigger this.
2. People go through periods of crises. They may explore new identities, shift relationships with loved ones, and seek new sources of meaning throughout this time.
3. Those affected address the crisis through treatment, acceptance of life changes, regaining control, or other coping mechanisms. The midlife crisis may only last a few weeks for some people. Others take several years to resolve. Pastor and Counsellor Jim Conway, who has written several books about midlife crises and transitions, believes. This paper critically discusses the concept of a midlife crisis and the relevant empirical evidence, presenting arguments for and against a strict, a moderate, and a lenient conceptualization of the midlife crisis. Although a strict and even moderate 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 exemplifying processes of the interaction of social expectations on the one hand and personal goals on the other, and their importance for developmental regulation.

LITERATURE REVIEW

Swati Rawat and Dr. Manini Srivastava. (2020), the Midlife Crisis "Her" Experience. The goal of the study is to see if there is a difference in India, the mental state of middle-aged professional and non-working women is compared. ANXIETY, DEPRESSION, and STRESS are the dimensions being studied. Only differences in depression levels are shown in the results. Nonworking women are more likely to have a midlife crisis.

Hiesow, L.Q. Uddin, and B.C. Bernhardt (2015) et al. Neurocognitive studies in the past identified the medial prefrontal cortex (MPFC) as a site of structural change in midlife. Behaviors, psychological aspects, and socioeconomic characteristics are all associated to MPFC. The effect of household income and daily living on shifts in society brain areas has been extensively researched. They also discovered a male- biased effect for employment income in the dorsal MPFC and amygdala, as well as a woman effect for health pleasure in the ventral MPFC.

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Alexandra Freund and Johannes Ritter (2009), Debate on midlife crisis the advantages and cons of the serious, moderate, and mild conceptualizations of the midlife crisis are presented in this research, which critically examines the empirical evidence linked with the idea of the midlife crisis. Despite the fact that a strict and reasonable description of the midlife crisis appears to be empirically and philosophically untenable, a loose conceptualization illustrates the process of interaction between social expectations and personal aspirations on the one hand.

In Poland, Oles, PK (1999) worked on a psychodynamic perspective of the midlife crisis. The results indicate that the midlife crisis is comprised of three essentially independent characteristics: (i) the symptom severity focused on changes in self-concept, (ii) psychological development, and (iii) acceptance of time and mortality, as revealed by component analysis. (1) socioeconomic disparities, integration, and a difficult-to-realize value crisis, (2) emotion-focused and problem-focused coping, (3) past and future time directions and seemingly purposeless for the future, (4) a sense of time pressure, and (5) a few degrees of integrity, inwardness, and experience are all necessary and sufficient conditions for a crisis.

Herman's HJM, Olds PK (1999). Midlife Crisis to Men is a strong team on a personal level. According to the method, the high-crisis group had a lower level of self-improvement-related impact, a lower level of positive impact, and a higher level of negative impact when compared to the other two groups. Furthermore, the temporal perspective had a different role in self-organization. High-crisis groups showed a higher negative influence on future-related personal meanings than positive impacts in intra-group comparisons of the most influential personal meanings.

Arnold and McKenry 1996 aims to explain the mental health disparities between employed and jobless middle-aged women in India. Anxiety, depression, and stress are the dimensions investigated. Only differences in depression levels are shown in the results. Women who do not work frequently endure a middle-age crisis.

Shek, DTL (1996) Chinese men and women are experiencing a midlife crisis. The results of evaluating that the levels of concern among the middle-aged persons were as follows: some were dissatisfied with their work and personal performance. The findings of the normative midlife crisis study also revealed that the severity of the midlife crisis varied by age group, but that no massive increase or peak in concern occurred in any age group. Women had higher levels of overall middle-aged anxiety and issues, as well as fear of ageing, than men, according to further analysis based on various aspects of the midlife crisis.

(O.G. Brim, 1992) studies about the Factors influencing the midlife crisis, as per a recent analysis of the Midlife Crisis Study the goal of this research was to look into the reported elements that influence the midlife crisis was to explain how the crisis might be affected. These factors influencing the midlife crisis should be considered while devising nursing treatments to manage the midlife crisis, according to the findings.

METHODOLOGY

Objective

To find the relationship between midlife crisis in Indian men and women and measure quality of life, worry and depression faced during this stage.

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Hypothesis (Ho)

- There is no relationship between genders in respect to midlife crisis.
- There is no relationship between midlife crisis and worry.
- There is no relationship between midlife crisis and depression.
- There is no relationship between midlife crisis and quality of life.

METHODS

Quantitative approach was used in the present research. To identify the midlife crisis among Indian men and women, qualitative research would be used. Simple logical reasoning is most commonly used in quantitative research, in which researchers start with assumptions and then collect data to see if there is empirical evidence to support those hypotheses. Quantitative analysis necessitates the use of quantitative data in the form of variables.

Sample

Sample selected for the present study is of 120 adult men and women (60female, 60male) age ranging from 40-65 years. Permission was obtained from the individual participant in form of informed consent. The data was collected from both working and non-working Indian population. The sampling technique used is Purposive Sampling.

Inclusion criteria

- Working and Non-working people with the age ranging from 45-60 years.
- Marital status- Single, married or divorced.

Tool Used

- Penn State Worry Questionnaire (PSWQ; Meyer et al., 1990). The PSWQ is a 16-Item self-report
- Beck Depression Inventory 77 (BDI-II; Beck, Steer, & Brown, 1996). The BDI-II
- The WHOQOL-Bref, still in field trials, is a subset of 26 items taken from the WHOQOL-100.

Tools Description

Penn State Worry Questionnaire: Penn Worry Questionnaire at Penn State (PSWQ; Meyer et al., 1990). The PSWQ is a 16-item self-report questionnaire that uses a 5-point Likert scale to assess the trait-like tendency to worry. The scale's items examine the frequency, intrusiveness, pervasiveness, and other characteristics of an individual's concern experience. It has been proven that the scale can detect worry in addition to anxiety and sadness.

SCORING (Where a score of 1 indicates that something is not at all typical and a score of 5 indicates that something is quite typical)

The scale runs from 16 to 80, with higher values indicating more trait anxiety. Scores can fall into one of the following severity categories.

- 29 or less: Not anxious or a worrier
- 30-52: Worried but not to the point of clinical worry
- 52-65: You are currently experiencing some anxiety and may benefit from treatment.
- If you're 66 or older, you're a chronic worrier who needs to be treated.

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RELIABILITY AND VALIDITY: The PSWQ has strong test-retest reliability after 8-10 weeks ($r = .92$; Meyer et al., 1990) and high internal consistency ($\alpha = .86$ to $.94$; Brown, Antony, & Barlow, 1992). There is evidence of convergent and discriminant validity in the Questionnaire (Brown et al.). For example, the PSWQ is correlated with other worry measures such as the Student Worry Scale ($r = .59$) and the Worry Domains Survey ($r = .67$), and it is more highly correlated with the Cognitive scale of the Cognitive Somatic Anxiety Questionnaire ($r = .70$) than with the Somatic scale ($r = .55$; Meyer et al., 1990) than with the Somatic scale ($r = .55$). In the current sample, the PSWQ has an internal consistency of $=.76$.

Beck Depression Inventory

Beck Depression Inventory (BDI-II; Beck, Steer, & Brown, 1996). The BDI- II is a self-report questionnaire with 21 items that measures depressive symptoms like sorrow and pessimism. Each item has four response alternatives that indicate various levels of depressed symptomatology.

SCORING: The Beck Depression Inventory-II is scored by adding the scores of each of the 21 items that correlate to a symptom of depression (BDI-II). Each item has a four-point scale ranging from 0 to 3. There are seven alternatives for indicating an increase or reduction in appetite and sleep on two items (16 and 18). The BDI-II cut-off score guidelines are provided with the recommendation that thresholds be changed based on the sample characteristics and the intended use of the instrument.

A total score of 0–13 is regarded minimal, 14–19 is considered light, 20–28 is considered moderate, and 29–63 is considered severe.

RELIABILITY AND VALIDITY: The BDI-II has a strong internal consistency of $\alpha = .93$ and $r = .93$ for 1-week test- retest reliability. Validity that is both convergent and discriminant has been demonstrated (Steer & Clark, 1997). In the current sample, the BDI has an internal consistency of $=.91$.

The WHOQOL-Bref: The WHOQOL-BREF is a self-administered, generic questionnaire with 26 items that is a condensed version of the WHOQOL-100 scale. 6 The options range from 1 (very dissatisfied/poor) to 5 (extremely satisfied/excellent). The prior two weeks are used to make assessments. It is made up of domains and facets (or sub-domains). The general facet on OQOL and health consists of items on "overall rating of QOL" (OQOL) and subjective contentment with health. Physical health (seven items), psychological health (six items), social interactions (three items), and environment are the four areas used to interpret the results in the most popular model (eight items). This model served as the foundation for our research. The WHOQOL-BREF domain scores can be calculated in three methods, while scoring the Bref is the same as scoring the WHOQOL-100.

- Mean substitutes are recommended for Domain 1 Physical Health and Domain 4, Environment if no more than one item is tagged missing
- Only three items must be reversed before scoring on the WHOQOL-Bref
- **SCORING**
The WHO Quality of Life Questionnaire has 26 items, with items 3–26 representing four domains: Physical Health (7 items), Psychological Health (6 items), Social Relationships (3 items), and Environment (3 items) (8 items). Two independent items (1 and 2) are investigated and correspond to an individual's overall perception of quality of life and overall perception of general health. Each item's responses are presented on a 1–5 Likert scale, with 1 denoting the least agreement and 5 denoting

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the most agreement with that topic. During the analysis, items 3, 4, and 26 are negatively framed and reversed. The domain score is calculated using the mean score of items within each domain. The sum of item results is represented as domain results.

On a single domain, a larger sum of points indicates a higher quality of life. The following are the instructions for manually calculating individual scores:

$((6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18) \times 4 =$ Domain of Physical

Relationship $(Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26) \times 4 =$ Domain of Psychological Relationship $(Q20 + Q21 + Q22) \times 4 =$ Domain of Social Relationships

$(Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25) \times 4 =$ Domain of environment Relationship

RELIABILITY AND VALIDITY: The WHO quality of life scale's reliability, as measured by Cronbach's alpha coefficient (value = 0.91), was satisfactory when all score items were taken into account, as well as when the 'physical Health', 'psychological', 'social relationships,' and 'environmental domains' were considered separately (0.83, 0.72, 0.67 and 0.76 respectively). Using Pearson's correlation coefficients to discover correlation between the WHOQOL-BREF domains and perceptions of "Overall Quality of Life" and "Overall General Health," the convergent validity for the WHO quality of life domains was determined. All of the domains had moderate correlation coefficients, but they were statistically significant ($p < 0.01$).

Data Analysis

All the analysis was done by Microsoft Windows Excel (2007). Likewise, Pearson's coefficient correlation was used in analyze in finding relation between midlife crisis among Indian men and women.

The Pearson correlation coefficient, indicated by the letter r , is a measure of the strength of a linear relationship between two variables.

Procedure

A significant characteristic relating an understanding of the midlife crisis faced by Indian men and women (working and non-working) was picked after extensive research on the subject. Rapport was established with all the participants; their consent was taken every time and they were assured that their confidentiality was maintained. Purposive Sampling technique was used. The participants were then administered a battery of instruments which assessed general demographic information (age, gender and name). Then they were provided with a set of questionnaires. Penn State Worry Questionnaire (PSWQ; Meyer et al., 1990), Beck Depression Inventory 77 (BDI-II; Beck, Steer, & Brown, 1996), The WHOQOL-Bref is a subset of 26 items from the WHOQOL-100 that is still under field trials. To extract the data, it was chosen and applied to the sample. Scoring was done on Microsoft excel to find out the correlation. Finally, each participant was thanked for his or her participation.

RESULTS

The present study aims to find out the relationship between midlife crisis in men and women and is there any correlation between quality of life, depression and Worry.

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Table 1 -Mean and Standard Deviation of Men's Relation Between QOL, Depression and Worry

Mean 79.80791
Standard deviation 76.56242

Table 1.1- Correlation Between Men's QOL, Depression and Worry

	QOL (QUALITY OF LIFE)	DEPRESSION	WORRY
QOL	1		
DEPRESSION	0.055	1	
WORRY	0.063	0.015	1

0.055 relation between QOL AND DEPRESSION
0.063 relation between QOL AND WORRY
0.015 relation between DEPRESSION AND WORRY

Graph 1.2- Bar Diagram of Men's Correlation with QOL, Depression and Worry

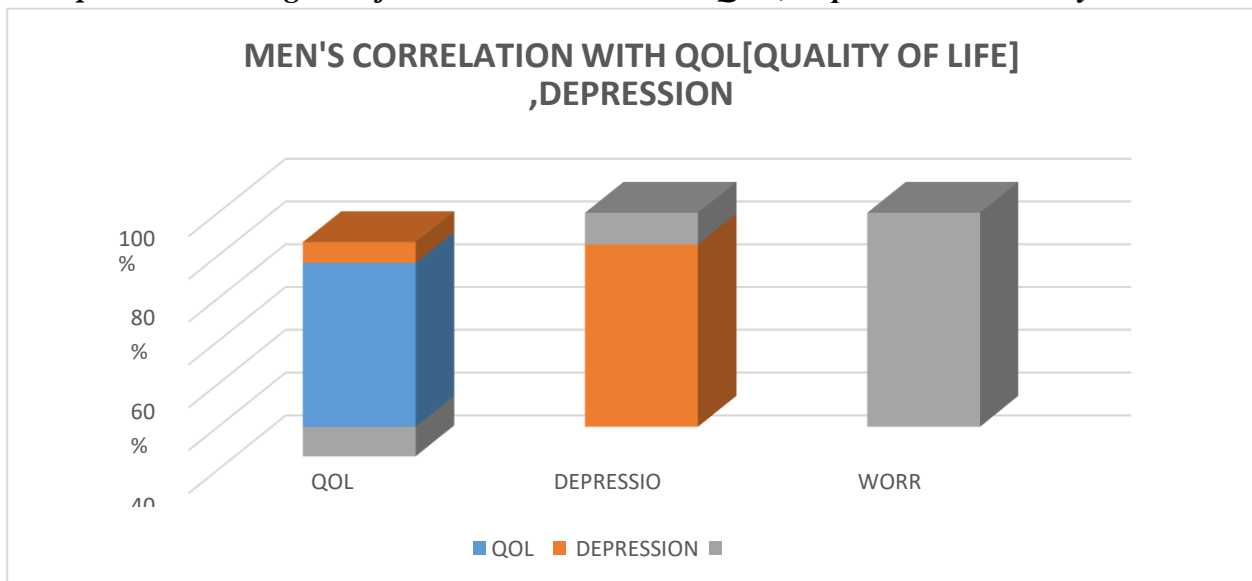


Table 2- Women's Mean and Standard Deviation Relation Between QOL, Depression and Worry

Mean 86.87006
Standard deviation 83.22355

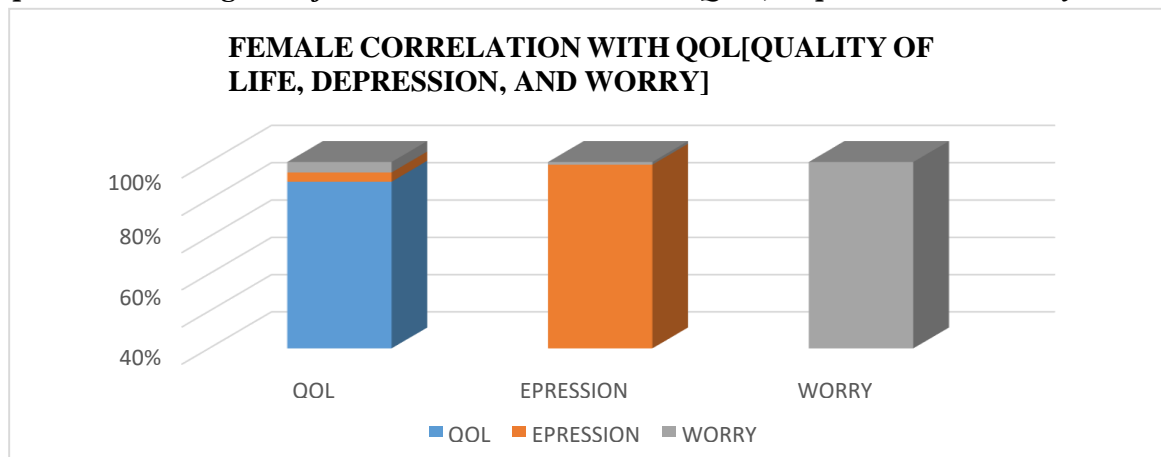
Table 2.1-Women's Correlation Between QOL, Depression and Worry

	QOL (QUALITY OF LIFE)	DEPRESSION	WORRY
QOL	1		
DEPRESSION	0.13	1	
WORRY	-0.18	0.017	1

0.13 relation between QOL AND DEPRESSION
-0.18 relation between QOL AND WORRY
0.17 relation DEPRESSION AND WORRY

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Graph 2.2- Bar Diagram of Women's Correlation With QOL, Depression and Worry



DISCUSSION

In the 1960s, psychoanalyst Elliott Jacques invented the term "midlife crisis." Patients in their mid- to late-30s, according to Jacques, seemed to go through a melancholy time and make drastic lifestyle adjustments as they faced their own mortality. The notion that the midlife crisis is a biological certainty gained traction.

From the result table we could see that women relationship with QOL (quality of life) and DEPRESSION is 0.13 so it is between 0.250 (0.05 level of significance) and also below the score 0.354(0.01 level of significance), so we can say that the relationship between and depression is positively correlated and significant.

In women the relationship between QOL (quality of life) and worry is -0.18, so we can say it is significant in 0.05 level (0.250) and 0.01 level (0.354) but it is negatively correlated.

In women 0.17 is the relationship between depression and worry at 0.05(0.250) level and 0.01(0.354) level.

From the another set of data that is of male we can interpret that male score 0.055 in relationship with qol and depression and it is also significant in 0.01(0.354) and 0.05(0.250) level.

Another set of data which scored 0.063 shows the relation between Qol and worry in male participant so from here also we can interpret that that Qol and worry are significant in 0.01 (0.354) and 0.05(0.250) level and it is positively correlated.

The relation between depression and worry is 0.015 also significant in 0.01(0.354), 0.05(0.250) level and it is positively correlated.

So, we can say that from the discussion and above result table hypothesis is accepted.

Samuels, S. C. (1997). Helping people in late forties and fifties deal with stress, worry, and depression. According to Geriatric medicine, midlife may be accompanied by changes and losses such as deteriorating health, retiring, and caregiving for aging parents, and unwanted responsibilities for adult offspring or grandkids. The result indicates that in this stage

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Suicide rates increase as people age. Although sadness and alcohol addiction are common, both are usually misdiagnosed and left untreated.

L. B. Alloy and A. H. Ahrens 1987, Depression and pessimism for the future: Prejudiced use of statistically important information in self-versus-other projections was published in 1987. The midlife crisis is defined as a reinterpretation of time perspective, reevaluation of life ideals and objectives, confrontation with death as a personal happening in the future, and preparation for the second half of life. Furthermore, time perspective had a different role in self- organization: the high crisis group demonstrated a higher level of significance in an intragroup comparison of the most influential personal meanings.

Sheila Krystal and David A. Chiriboga, 1979, the empty nest crisis affects both men and women in early forties and fifties. In a diagnostic and field study, the consequences of motherhood's empty-nest period on mood and level of activity were examined. The field data came from a five-year observational study of life stages, and the clinical data came from two therapy groups for women in their forties. The findings found that as the empty nest unfolded, morale increased, implying that the empty nest may be more myth than reality.

Limitations

Given some confounding that may have influenced the findings reported, this study has the following potential limitations:

- The small sample size limited the generalizability of the results obtained
- The interplay of cultural biases and personal issues of the sample under study is thought to have strongly influenced the data quality.
- Clinical judgments were employed in earlier investigations of the midlife crisis, which are significantly superior. Not everyone could tell a compelling story about their midlife crises.
- The quality of the data collected would have been improved if there had been more highly skilled interviewers or clinical investigators.

Implication

Midlife crisis emotional upheaval can lead to a lot of important sentiments and decisions concerning your life. This period of your life, however, does not have to be negative. If you let it, a midlife crisis might become something that improves your attitude. Here are some suggestions to help you age gracefully and look forward to a brighter future:

- Recognize the changes that are taking place in your life.
- Before making any major adjustments, talk to close friends or family members to get a second opinion.
- To move out of your comfort zone, try a new hobby, volunteer, learn something new, or take a break and travel.
- Revisit old dreams or set new objectives.
- Concentrate on your work.

Scope For Further Suggestion

Additional variables, such as socioeconomic level, marital status, and demographic status (rural population), can be used to investigate their role and create a more comprehensive picture of mental health. To gain a relative greater insight into the mental health state of men

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and women in India, and to increase the applicability of the findings in accordance with the attribute of extensive cultural diversity, a bigger sample size under research is required.

CONCLUSION

Midlife, according to B. Neugarten (1968), is a pivotal period marked by "time restructuring and the development of new views of self, time, and death." Individuals tend to become more reflective and self-evaluative during this phase, therefore she utilized concepts like "time," "transformation," and "interiority." Increased responsibility for elderly parents, awareness of the self as a 'bridge' between generations, the necessity to create ties with adult children's marriage partners, and grandparenthood are all examples of translations mentioned by Neugarten.

We can see that there is a positive association between midlife crisis and Indian men and women in this study, and the findings are significant at the 0.05 and 0.01 levels.

As a result, we can conclude that the hypothesis is correct, and Indian men and women have a major impact on depression, quality of life, and worry.

As a result, effective management allows for 'Growth,' whereas ineffective coping or mismanagement results in 'Crises.' Midlife Crisis can thus have a negative impact on an individual's mental health, particularly on the dimensions of anxiety, depression, and stress.

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Conflict of Interest

The author(s) declared no conflict of interest.

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