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Research Paper

Comparison of Midlife Crisis and Coping between Male and Female

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ABSTRACT

Numbers of Psychological, Social and Emotional changes occur during the age of 35 to 60 years of age which is generally called Midlife. Midlife crisis is also common for both male and female and both suffer some similar and some dissimilar crisis during this age. Although both men and women encounter midlife challenges, the nature, intensity, and coping responses often differ across genders. This comparative analysis examines key symptoms and coping strategies associated with midlife crisis among males and females, drawing from empirical studies and theoretical perspectives. Findings indicate that men typically report higher levels of anxiety, career dissatisfaction, depression, financial stress, achievement related issues and aging, whereas women more frequently experience emotional distress, depression, stress, anxiety, identity transitions linked to family roles, and physiological changes associated with menopause. Coping strategies also different for both male and female for Midlife crisis. Male often rely on problem-focused or avoidance-based behaviours, including work engagement or impulsive lifestyle changes, while women tend to use emotion-focused strategies, such as seeking social support, introspection, and proactive health behaviours. The review underscores the importance of gender-sensitive interventions, including counselling, stress-management programmes, and family-based support systems, to help individuals navigate this life stage more effectively. From the results of the comparative analysis, it can be inferred that by understanding gender differences in midlife crisis symptoms and coping patterns can enhance psychological support mechanisms and promote overall well-being during midlife transitions.

Keywords: *Midlife Crisis, Gender difference, Psychological Issues, Social Issues, Coping strategies*

Midlife crisis is a psychological phenomenon commonly experienced during middle adulthood, typically between the ages of 40 and 60 years, and is characterized by emotional turmoil, self-doubt, anxiety, and a critical re-evaluation of one's life achievements, goals, and identity. The term *midlife crisis* was first introduced by Jaques (1965), who described it as a period marked by increased awareness of mortality and the realization that one's remaining time is limited. This awareness often triggers introspection, leading individuals to question their personal, professional, and social accomplishments.

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Although not all individuals experience a crisis during midlife, research suggests that this stage often involves significant psychological adjustments due to biological aging, changing social roles, and shifting life priorities (Lachman, 2004).

From a developmental perspective, midlife represents a transition phase rather than a period of decline. Erikson's psychosocial theory identifies this stage as one of *generativity versus stagnation*, wherein adults strive to contribute meaningfully to society and support the next generation (Erikson, 1963). Failure to achieve generativity may result in feelings of stagnation, dissatisfaction, and emotional distress, which are often associated with midlife crisis. Additionally, age-related physical changes, declining health, and concerns about attractiveness and vitality can exacerbate psychological vulnerability during this phase (Lachman et al., 2015).

Socio-cultural and occupational factors also play a crucial role in shaping the experience of midlife crisis. Career plateauing, job dissatisfaction, financial responsibilities, and caregiving roles for both children and aging parents place considerable stress on individuals during midlife (Wethington, 2000). Furthermore, changing family dynamics—such as children leaving home, marital dissatisfaction, or divorce-can intensify feelings of loneliness and loss of purpose (Robinson & Wright, 2013). In contemporary societies, increasing life expectancy and shifting social expectations have further complicated the midlife experience, making it a period of both challenge and opportunity for personal growth and reinvention.

Recent empirical studies suggest that midlife crisis should not be viewed solely as a pathological condition but rather as a normative developmental process that may lead to positive transformation when effectively managed (Lachman, 2015). Adaptive coping strategies, social support, and psychological resilience can facilitate successful adjustment, enabling individuals to realign goals and achieve renewed life satisfaction. Thus, understanding midlife crisis from a psychological and developmental framework is essential for promoting mental well-being and improving quality of life during middle adulthood.

Common Midlife Crisis Male Adults

Midlife crisis in male adults is a widely discussed psychological phenomenon that typically emerges during middle adulthood, usually between the ages of 35 and 60 years. This phase is often marked by emotional distress, identity confusion, and dissatisfaction with life achievements. Men at midlife frequently experience heightened awareness of aging, declining physical strength, and mortality, which may trigger feelings of regret over unfulfilled goals and missed opportunities (Jaques, 1965; Lachman, 2004). Societal expectations that emphasize success, productivity, and financial stability further intensify psychological pressure during this stage.

One of the most prominent features of midlife crisis among men is career-related dissatisfaction. Many men reassess their occupational accomplishments and may experience a sense of stagnation, especially when career advancement plateaus or aspirations remain unmet (Levinson et al., 1978). Job stress, fear of redundancy, and competition with younger colleagues can contribute to anxiety and reduced self-esteem. In some cases, men may attempt drastic career changes or engage in risk-taking behaviors as a means of restoring a sense of control and competence (Robinson & Wright, 2013).

Physical and biological changes also play a significant role in shaping the male midlife crisis. Age-related declines in testosterone levels, reduced energy, weight gain, and health

problems can negatively affect body image and sexual functioning (Lachman et al., 2015). Concerns about sexual performance, attractiveness, and vitality may lead to frustration, irritability, and marital conflict. These physiological changes, combined with psychological stressors, often contribute to mood disturbances such as depression and anxiety, which are frequently underreported among men due to traditional masculine norms discouraging emotional expression (Addis & Mahalik, 2003).

Interpersonal and family-related challenges further exacerbate midlife crisis in men. Changes in marital relationships, emotional distance from spouses, and difficulties in adjusting to parenting transitions—such as children becoming independent—can result in feelings of loneliness and loss of purpose (Erikson, 1963). Some men may seek validation outside their primary relationships through extramarital affairs or increased social engagement, reflecting an attempt to reaffirm youthfulness and desirability (Robinson et al., 2015).

Behavioral and emotional manifestations of midlife crisis in male adults often include irritability, impulsivity, substance use, withdrawal from family life, and decreased life satisfaction. While these behaviors are sometimes pathologized, contemporary research suggests that midlife crisis can also serve as a catalyst for personal growth and psychological restructuring (Lachman, 2015). With adequate coping strategies, social support, and professional intervention, men can navigate midlife challenges effectively and achieve renewed meaning, generativity, and well-being.

Common Midlife Crisis Female Adults:

Midlife crisis in female adults is a multifaceted psychological experience that commonly occurs during middle adulthood, typically between the ages of 35 and 60 years. This phase is often marked by heightened emotional sensitivity, identity re-evaluation, and concerns related to aging, roles, and life accomplishments. Unlike men, women's midlife crisis is frequently shaped by the intersection of biological transitions, particularly menopause, and psychosocial changes such as shifting family and occupational roles (Lachman, 2004; Avis et al., 2005). Increasing awareness of mortality and the passage of time often prompts women to reassess their personal goals, relationships, and sense of self.

Biological and hormonal changes play a significant role in midlife crisis among women. The menopausal transition is associated with fluctuations in estrogen levels, leading to physical symptoms such as hot flashes, sleep disturbances, fatigue, and changes in sexual functioning (Greene, 2011). These physiological changes are often accompanied by mood swings, irritability, anxiety, and depressive symptoms, which may intensify feelings of vulnerability and loss of control (Avis & Crawford, 2008). Societal emphasis on youthfulness and physical appearance further exacerbates body image dissatisfaction and self-esteem issues during midlife (Hurd Clarke & Griffin, 2008).

Psychosocial stressors are equally influential in shaping the midlife crisis experience of women. Many women face the "sandwich generation" burden, balancing caregiving responsibilities for aging parents while supporting adolescent or adult children (Lachman et al., 2015). Additionally, women may encounter career stagnation, workplace discrimination, or interrupted career trajectories due to earlier family commitments, leading to frustration and regret (Moen & Sweet, 2004). These cumulative stressors often contribute to role overload, emotional exhaustion, and decreased life satisfaction.

Changes in interpersonal relationships also significantly impact women during midlife. Marital dissatisfaction, divorce, widowhood, or the experience of an "empty nest" can lead to feelings of loneliness, loss, and diminished purpose (Robinson & Wright, 2013). Women may also re-evaluate long-standing relationships and personal boundaries, seeking greater autonomy, self-fulfilment, and emotional authenticity (Erikson, 1963). This period of reassessment can sometimes manifest as withdrawal, increased emotional distress, or major life changes, but it may also foster psychological growth and empowerment.

Emotionally and behaviorally, common manifestations of midlife crisis in female adults include anxiety, depressive symptoms, irritability, decreased self-confidence, and heightened concern about health and future security. However, contemporary research emphasizes that midlife crisis in women should not be viewed solely as a negative or pathological condition. Instead, it represents a critical developmental transition that can promote resilience, self-awareness, and generativity when supported by adaptive coping strategies, social support, and positive health behaviors (Lachman, 2015). Thus, understanding the unique biological and psychosocial dimensions of midlife crisis in female adults is essential for promoting mental well-being and quality of life during middle adulthood.

Comparison of Midlife Crisis between Male and female Adults:

Early work by Jaques (1965) introduced the idea of a midlife crisis as a period of existential reflection and emotional upheaval. Subsequent research indicates that while both genders report midlife stressors, the frequency and intensity of crisis symptoms may vary. Wethington's (2000) national survey in the United States found that about one-third of adults reported a midlife crisis; however, *gender differences* were not always consistent, suggesting that crisis prevalence is influenced by cultural norms as well as gender roles.

Some studies suggest men report higher levels of traditional "crisis" symptoms (e.g., identity confusion, career reassessment), whereas women often experience distress linked to relational and health transitions (Robinson & Wright, 2013; Lachman et al., 2015). However, others argue that gender differences are context-dependent and influenced by methodological variations in measurement (Hopson & Adams, 1976).

Research often frames male midlife crisis in terms of identity and achievement domains. Men frequently reevaluate career success, social status, and personal goals, particularly when confronted with aging signs or career plateaus (Levinson et al., 1978; Lachman, 2004). Traditional masculine norms emphasizing competitiveness and control may intensify crisis experiences when men perceive unmet life accomplishments (Addis & Mahalik, 2003).

In contrast, midlife crisis among women is frequently linked to biological transitions (e.g., menopause) and evolving life roles—such as caregiving for aging parents and adult children (Lachman et al., 2015; Avis et al., 2005). Studies have shown that psychological distress in women during midlife correlates more strongly with interpersonal stressors and body image concerns than with achievements in career spheres (Hurd Clarke & Griffin, 2008).

Biological transitions exert differential impacts on men and women. Menopause represents a significant physiological shift for women during midlife, often accompanied by mood changes, sleep disturbance, and health-related anxieties (Avis & Crawford, 2008; Greene, 2011). By comparison, midlife biological changes in men—such as gradual declines in testosterone—tend to be subtler, yet may affect mood, energy levels, and sexual functioning, contributing to perceptions of aging (Lachman et al., 2015).

These differences suggest that biological processes intersect with gendered social expectations to shape how crisis experiences unfold, with women potentially attributing distress to physical changes more readily than men.

Several researchers have examined gender differences in the experience of midlife crisis and have reported notable variations in its causes and manifestations. Jaques (1965), who first conceptualized the midlife crisis, emphasized existential anxiety and awareness of mortality as universal triggers; however, later studies suggest that gender-specific social roles shape how this crisis is experienced. Lachman (2004) argued that while both men and women undergo psychological re-evaluation during midlife, men tend to focus more on achievement, career success, and personal identity, whereas women are more concerned with relational roles, health, and emotional well-being.

Levinson et al. (1978) highlighted that midlife crisis in men is often associated with career stagnation, fear of aging, and perceived loss of power or status. Their longitudinal work suggested that men may experience a sharper identity disruption during midlife due to strong societal expectations linking masculinity with productivity and success. In contrast, women's midlife experiences are frequently shaped by cumulative role demands, including caregiving responsibilities and marital adjustments, which may lead to emotional exhaustion rather than abrupt crisis episodes (Moen & Sweet, 2004).

Biological factors further contribute to gender differences in midlife crisis. Research on women indicates that menopause plays a significant role in intensifying emotional distress during midlife. Avis et al. (2005) found that hormonal changes during menopause are associated with increased depressive symptoms, anxiety, and sleep disturbances, which may heighten feelings of crisis. Men, on the other hand, experience more gradual biological changes such as declining testosterone levels, which may subtly affect mood, energy, and self-esteem, but are less likely to be identified as a single defining transition (Lachman et al., 2015).

Comparison of Coping Strategies for Midlife Crisis in Male and Female Adults:

Gender differences in emotional expression and coping strategies are also documented. Men often demonstrate externalizing behaviors such as increased risk-taking, irritability, or distancing from relationships during midlife stress (Robinson et al., 2015; Addis & Mahalik, 2003). Women, on the other hand, are more likely to internalize distress, reporting anxiety, depressive symptoms, and greater emotional awareness (Avis et al., 2005; Lachman, 2015). These tendencies mirror broader gender socialization patterns, where emotional expression is more socially acceptable for women than men.

Coping mechanisms also differ: women are more likely to seek social support and engage in adaptive emotion-focused coping, whereas men may rely on problem-focused strategies or avoidant responses (Ptacek et al., 1994). These divergent coping styles influence how midlife stress is experienced and resolved.

Outcome studies reveal mixed findings regarding gender differences in midlife crisis resolution. Some research suggests that women may demonstrate higher levels of psychological growth following midlife challenges due to stronger social networks and coping flexibility (Lachman, 2015). Men, on the other hand, may struggle more with crises related to personal identity and role loss, particularly in cultures where masculinity is tied to productivity and achievement (Levinson et al., 1978).

However, the emphasis on "crisis" itself has been critiqued. Contemporary developmental perspectives propose that midlife is less about crisis and more about transition and opportunity for redefinition for both genders (Lachman et al., 2015). This reframing suggests that with adequate support, both male and female adults can experience enhanced resilience, purpose, and life satisfaction during midlife.

Studies on emotional expression and coping strategies also reveal gender-based differences. Addis and Mahalik (2003) reported that men are less likely to seek psychological help during midlife due to traditional masculine norms, often expressing distress through irritability, withdrawal, or risk-taking behaviors. Women, in contrast, are more likely to acknowledge emotional difficulties and seek social or professional support, which may buffer the negative impact of midlife stressors (Ptacek et al., 1994). This difference in coping styles influences not only the experience of crisis but also its resolution.

Recent literature challenges the notion of midlife crisis as a predominantly negative phenomenon for either gender. Robinson and Wright (2013) observed that many adults, particularly women, report positive outcomes following midlife challenges, such as increased self-awareness, autonomy, and life satisfaction. Similarly, Lachman (2015) emphasized that midlife should be viewed as a period of transition and potential growth rather than inevitable crisis, with both men and women capable of achieving psychological resilience when supported by adaptive coping and social resources.

CONCLUSION

The present review highlights that midlife crisis is a significant developmental phase experienced by both male and female adults, though its nature, intensity, and expression differ considerably across genders. For men, midlife crisis is often characterized by concerns related to career achievement, financial stability, identity, and declining physical strength. Feelings of stagnation, loss of status, and fear of aging are commonly observed, often leading to externalized responses such as irritability, risk-taking behaviors, withdrawal from family life, or reluctance to seek professional help. In contrast, women's midlife crisis is more frequently associated with biological transitions such as menopause, changing family roles, caregiving responsibilities, and interpersonal relationship challenges. Emotional symptoms including anxiety, depressive feelings, reduced self-esteem, and concerns about health and appearance are more prominent among female adults.

Despite these differences, both men and women share common stressors during midlife, including increased awareness of mortality, reassessment of life goals, and the pressure of balancing multiple social and familial roles. However, gender socialization and societal expectations strongly influence how individuals perceive stress and respond to midlife challenges. Men are often conditioned to suppress emotional vulnerability, which may intensify psychological distress and delay effective intervention. Women, on the other hand, tend to be more emotionally expressive and reflective, which can facilitate earlier recognition of midlife-related stress but may also increase emotional burden.

Significant gender differences are evident in coping and management strategies for midlife crisis. Male adults typically adopt problem-focused or avoidant coping strategies, such as increased work involvement, lifestyle changes, or disengagement from emotional issues. While these approaches may provide temporary relief, they are often insufficient in addressing underlying psychological concerns. Female adults are more likely to use emotion-focused coping strategies, including seeking social support, sharing emotional

experiences, engaging in self-care practices, and utilizing professional mental health services. These coping patterns often contribute to better long-term psychological adjustment and resilience among women.

In conclusion, midlife crisis should not be viewed as a pathological condition but as a normative life transition that offers opportunities for growth and redefinition for both men and women. Understanding gender-specific experiences and coping styles is essential for developing effective intervention and support strategies. Gender-sensitive counselling, promotion of adaptive coping mechanisms, and increased awareness about midlife mental health can help both male and female adults manage midlife challenges more constructively, ultimately enhancing psychological well-being and quality of life during middle adulthood.

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Conflict of Interest

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