

Title

Middle Adulthood: A Bridge between Generations

Introduction

Although it is a cumulative, lifetime process, midlife development is poorly understood. The midlife perspective, as well as the developmental milestones and difficulties experienced by middle-aged persons, are often misunderstood. The distinctive cluster of responsibilities and turning points that become different from prior and subsequent life stages, as well as evolving patterns in physical and emotional well-being and family structure, are among the problems of midlife. The significance of middle-aged individuals' intergenerational interactions, emerging financial instabilities, dwindling healthcare and social safety net, and escalating child-rearing expenses are stressed in this paper. While doing so, diversity concerns and the difficulties experienced by immigrant families in terms of racial/ethnicity, gender identity, and family income are also highlighted. Apart from that, potential interventions and policy modifications that might help to promote reversibility and resilience are also suggested. With a deliberate attempt to concentrate on the complexity of midlife perspectives to face the extraordinary challenges and possibilities in the future, the proposed plan for future analysis intends to re-conceptualize midlife as an essential stage of life as it is a crucial time when gains and losses are balanced, earlier. Subsequent life phases are connected, and generations are bridged.

Development Challenges and Solutions

Body
(Major
Content)

Challenges

Mental Health.

The prevalence of depression, anxiousness, and significant mental trauma peaks in midlife, especially among women from poorer socioeconomic backgrounds. Accordingly, midlife is when antidepressant usage and professional mental health visits are highest compared to earlier or later in adulthood. These trends are exceptionally prominent for women and those

with less education. Rising middle-aged adult mortality rates, particularly those due to intoxication, suicidal behavior, and liver cirrhosis, result from shifting mental health patterns. In the study, "Explaining recent mortality trends among younger and middle-aged White Americans," Masters and colleagues (2018) identify "trends in middle-aged US White mortality vary considerably by cause and gender." Accordingly, the deaths of despair trends have been attributed to significant challenges in employment, household, and community engagements (Case & Deaton, 2015; Masters et al., 2018). This is in contrast to the stability of life satisfaction and increasing trajectories of emotional experience that Maria may face.

Physical Health.

Physical health has also shown similar patterns, with current middle-aged adult cohorts showing increased prevalence rates for several chronic conditions, including metabolic disease and rising disability rates. Rising obesity rates, increasing calorie consumption and dependence on fast foods, low rates of physical exercise, and a sizable population of Americans who are "under-insured" are a few possible factors. According to the study, "Explaining Disability Trends in the U.S. Elderly and Near-Elderly Population," Chen and Sloan (2015) point out, "Increased trends were more apparent for near-elderly than elderly persons. Sociodemographic shifts tended to reduce disability, but their favorable effects were largely offset by increased self-reported chronic disease prevalence." Accordingly, contrary to individuals in early adulthood and old age, middle-aged persons in wealthy countries report higher levels of alcohol dependency, severe headaches, and sleep issues that interfere with concentration (Chen & Sloan, 2015).

Relationship Dynamics.

The requirements of the elderly parent may strain relationship dynamics. The health and well-being of middle-aged individuals, as well as their prospects for work and retirement

income, are all impacted by their caregiving responsibilities. Caregivers have higher work-family disputes, trait anxiety, psychological discomfort, worse sleep, and lower-quality partner relationships. They also need more acute health services. The likelihood of engagement varies by SES and racial/ethnic group (Meyer & Abdul-Malak, 2016). Maria may assist with babysitting for their future grandkids or provide support if their adult child is divorcing or must travel for employment and face particular challenges.

Economic Instability.

Adults in their middle years are the most susceptible to economic downturns and labor market instability. Issues regarding their adult children's financial prospects among middle-aged parents were strongly linked to more excellent rates of depression and anxiety.

In a report, "*Rising Financial Burdens for Middle-Aged Americans*," Parker and Patten (2013) provide:

Roughly half (48%) of adults ages 40 to 59 have provided some financial support to at least one grown child in the past year, with 27% providing the primary support. These shares are up significantly from 2005. By contrast, about one-in-five middle-aged adults (21%) have provided financial support to a parent age 65 or older in the past year. (Parker & Patten, 2013)

The social welfare system for middle-aged persons in the U.S. is getting smaller due to economic downturns and job market instability. Middle-aged people have a high risk of declining physical and psychological well-being and economic uncertainty (Fisher et al., 2014). Thus, middle-aged people, such as Maria, are most affected by the narrowing safety net.

Solutions

Improved health and well-being, cognition, and lifespan in old age are all predicted by midlife physical activity, stronger muscular strength, and healthier blood pressure. Several initiatives have proven successful in encouraging middle-aged persons to lead active lifestyles. Identifying possible obstacles to being active is necessary, offering tools to help people manage their daily schedules, handle time-related obstacles to exercise, and incorporate physical activity into everyday activities. As reported by Robinson and colleagues (2019) in their study, "Time For Change: Using Implementation Intentions To Promote Physical Activity In A Randomized Pilot Trial," which states, "personalized planning intervention increased physical activity and confidence in achieving physical activity goals under time constraints." Accordingly, the study reported higher time-relevant exercise self-efficacy, more daily steps, and more time engaged in a moderate-to-vigorous activity as contributors to good physical health. People's knowledge, attitudes, and expectations about aging may be used to encourage regular exercise (Robinson et al., 2019).

Elderly parents and their children are receiving care from middle-aged adults. Services for adult day care provide caregivers a break from the central pressures of providing care. Caregivers who struggle to get the necessary informational resources and cope with a fragmented system of care providers that do not communicate with each other and ensure their cherished one gets adequate care are illustrations of this (Puterman et al., 2018). Social support and engagement interventions may lessen stress by shifting intergenerational relations and financial vulnerabilities. In times of need, people can turn to the individuals within their circle for emotional, practical, or informational help; each resource has its protective advantages in certain situations. It has been discovered that social support and participation are adjustable through intervention. For example, an online social intelligence course may assist middle-aged people in

connecting with others by developing their socioemotional abilities. For at-risk groups, tools that promote colleague support groups may be practical, low-cost preventive treatments to lessen burnout and suffering. Despair, self-compassion, feeling loved, receiving physical affection, and parental stress may improve (Luthar et al., 2017).

Comparison of Challenges among Stages of Adulthood Development

Early Adulthood

Early adulthood can be thought of as a period of affirmation. In this stage, the person seeks proof that they are now "full-fledged" adults, proclaims the independence of their nuclear family, and works to be recognized as independent. These are also the periods when females, such as Maria's daughter, are first exposed to the "feminine mystique" in a very intimate way. People with poor self-esteem may feel anxious about the duties and demands of early adulthood; even the most self-assured people are likely to feel some degree of uncertainty at this time. For many people, the early years of maturity are a period of comparatively low earnings and high economic demands. People who anticipate starting adulthood with the "whole economic bundle" are most affected by this income disparity. Even though many people between the ages of 23 will probably face some financial hardship, they tend to be optimistic about the future. Most people in their early adult years have excellent health, so it's common for people to take it for granted. The person is exposed to a highly complex culture in which they are mandated to perform many different jobs.

Furthermore, the person must carry out these duties adultly, as that term is understood at a given period. The expected actions for these jobs sometimes contradict and are vaguely specified. It is, therefore, reasonable to predict that a significant source of comfort will come from family life. Similarly, one may anticipate that pleasure with one's standard of living would

play a significant role in determining one's level of life satisfaction in a materialistically minded culture where performance is valued highly (Medley, 1980).

Late Adulthood

Maria's father, who is 73 years old, maybe more prone to have a feeling of accession. People often face several changes and "losses" throughout their late adulthood. The majority of people, for instance, quit their full-time jobs, goes through upheavals in their parent-child relationships, and see their marital responsibilities shift. There will probably be a lot of people who move. While some people perceive themselves as being liberated by the changes that come with late adulthood, others feel degraded to a condition of subjection. Although males are more inclined than women to indicate a high level of life happiness, late adulthood looks to be the time of significant life contentment. Family life provides both sexes with the most satisfaction. However, quality of life and health are also significant variables (Medley, 1980). It would seem reasonable to assume that adaptable and prepared people are most likely to find fulfillment in these years, especially those who are emotionally and financially prepared. This is because of the quantity and kind of changes that come with late adulthood.

Multicultural Challenges and Plan of Action

A vital component of the efficient approach to immigrant settlement and community engagement, multiculturalism has arisen as a method for controlling identity and social policy. In recent years, multiculturalism has seen a significant transformation. It spoke of "enrichment" via diversity and "dignity" through cultural preservation in the past. Today, cultural plurality no longer serves as a primary demand of minorities, partly due to shifts in the economic and governmental system. A wide range of subjects and identities are covered by multicultural concerns, encompassing ethnicity, faith, ancestry, heritage, gender identity, and disability.

Because they are distinct from a dominant culture, members of diverse cultural groups may face discrimination or unfavorable stereotypes. Tolerance, compassion, and openness to understanding others' differences are necessary to develop healthy social situations.

A person's medical care may vary depending on their cultural background if they ever receive it. In underprivileged communities, cardiovascular disease, Aids, and osteoarthritis are often more prevalent. Minorities might be less inclined to seek psychological and medical therapy. Physical aggression may result from misconceptions and ignorance of cultural differences. The impact of immigration on a person's or a family's mental health can vary significantly depending on whether they are granted permanent residence. Accessibility to medical and psychological care may be hampered by immigration status. A whole new set of health issues, such as an increase in dementia and cognitive impairment cases, are brought on by an aging immigrant population. Due to a lack of data on the effectiveness and adverse effects of popular dementia medications, therapeutic therapies for certain migrants diagnosed with Alzheimer's disease are similarly restricted. There is a disparity in the care given to immigrants versus locals, even for those with common mental illnesses.

In comparison to locals, immigrants throughout Europe are more likely to undergo forced or unwelcome psychiatric procedures. Cultural, linguistic, and other communication challenges among immigrant patients and mental health professionals are to blame for this. Patients who lack sleep have persistent weariness that makes it difficult for them to participate. Their ability to acquire the language of the host country and their cognitive function are both impacted by this. Patients frequently balk at discussing the specifics of their severe trauma (Castles, 1992).

Problems Faced by Immigrants

There will be various issues that Maria and her family may face, such as the hindrance in corresponding to and engaging in their new surroundings because of being unable to speak the same *language*. Accordingly, the barrier may offer issues regarding job search, their daughter's academic performance, and small things such as buying stuff. So, it may become essential for them to acquire the local official language. Finding *a suitable job* is the next obstacle the immigrant family may face in gaining acceptance for their credentials and relevant local job experience while adjusting to life in a new nation. *Residence* may be an inconvenience too at the new place. *Aids* provided in a new country may differ in terms of various aspects such as range and nature compared to what they might have previously received. They may not be aware of such assistance provided for them. Since they may need additional expenses to qualify for permission to drive and have no knowledge of routes taken by public transport, *transportation access* may be an issue for them. In their new place, they may feel exposed to *cultural shock* due to the differences they may experience, including values observed, faith practiced, and perspectives upheld. They may also face discrimination in a new setting where they engage, contributing to a sense of isolation and a harmful impact on their mental health. Maria and her father moving to a new nation with their daughter may cause two different "*children's problems*" for them. Their daughter may assimilate into the exposed culture and become "foreign" to them. The second parenting challenge they may experience is frequently dealing with educational institutions, especially whenever communication barriers get in the way. Again, schools, social agencies, and community organizations should be able to assist in helping in this regard. *Racism and prejudice* are tragic aspects of immigration worldwide that they may also experience. However, it is becoming better thanks to progressive policies and a population that is becoming more diverse. They may also experience *loss, alienation, and disorientation* because their

previous country has robust traditional support mechanisms within communities. So, they may feel the absence of family help, companions, and more extensive social contact because autonomy is often esteemed in a new place rather than family dependence. Lastly, the *climate* is another aspect they may have an issue with while relocating to their new place (Lipson & Meleis, 1989).

Action Plan

A recently published study, "Refugee and Migrant Health" by the World Health Organization (WHO) (2022), reports, "...to build strong health systems that are supported by a well-trained, culturally sensitive and competent workforce, and are sensitive to the needs of refugees and migrants, their languages and their unique health problems." Accordingly, the health requirements of migrants, refugees, and asylum seekers were highlighted, focusing on those in vulnerable situations. The goal is to advance knowledge of the fundamental health system capabilities needed to address these populations' immediate and long-term requirements. In agreement with these proposed policies, it is essential to recognize the overall health requirements of migrants and consider these needs when planning and developing healthcare services and resources and when developing and implementing national health policies (2016). Apart from that, it is fundamental to give the immigration system justice, violence prevention priorities, and an end to the unfair targeting of immigrants. Apart from that, following the "2021 *Immigration Action Plan*" (2020), which aims, "Restoring Human Dignity Recovering The Economy Reinforcing American Values," the legalization of immigrants to uphold the rights of all employees, and the appointment of representatives of immigrant communities should be materialized to bring a revolutionary change as cabinet members and agency heads.

Moreover, eliminating immigration crimes and protecting immigrant communities, families, and children is necessary. Establishing an independent immigration court system may provide due process for people facing removal and offer access to legal representation. Additionally, reinstatement of the Freedom to Request and Remain Protected from Torture, Persecution, and Other Serious Violations of Human Rights are fundamental steps that may be taken to ensure the strengthening of American values while promoting fundamental human rights and reviving the economic system

Conclusion

This paper aimed to re-conceptualize midlife as a significant stage of life because it is a pivotal period when despite certain gains or losses, early and late adulthood is linked, thus bridging the lifetimes. This is done with a deliberate attempt to focus on the ambiguity of midlife perceptions in confronting the exceptional obstacles and possibilities in the future. Midlife faces several developmental challenges, such as mental, physical, and relationship issues alongside economic instability, which may be mitigated through ensuring social engagement by social support groups, introducing policies for immigrants' health services, and job safety. Apart from that, the differences between middle adulthood (in the case of Maria) in comparison to early adulthood (her daughter) and late adulthood (her father) were focused on, and it was observed that middle adulthood act as a bridge between two of these phases. Alongside, it was seen that life satisfaction varies for each of these phases because of different contributing factors for each phase. Other than that, multicultural challenges were highlighted that might influence Maria's developmental stages, including serious health issues and psychosocial, cognitive, and emotional concerns. Moreover, it was observed that how Maria's family may face issues ranging from the language barrier to residence inconvenience or discrimination and isolation. Furthermore, an

action plan was provided in guidance of the official 2021 action plan for immigrants and WHO policies to contribute toward the strong values, promotion of human rights, and economic stability for immigrants such as Maria and her family.



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