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Assessing Coping Mechanisms of Women during Midlife Crisis

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Abstract

This study investigates how various support systems, functioning as coping mechanisms, influence women's adjustment during midlife crisis in selected local government areas of Oyo State, Nigeria. Midlife crisis in women often arises from physiological, psychological, and socio-relational stressors, including menopause, caregiving responsibilities, bereavement, and career disruptions. Despite the existing literature on midlife challenges, empirical research has focused little on how support systems facilitate adjustment among women during this transitional period. Using a cross-sectional survey design, data were collected from 165 women aged 45–65 years through a structured questionnaire. Respondents were selected via a multi-stage sampling technique covering both urban and semi-urban LGAs. The instrument had a reliability coefficient of 0.81 and captured socio-demographic variables, intensity of crisis manifestations, and available support systems. Descriptive statistics and one-way Analysis of Variance (ANOVA) were used for data analysis. Findings revealed a statistically significant difference in women's adjustment based on their level of support systems ($F(3, 161) = 12.417$, $p = 0.000$). This implies that support systems such as family, friends, religious groups, and professional counselling significantly influence women's ability to navigate the midlife crisis. The study concludes that strengthening support structures can promote emotional resilience and mental wellness among women undergoing midlife transitions. Recommendations include increased community-based support initiatives and counselling services tailored specifically for midlife women.

Keywords: Midlife Crisis, Physiological, Psychological, Support Systems, Women

Introduction

A midlife crisis is a period of self-doubt in a person's life, usually between the ages of forty-five and sixty-five. This stage in an individual's life is referred to as a psychological crisis. A common occurrence during this period of psychological crisis is the process of ageing on one hand and events such as unexpected mortality of parent(s), child or loved ones, and loss of self-esteem on the other hand. Consequently, any of these events may result in feelings within individuals of intense depression, remorse, and high levels of anxiety, or the desire to achieve youthfulness or make drastic changes to their current lifestyle or feel the wish to change past decisions and events (Austrian, 2008). The term 'Midlife Crisis' was coined by Elliott Jaques in 1965. An individual going through a midlife crisis is found to exhibit some of the following signs: exhaustion, self-doubt, low self-esteem, anger, frustration, daydreaming, loneliness, excessive cravings for material possessions, and affairs with the opposite sex (Jackson, 2020). Most people glide through the phase without making major life changes, but for others, it is more complicated. It could bring about emotional stress that could lead to psychosocial issues

and the need for psychotherapy. Both genders experience a midlife crisis. Midlife crises last about 3 to 10 years in men and 2 to 5 years in women. Apart from age-related challenges during midlife, other issues associated with the job, spousal relationships, grown children, as well as the ageing or death of parents, can also trigger the onset of a midlife crisis. It affects males and females differently since their experiences of stressors differ (Giuntella et al., 2023).

For men, a midlife crisis is mostly triggered by work-related issues. Whereas the experience of a midlife crisis in women may be caused by self-assessment of their roles as caregivers and women leaders in their communities (Giuntella et al., 2023). Men in middle age experience a more stressful work environment and greater work stress. Notwithstanding, it is uncommon for men to deal with their mental stress or psychological symptoms. Also, men seldom seek help from their family or friends, and it is believed that this may have its origins in the middle childhood socialization process. Notably, socialization of males frowns against the expression of their emotions. It is considered a time-wasting or strange occurrence when males display their emotions openly.

The intensity of the midlife crisis experience may vary from one individual to another. Whereas some individuals adapt to the changes that accompany middle age, such as physical, sexual, and professional changes, others do not adjust in the same way. Overall, people's adjustment to changes during middle age leads to complete wellness. When people fail to adjust, it has negative consequences on their mental health (Bae, 2022). Poor adjustment could also result in a crisis among family members. A study found that stress levels are proportional to the impact on the experience of a midlife crisis. Furthermore, stress is also identified as a significant factor that may trigger a midlife crisis. Therefore, midlife crisis can vary in intensity from person to person because of individuals' adjustment capabilities following the situations they experience (Balamurugan et al., 2024).

Those who differ on the concept of midlife crisis believe that midlife crisis is common among individuals with certain tendencies toward self-doubt and distinct personality traits. Also, they believe that some people in middle age, usually between forty and sixty years old, are healthy, emotionally stable, and financially comfortable. Notwithstanding the foregoing, some people experience stress even during a transition period (Morgan Brett, 2010). Midlife for women is a phase in their life course that brings about psychosocial changes. Although stressful, Grote et al. (2007), Infurna et al. (2020), and Bromberger and Matthews (1996) reveal that women at this stage exhibit a tendency towards a drastic reduction in stress perception, rather than an optimistic attitude. In the present era, certain adjustments and difficulties are like those encountered in the Middle Ages. Some of them are tough for both males and females, while others are comparatively harder for women. A detailed review of adults' challenges in midlife included the death of parents and encountering subsequent sadness. Encouraging children to progress into adulthood, adjusting without children at home, and accommodating adult children who return home to live are not without their attendant consequences during midlife.

A midlife crisis can be challenging for men because they find it difficult to cope with middle-aged responsibilities stemming from changes in the body, environmental stress, and, most often, demands or responsibilities that overwhelm individuals as their obligations and aspirations conflict with their usual roles. This may explain why the midlife crisis period for

men lasts between five and ten years. On the other hand, experiences of midlife crisis among women usually occur during their phase of transition through the life course. For women, stressful relationships and hormonal changes are key factors towards their experience of midlife crisis. Menopause for women can be overwhelming. During this phase, an imbalance in estrogen and progesterone levels is usually accompanied by physiological changes. These physiological changes result in sleep disruption, mood swing and low libido (Bagga et al., 2025). At this stage, women are known to become broody. They become pensive at their tangential roles as mothers, caregivers, and community leaders. Bereavements and career swaps for women can also contribute to such feelings (Pitimson, 2021).

As mentioned above, Midlife is a period of transitions and challenges, and the inability to cope with these changes can lead to a “crisis,” generally known as a midlife crisis. The available data given by the U.S. Center for Disease Control and Prevention (CDC) reveal that suicide rates have increased by 50 per cent from 2000 to 2016 among females, while in males, suicide rates have increased by 21 per cent over the same period. Also, within the years 2000 and 2016, females between the ages of 45 and 64 years had a high rate of suicide (Hedegaard et al., 2018). The CDC report in 2016 stated that the rate of suicide committed by women aged 45-64 years in 2014 rose to 63 per cent when compared with the figure for the year 1999 (Diaz et al., 2018). Again, in every age group, the study found that the rate at which women commit suicide is growing faster than that of men, with the largest being middle-aged women, and this is worrisome. In another publication, the CDC reported that in 2014, women between the ages of 40 and 59 had the highest depression rate (Pratt, 2014). Furthermore, in India, the National Crime Records Bureau (NCRB) reported that an average of 381 suicide deaths per day in 2019, resulting in a total of 139,123 deaths during the year. Suicide rates were reported to be highest among women aged 40-49 years and men over 60 years of age (Sullivan et al., 2013). It was observed that the most common causes of stress in middle-aged suicide are criminal/judicial issues prevalent in men in adapted analyses, while health and family issues were more prevalent among women (Gaur & Rathore, 2021).

Despite the growing awareness of midlife crises, limited attention has been paid to the role of support systems in helping women navigate this life stage. Support systems, including family, peer groups, professional counselling, religious institutions, and social networks, can play a vital role in enhancing women's resilience and adjustment during midlife. These systems can provide emotional comfort, practical assistance, identity reinforcement, and a sense of belonging.

However, existing literature lacks sufficient empirical analysis on how these support structures influence women's capacity to cope and adapt during midlife transitions. In this context, this study seeks to investigate how various support systems, functioning as coping mechanisms, influence women's adjustment during a midlife crisis in selected local government areas of Oyo State, Nigeria.

Literature Review

Theoretical Underpinning

Erikson's Theory

Erik Erikson propounded the theory of psychosocial development and the concept of the identity crisis. His theories marked an important shift in thinking about personality; instead of focusing solely on early childhood events, his psychosocial theory examines how social influences shape people's personalities throughout their lifespans. Erikson is known for advocating 2 opposing sides: stagnation and generativity (Slater, 2003). On the other hand, Levinson believed that individuals go through transitions during stagnation and generativity not necessarily as a result of crisis (Slater, 2003). However, the main theme of Levinson's theory concerns the stages of an individual's life at a particular point in time (Aktu & İlhan, 2017). His theory gave a vivid account of the development of individuals from birth until extinction. Erikson's theory, a Neo-Freudian psychologist's theory, is premised on the concept he termed epigenesis. His notion of epigenesis is that human beings undergo gradual development in phases throughout their lives. There are eight phases in all, and every individual must transit from one to another.

Completion of one phase provides the entry point to the next stage. Transitions through the phases are not smooth sailing, because each phase is accompanied by a peculiar crisis that needs to be resolved. Erikson believes that everyone has a coping system for every stage of life. Therefore, issues that could not be resolved at one stage are bound to be resolved at another stage in the future (Erikson, 1959). Erik Erikson's eight phases are described as:

- i. mistrust/trust phase,
- ii. doubt/autonomy phase,
- iii. guilt/initiative phase,
- iv. inferiority/industry phase,
- v. confusion/identity phase, and
- vi. isolation/intimacy phase.
- vii. stagnation/generativity phase,
- viii. despair/integrity phase.

Each of these phases is briefly described by the most common experience individuals are expected to undergo. The 1st phase of mistrust/trust occurs between birth and the age of 1.5 years. A child at this phase develops a sense of either trust or mistrust toward the people in his/her environment. Children who are surrounded by adequate, responsive support are quick to develop an optimistic world view.

The 2nd phase of doubt/autonomy occurs between the periods of 1.5 and 3 years. The experience during this period is centered on personal control and developing self-confidence. It also encompasses the development of self-will and determination. The 3rd phase is between 3 and 6 years old. It is the phase of initiative versus guilt, during which children are expected to explore and discover their environment. At this stage, they should begin to exhibit some traits and exert control on their preferences. Accomplishments at this

stage are believed to be sufficient for children to develop a sense of purpose. The 4th phase is about inferiority/industry, whereby the children, aged between six and twelve years, tend to focus on developing self-esteem and a sense of proficiency. Achievements at this phase are considered successful in competence. Confusion/ identity is the 5th phase. It occurs during the teens. Also, it is a period of personal exploits. This phase, if successfully completed, would enable a teenager to develop an allegiance and model a healthy personality (Erikson, 1959).

The 6th phase represents the isolation-versus-intimacy stage. This is the period of early adulthood, whereby individuals tend to forge vibrant relationships with those around them. Success at this phase indicates the individual's ability to engage in mutually enduring relationships with others. During the 7th phase, that is, the stagnation/ generativity stage, the onset of middle adulthood begins. Individuals become more responsive to the impact they have on their societies. They strive towards leaving a lasting legacy within their worldview. More than ever, they become aware of what is happening in their communities and families. Success in this phase is determined by career heights and strong family values. Finally, the 8th phase of despair /integrity is the psychosocial development stage. This is marked by a period of evaluation and self- reflection about life. Individuals who feel satisfied with their lives have a sense of fulfilment, wisdom, and integrity. Whereas people whose lives are full of disappointments may feel sad and experience despair and bitterness (Erikson, 1959).

Empirical Review

Below are highlights from the research on women's experiences during midlife. Premenopausal women numbering about 3044 with ages ranging between forty-two and fifty-two years were sampled across 7 cities in research conducted on Women's Health Across the Nations (SWAN). Participants were followed annually for 13 years. The research was basically a longitudinal study on perceived stress and its influence on menopausal status. The impact of sociodemographic factors, including age, educational attainment, financial status, ethnic affiliations, and menopausal status, on perceived stress was observed. Findings show that Hispanic women, women with lesser educational attainment, and women reporting financial hardship were each more likely to report high perceived stress levels at baseline. Additional findings reveal that, after adjusting for sociodemographic factors, perceived stress decreased over time for most women but increased for both Hispanic and white participants. Also, among participants in New Jersey, the results show that changes in menopausal status were not a significant factor. The Hispanic women with lesser educational attainment and women reporting financial difficulty reported a higher level of perceived stress (Guérin et al., 2019). Another Longitudinal study conducted on Midlife crisis in Wisconsin, a Midwestern state in the US, found that the death of a child is a traumatic event that can have long-term effects on the lives of parents. This study examined bereaved parents of deceased children, aged 34 and comparison parents with similar backgrounds. An average of about 18years after the death of their children, when parents were age 53, bereaved parents reported more depressive symptoms, poorer well-being, and more health problems and were more likely to have experienced a depressive episode and marital disruption than were comparison parents. It was

also found that recovery from grief was associated with having a sense of life purpose and having additional children but was unrelated to the cause of death or the amount of time since the death of the child in question. The results point to the need for detection and intervention to help those parents who are experiencing lasting grief (Rogers *et al.*, 2008).

Another study conducted in Nigeria on midlife crisis focused on the attainment of development goals by Nigerian families in the midlife bracket, as they form the cream of society. In the study, the researchers suggested that, to achieve the development goals, these groups of people need to be sound in mind and health to help contribute positively towards achieving the development goals. They examined the triggers of midlife crisis with a view to proffering some counselling intervention to help cope with the crisis. Specifically, for women, they said midlife has been hypothesized to be either a time of emptiness and depression stemming from the empty nest syndrome or from menopause or alternatively a time of frantic overload from juggling the multiple roles of parents and caretaker for elderly parents, members of the extended family. They also believed that for some individuals, midlife is a time of struggle, forcing them to cope with problems, both their own and those of parents, spouses, and siblings. Problems with troubled adolescents, infertility, divorce, widowhood, and parental bereavement were equally observed as limiting factors for women in the area of productivity (Oluyemi *et al.*, 2023).

During midlife, low socioeconomic status (SES) is linked to limited social resources and poor nutrition. Furthermore, vision impairment and a host of other health challenges have been associated with low socioeconomic status. The above factors were said to have a significant effect on symptoms of depression among middle-aged individuals. Furthermore, some studies were conducted among older people to examine how sociodemographic factors influenced their socioeconomic status. The sociodemographic factors considered were educational attainment, occupation and income. Also, the effect of perceived emotional support was reported to have a significant effect on symptoms of depression among older people. For older women, the impact was severe. Moreover, it is observed that when people receive adequate support, it results in better psychological and emotional well-being. Support from friends and family tends to influence individuals' adjustment during challenges. With an adequate support system, individuals exhibit fewer depressive symptoms. The industrialization of Taiwan in the 1960s, accompanied by an increase in women's educational attainment, transformed the labour market, with large numbers of women entering factories. This social change disproportionately affected women across different socioeconomic strata. The risk clustering model hypothesizes that women in lower SES are more deprived of social resources than those in higher SES, which may in turn make them more vulnerable to developing emotional distress in their later years (Crandall *et al.*, 2012).

Methodology

This study adopted a quantitative, cross-sectional research design to examine how coping mechanisms influence women's adjustment to midlife crisis. The target population comprised women aged 45 to 65 years from eight local government areas (LGAs) within Oyo State, Nigeria. These areas were strategically selected to include both urban and less-developed regions: Ibadan North, Ibadan North-East, Ibadan North-West, and Ibadan South-West

represented urban areas, while Akinyele, Egbeda, Lagelu, and Ido represented less developed areas. A total of 200 women were approached for the study. Using Krejcie and Morgan's (1970) sample size table for a population of 200, a sample size of 165 respondents was deemed appropriate and was successfully achieved, resulting in a response rate of 82.5% after accounting for study attrition.

A multi-stage sampling technique was employed. First, purposive sampling was used to select four urban LGAs. Then, four additional LGAs from less developed areas were selected by simple random sampling (balloting). Within each LGA, communities and women's meeting hubs were identified using maps, and participants were recruited through snowball sampling. This was necessary due to the sensitive and often unspoken nature of midlife crises among women, making them a difficult-to-reach population. Only participants who reported experiencing a midlife crisis were included in the final sample.

The research instrument was constructed based on insights from existing literature and subjected to expert review for face validity. To ensure internal consistency, the instrument yielded a reliability coefficient (Cronbach's alpha) of 0.81, indicating high reliability. Section B of the questionnaire measured the intensity of midlife crisis experience using a 4-point Likert scale ranging from "Very Strongly" to "Not at all." Respondents also selected from multiple options regarding the manifestations of the crisis (e.g., mood swings, sadness, thoughts of self-harm) and the types of support systems (e.g., spouse, family, friends, religious group) they found most beneficial.

Data collection was completed within two weeks, with copies of the questionnaire distributed in person by the researcher and two trained assistants. A total of 165 valid responses were collected and analyzed. The data were analyzed using SPSS version 26. Descriptive statistics, such as frequencies and percentages, summarized demographic variables, while inferential statistics, specifically one-way Analysis of Variance (ANOVA), were used to test the impact of support systems on women's adjustment during their midlife crisis.

Results and Discussion of Findings

H₀₁: The support system will not significantly influence the adjustment of women during their midlife crisis.

The results of the null hypothesis test are shown below:

Table 1: Summary of One-Way ANOVA showing Significant Difference among Support System Level of Women on Midlife Crisis Adjustment

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	29.694	3	9.898	12.4 17	.000
Within Groups	128.342	161	.797		
Total	158.036	164			

Source: Researcher's Field Survey, 2025

Table 1 presents the result of a One-Way ANOVA conducted to determine whether there is a significant difference in women's adjustment to midlife crisis based on the type or level of support system they accessed. The analysis compared the adjustment levels across four categories of support systems.

The Between Groups Sum of Squares is 29.694 with 3 degrees of freedom, yielding a Mean Square of 9.898. The Within Groups Sum of Squares is 128.342 with 161 degrees of freedom, resulting in a Mean Square of 0.797. The calculated F-ratio is 12.417, and the associated p-value (Sig.) is .000, which is highly significant at $p < 0.05$.

This result indicates that there is a statistically significant difference in how women adjust to midlife crisis depending on the level or type of support system they access. In essence, the support system women relied on, whether it be family, friends, spouses, religious organizations, or colleagues, had a meaningful impact on their psychological adjustment during midlife.

Table 2: Multiple Comparisons showing a Least Significant Difference (LSD) of Adjustment to Midlife Crisis across Social Support

	Income level	1	2	3	4	Mean	SD
1.	A supportive family	-	-.79*	-.85*	.08	3.22	.99
2.	A cooperative spouse		-	-.06	.88*	4.02	.84
3.	A supportive religion organization			-	.94*	4.08	.76
4.	Significant others				-	3.13	1.06

*. The mean difference is significant at the 0.05 level.

Source: Researcher's Field Survey, 2025

Specifically, the result in Table 2 shows that participants who received support from a family ($\bar{x} = 3.22$) significantly reported higher adjustment to midlife crisis than participants who received support from spouse ($\bar{x} = 4.02$) with mean difference of $(-.79, p < .05)$. Also, participants who received support from religious organizations ($\bar{x} = 4.08$) significantly reported higher adjustment to midlife crisis than participants who received support from a cooperative spouse ($\bar{x} = 3.22$) with mean difference of $(-.85, p < .05)$. Participants who received support from family ($\bar{x} = 4.02$) significantly reported higher adjustment to midlife crisis than participants who received support from significant others ($\bar{x} = 3.13$) with mean difference of $(.88, p < .05)$. Again, participants who have a supportive religion organization ($\bar{x} = 4.08$) significantly reported higher adjustment to midlife crisis than participants who received support from significant other ($\bar{x} = 3.13$) with mean difference of $(.94, p < .05)$. These findings highlight that not all forms of social support are equally beneficial. Emotional and intimate support from a spouse and structured spiritual support from religious groups appear to play a more pivotal role in helping women navigate the emotional and psychological demands of midlife.

Discussion of Findings

Specifically, the result of multiple comparisons shows that participants who received support from family significantly reported higher adjustment to midlife crisis than participants who received support from cooperative spouse. Also, participants who received support from a religious organization significantly reported higher adjustment to midlife crisis than participants who received support from a cooperative spouse. Participants who received support from family reported significantly higher adjustment to midlife crisis than those who received support from significant others. At midlife, an individual functions as a support provider and a beneficiary of support systems through his/her relationships with others. Social relations with family, friends, and co-workers can provide a major source of satisfaction and contribute to well-being and health in midlife. The absence of support or the experience of strain can wreak havoc on middle-aged adults, leading to stress and illness. Notwithstanding, research on the consequences of the empty nest revealed that older adults suffer from loneliness, physical and mental decline, and a loss of well-being, compared with those who have a support system through their children and family members (Otterbach et al., 2018).

In Africa, India, the Middle East, and East Asia, older parents are highly revered, and it is considered necessary that children care for their aged parents and accord them due respect (Chao & Tseng, 2002). The foregoing assertion aligns with the beliefs of the Oyo State women in whom this research was conducted. Any breach in the principles of seeing to the welfare of older parents is met with severe consequences like stress, sadness and outright shame to the parents. However, this experience is not common in British families. For British families, when their children leave home, they celebrate their departure because it signals that they have succeeded as parents, having raised children who are ready to assume independent adult life with its challenges. Again, this is a pointer to the cultural relativity of midlife crisis. As regards the sources of social support for the sample of women in this study during their mid-life crisis, it was discovered that more respondents indicated support from family members. This finding is consistent with the suggestion that social relations with family, friends, and co-workers can provide a major source of satisfaction and contribute to wellbeing and health in midlife. It is reported that the impact of support systems through family and friends throughout the life course has a greater influence on psychological well-being and a reduction in depressive signs among the aged population (Mirowsky & Ross, 1999).

Conclusion and Recommendations

The findings of this study clearly demonstrate that the type of support system available to women significantly influences their ability to adjust during midlife crisis. Women who received strong emotional support from a cooperative spouse or a supportive religious organization exhibited higher levels of psychological resilience and better adjustment compared to those who relied on family or significant others.

This study recommends that women experiencing mid-life crisis should be offered adequate systems of support. The government should pay more attention to community social support-health promotion programs in terms of broad coverage of health services,

which should be instituted through the Ministry for Women's Affairs situated within the local government area of residence of women.

Again, family and friends of women experiencing mid-life crisis should be encouraged to always offer the needed support because this study shows that the mutual relationship between family and friends of these women has a significant impact on mitigating the fatalities of experiencing mid-life crisis in women. Finally, this study recommends that further studies be conducted on the best strategies for women's adjustment to midlife crisis.

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