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ACCEPTANCE

This dissertation, THE RELATIONSHIP AMONG SOCIAL CONNECTEDNESS, MEANING IN LIFE, AND WELLNESS FOR ADULT WOMEN IN LEVINSON'S MID-LIFE TRANSITION STAGE, by KARIN L. SMITHSON, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements of the degree Doctor of Philosophy in the College of Education, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chair, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education concurs.

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ABSTRACT

THE RELATIONSHIP AMONG SOCIAL CONNECTEDNESS, MEANING IN LIFE, AND WELLNESS FOR ADULT WOMEN IN LEVINSON'S MID-LIFE TRANSITION STAGE

by

Karin L. Smithson

Abstract

While developmental research on the period of midlife has received increased attention in the literature, limited focus has been paid to the transitional stage into midlife, particularly for women. In this study, 286 women between the ages of 38 - 47 years completed online surveys comprised of a demographic questionnaire, the Social Connectedness Scale – Revised (SCS-R; Lee, Draper, & Lee, 2001), the Life Regard Index – Revised (LRI-R; Debats, 1998), and the Five Factor Wellness Inventory – Adult (FFWel-A; Myers & Sweeney, 1999). Participants were recruited through local community-based organizations and snowballing efforts. Participants resided in a major southern metropolitan city. Results from this study indicate that wellness was significantly higher for women who had advanced degrees, higher income levels, and were in a parenting role. Full-time employment and higher education levels were significantly related to higher feelings of meaning in life for women, but being in a parenting role was not linked to higher meaning in life. Implications for counseling women in the Mid-Life Transition Stage are explored and directions for future research are discussed.

THE RELATIONSHIP AMONG SOCIAL CONNECTEDNESS, MEANING IN LIFE, AND WELLNESS FOR ADULT WOMEN IN LEVINSON'S MID-LIFE TRANSITION STAGE

by

Karin L. Smithson

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in
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CHAPTER 1

THE RELATIONSHIP AMONG SOCIAL CONNECTEDNESS, MEANING IN LIFE, AND WELLNESS FOR ADULT WOMEN IN LEVINSON'S MID-LIFE TRANSITION STAGE

The scientific study of human development seeks to understand the reasons and ways that individuals change or remain the same as they age, with the goal of explaining, evaluating, and promoting human lifespan progression. Although human development includes the entire length of an individual's life, most research in this field has focused on the eras of childhood, (Egan, 1997; Frazier & Gelman, 2009; Kaplan & Walpole, 2005; Maslow, 1968; Nelson & Fivush, 2004; Page, Wilhelm, Gamble, & Card, 2010; Piaget, 1962, 1976), adolescence (Eccles, Midgley, Wigfield, & Buchanan, 1993; Ferns & Thom, 2001; Larson, Richards, Moneta, Holmbeck, & Duckett, 1996; Rutter, 1980; Trentacosta, 2010; Valois, Zullig, Huebner, & Drane, 2009), or childhood through adolescence (Erikson, 1963, 1980; Freud, 1938; LaFontana & Cillessen, 2010; Snyder & Feldman, 1977, 1984; Walker, Gustafson, & Hennig, 2001). For instance, Freud (1938) contended that an individual will reach all five psychosexual stages by adolescence, remaining in the final stage throughout adulthood. Piaget's conceptualization of a four-stage cognitive lifespan sequence included only one stage (Formal Operational) of adulthood commencing at age twelve (Piaget, 1952, 1970). Although developmental researchers have largely focused on populations of nonadults, there has recently been greater emphasis on studying adult development and its unique stages and challenges.

Inclusive models of adult change processes have addressed specific developmental stages over the lifespan, including cognitive changes, moral growth,

career development, and physical maturity. For example, Schaie (1982) contended that adults traverse through four stages of cognition which correspond to adult patterns of commitment and social emphases, including the early adulthood cognitive stage of Achieving (goal-directed learning) and the middle adulthood stages of Responsible (concern for others) and Executive (concern for social systems). Cohen (2005) expanded cognitive developmental research in late adulthood, identifying stages involving brain remodeling, recruiting, and information processing. Kohlberg (1971, 1980) identified two levels of moral judgment usually occurring in adulthood, Conventional, and Postconventional, with two stages within each level. Super's (1972) research on vocational development indicated that individuals experience five stages of vocational development, starting at birth with Growth, progressing through Exploratory, Establishment, Maintenance in midlife, and Decline past the age of 65. Super (1980) contended that adults experience cycling and recycling of developmental tasks within each lifespan stage. Fries and Crapo (1981) identified phases of physical organic decline in adults as a consequence of aging and disease.

Although these developmental models have addressed how adults change over the lifespan, there remains a lack of emphasis on Middle Adulthood. This period in life has been called "a time when themes of juggling multiple roles and achieving balance in life are front and center" (Lachman, 2001) and therefore is worth examining when exploring constructs in adult development. Less is known about the middle years of adulthood than earlier and later years of the lifespan, leading Brim (1992, p. 171) to refer to this period as the "last uncharted territory in human development." As Lachman (2001) points out, further research on the significant period of Middle Adulthood is necessary and would

have an influence on those in this life phase, those approaching this stage or reflecting back on it, and all individuals who are affected by or cared for by this population.

Middle Adulthood

Middle Adulthood, a developmental phase that follows early adulthood and precedes a period of late adulthood, has been described as an era of unique demands and complexities. This phase of life has been described in the literature as beginning and ending at varying ages, with a converging age range somewhere between the 40s and the 60s (Finch, 2001; Lachman, 2001; MIDMAC, 1999; Staudinger & Bluck, 2001). This period of life is widely considered the time when an individual leaves young adulthood to enter an older cohort, but is still somewhat between 'young' and 'old' and thus is characterized by efforts to reach equilibrium. Midlife has been considered as the central period of life when an individual looks at balancing the past and the future, while focusing on utilizing what has been learned in the past to promote success and personal potential (Staudinger & Bluck, 2001).

Erikson, viewed as a leading developmental theorist, was the first to take a lifespan developmental approach that includes stages in adult development. Erikson is credited with extending psychoanalytic stage theory into the adult phase of life and bringing emphasis on social factors in lifespan development (Corey, 1996). Erikson (1963, 1978) was the first to address the era of Middle Adulthood as one life stage between young adulthood and old age, during which an individual faces specific psychosocial crises, negotiations, and resolutions. Erikson (1963) found that in Middle Adulthood, the individual struggles with the task of Generativity versus Stagnation. Specifically, in this era, one experiences a desire to contribute to the next generation

alongside a counter feeling of stagnation if not contributing in a meaningful way. According to Erikson (1978), Middle Adulthood is a time of self-generation and significant identity development as well as the emergence of the psychosocial strength of care, specifically with children, spouses, and aging parents. This phenomenon has led to the middle-aged being called 'the sandwich generation,' being caught between caretaking of the generations before and after them. Although Erikson identified Middle Adulthood as a specific developmental phase, he failed to break down the various stages within this era as Levinson (1978, 1986) proceeded to do with his research on lifespan development and the discovery of distinctive Middle Adulthood stages. Therefore, Levinson's stage model, which succinctly classifies these stages of adulthood by age and developmental tasks, provides an important framework from which to identify this life stage for further exploration.

Levinson (1978, 1996) developed a theoretical model of adult developmental processes by offering distinct, sequential stages, which include phases of relative stability and transition. Levinson divided the lifespan into four overarching eras: the Era of Pre-Adulthood (0-22), the Era of Early Adulthood (17-45), the Era of Middle Adulthood (40-65), and the Era of Late Adulthood (60+). Levinson (1978, 1996) detailed additional stages within these eras, described as periods of formation, transition, and culmination. The Era of Middle Adulthood contains the Mid-Life Transition (40-45), the Entry Life Structure for Middle Adulthood (45-50), the Age 50 Transition (50-55), and the Culminating Life Structure for Middle Adulthood (55-60). The Culminating Life Structure for the Early Adulthood era precedes Middle Adulthood and is considered to last from ages 33 to 40, when the individual attempts to form a life structure to establish a

more secure place in society while departing the ‘junior’ part of the adult world (Levinson, 1996). After the Mid-Life Transition Stage begins the Entry Life Structure for the Middle Adulthood era (45-50), in which the individual focuses on the task of creating a framework for the initiation of Middle Adulthood by establishing a starting place in this phase of life (Levinson, 1996). While other theorists focus on separate domains of adult development, Levinson’s approach to lifespan issues is inclusive, detailed, and thus more valuable when examining adult development. Levinson’s theory of adult development is significant because he is one of the first to focus primarily on adult development in Middle Adulthood (Lachman & Bertrand, 2001) and to assign specific stages to Middle Adulthood’s developmental years within a lifespan stage theory.

Levinson (1978, 1996) identified the Era of Middle Adulthood as a time when physical capacities are lowered but sufficient for fulfillment, responsibility for work is increased, and growth in creativity, purpose, and intimacy is heightened. Levinson (1978) found a number of central struggles in this transition era, including terminating Young Adulthood, initiating Middle Adulthood, and coming to terms with the coexistence of the masculine and feminine parts of the self. Other concerns within this time period involve social, biological, and environmental issues such as parenthood (Martin, Hamilton, Ventura, Menacker, & Park, 2002; Peterson & Duncan, 2007; Sampselle, Harris, Harlow, & Sowers, 2002), marital status (Uhlenberg, Cooney & Boyd, 1990; Reynolds, Lim, & Prior, 2008; Weinberger, Hofstein, & Whitbourne, 2008), identity formation (Burke, 1995; Stewart et al, 2001), societal norms (Bannister, 2000; Gergen, 1990; Saucier, 2004), sexuality (Degges-White & Myers, 2006a; Hess et al.,

2009) and physical changes (Brown, Gallicchio, Flaws, & Tracey, 2009; Sampselle et al., 2002).

Within adult development, unique, age-related stages and transitions in Middle Adulthood have been found to be significant (DeAndrade, 2000; Levinson, 1978, 1986, 1996; Roberts & Newton, 1987; Whitbourne, Sneed, & Sayer, 2009; Woo, 2009). While the 40-65 year period has been considered the life cycle era of Middle Adulthood, the stage between the ages of 40 and 45 is especially important. This era, identified by Levinson (1978, 1996) as the Mid-Life Transition Stage, presents the individual with a set of unique challenges that are specific to these developmental years (Levinson, 1986). Considering the significant demands and changes that occur throughout Middle Adulthood, lifespan research should focus on the identifiable stages within these years and examine the tasks and issues specific to them. Specifically, theorists should focus on the years within the Mid-Life Transition Stage, in which individuals face major developmental tasks, adjustments, and challenges due to leaving the youthful era of Early Adulthood and entering the more senior stage of Middle Adulthood.

Mid-Life Transition Stage

Levinson (1978, 1986) described the Mid-Life Transition Stage as the first phase of Middle Adulthood, occurring roughly from ages 40 to 45 (with plus or minus two years considered normal on either end of the stage). The Mid-Life Transition Stage is defined as a period representing both a beginning and an end, as an individual both terminates the younger stage of Early Adulthood and experiences the cross-era shift into the older stage of Middle Adulthood. Changes within this transition era are shaped by various roles and the current character of those roles in an individual's life within the

domains of occupation, leisure, parenthood, family, caregiving, marriage, and self (Levinson, 1978, 1996).

Individuals may look at life roles within the occupational and family domains and reevaluate their vision of success and life satisfaction (Levinson, 1996; Wethington, Kessler, & Pixley, 2004). The family is also a place where reappraisal occurs, as the Mid-Life Transition Stage individual may experience changes in the family structure due to divorce, reassessment of the marital relationship, or finding new meanings and roles for parenting (Levinson, 1996). Relationships may also be examined as the individual wishes to become more connected and engaged with others while focusing on harms that have occurred in relationships. Caretaking roles also experience a shift as relationships change, especially in the family. Children are maturing and perhaps leaving the home, creating an imminent 'empty nest' (Hagen & DeVries, 2004), or parents or a spouse may be sick and need caretaking (Levinson, 1996). Individuals in this life stage are also likely to seek psychotherapy in order to more deeply explore the layers of personal issues related to life modification in these domains (Goodman, Schlossberg, & Anderson, 2006; Ivey, Ivey, Myers, & Sweeney, 2004; Levinson, 1996).

The reappraisal process during the Mid-Life Transition Stage occurs when individuals review their pasts and acknowledge illusions of what life was supposed to be. During this stage, they begin to question their accomplishments, desires, values, and talents while experiencing a greater awareness of mortality. Individuals strive to reach a "good enough" place of development wherein aspirations are found, commitments to people and enterprises are made, and strong obligations to goals are set. Within the years of 40 to 45, a person may also focus on changes in social outlook, personal values, giving

of one's self to the greater good, and building a legacy (Levinson, 1978). An individuation process encourages individuals to form a stronger sense of self and clearer boundaries between themselves and the world by becoming more generative and independent as well as deepening attachments and societal involvement (Levinson, 1978). These tasks align with Erikson's (1959, 1963) midlife stage of Generativity vs. Stagnation, which would likely heighten during struggles that are specific to the Mid-Life Transition Stage of development.

The polarities that individuals attempt to resolve during the Mid-Life Transition Stage are the following: (1) Young/Old; (2) Destruction/Creation; (3) Masculine/Feminine; and (4) Attachment/Separateness (Levinson, 1978). Levinson (1978, 1996) considered these resolutions to be part of the evolutionary lifespan individuation process, as each polarity pair represents opposing tendencies that continually coexist within each individual. For example, an individual struggles with being both young and old in the Mid-Life Transition Stage, balancing and establishing an age appropriate place in this era of life. The conflict of Destruction/Creation represents the Mid-Life struggle of dealing with ours and others' mortality and the destructive harms in our lives, in conjunction with the powerful desire to become more creative and caring toward ourselves and others. The individual also grapples with the coexistence of masculine and feminine parts of the self that, although strongly split in childhood, become almost impossible to overcome in adulthood and therefore become more integrated. Finally, adults in the Mid-Life Transition Stage struggle with integrating the strong desire for engagement in the external world while also needing to have separateness for the self while renegotiating life's social networks, values, and goals.

Levinson (1996) stated that although these polarities present challenges at any time during the life cycle, it is during transitional times such as the Mid-Life Transition Stage that the need and opportunity for integration becomes most magnified as individuals feel suspended between the past and the future.

In Levinson's (1978) earlier work conducted on males, he initially found these adult developmental tasks to be predictable and important when considering the male lifespan. Although Levinson (1978) substantiated these paradigms on a cohort of men, his later research focused on the lifespan development of women and found the same paradigms applied to females at consistent ages and life stages as males with some gender specific challenges (1996). During the Mid-Life Transition Stage, the neglected pieces of the self become increasingly in need of exploration and expression, encouraging a modification process of the existing Young Adulthood life structure (Levinson, 1996). Levinson (1978, 1996) found the Mid-Life Transition stage to be more complicated and ambiguous than other life eras, with the majority of adults enduring a struggle of questioning all life domains in order to modify life. It is because of this documented struggle, specific to these developmental years, that the Mid-Life Transition Stage should be explored more deeply to broaden awareness and knowledge for mental health practitioners, Middle Adulthood individuals, and society as a whole.

Further research has found evidence that the era from 40 to 45 presents unique psychological challenges to the individual that warrant further examination. Jung (1964) may have been the first theorist to indicate the significance of these years by suggesting that a transition period of individuation commences around age 40, during which the individual enters a new phase of life and generates a clearer, fuller identity, acquiring

new levels of meaning, awareness, and understanding. Longitudinal research has shown that a person in the early 40s is likely to experience personality instability (Helson & Wink, 1992) as well as a sense of decreased mastery of life control with increased life constraints (Lachman, Rosnick, & Rocke, 2009). Blanchflower and Oswald's (2008) results have revealed that happiness scales dip and depression scales rise during the early years of the Mid-Life Transition Stage, designating this population as one that deserves empirical attention, especially relating to factors contributing to psychological wellness. Although Levinson's (1978, 1996) research demonstrates that both male and female adults enter the Mid-Life Transition Stage at similar ages and face comparable tasks and challenges, there is significant evidence of gender-specific struggles and transitions experienced by adult women (Levinson, 1996; Martin et al., 2002; Sampselle et al., 2002).

Women in Mid-Life Transition

Although researchers have historically contended that adults have similar patterns and stages of lifespan development (Erikson, 1978, 1980; Levinson, 1996), females have been shown to experience unique challenges related to the cultural and biological influence of gender on their lives (Baltes, Staudinger, & Lindenberger, 1999; Leaper, 2000; Levinson, 1996; Reid & Bing, 2000). Gilligan's (1993) research indicated that women encounter this entry to midlife with a different psychological history and social reality than men, making sense of their life experiences based on relationships with others.

Women's lifespan research has suggested that females may experience distinctive phases and transitions throughout adulthood, which should be more deeply explored

(Levinson, 1996; Stewart et al., 2001). One era that has recently been identified as a significant developmental stage with its own set of unique challenges is the Mid-Life Transition Stage. The midlife era has been considered as the "most central period of life" for women (Staudinger & Bluck, 2001), and the genesis of that period should be considered fundamental and examined. In fact, research has shown that women are more likely than men to report significant turning points entering into and during midlife, most resulting from negative life events (Moen & Wethington, 1999) and experienced as transformational by 'answering a calling' toward life's purpose (Keeran, 2007). Levinson's (1996) study on women's development found that primary tasks during this period can be considered reappraising the way one lives her life and exploring potential changes she can make through new endeavors.

Levinson (1996) defined an array of developmental tasks for women in this transitional age group. The tasks of individuation and initiation become salient as the individual forms an inner matrix which evolves and modifies the self and life structure (Levinson, 1996). The woman may become more compassionate, creative, judicious, insightful, loving of others and the self, and less stressed by internal conflicts and external demands. Females in the Mid-Life Transition Stage may experience the desire to come to terms with family members and the self through the process of healing significant relationships and deep internal divisions (Levinson, 1996). Women in the Mid-Life Transition Stage could have increased feelings of responsibility for personal work as well as contributing to the next generation, leading to increased participation in social endeavors (Levinson, 1996). The process of reevaluating and balancing conflicting sides of the self, such as Masculine/Feminine and Engagement/Separateness,

are what Levinson found to be crucial developmental milestones for this life era. In significant areas of life, such as marriage, lifestyle, and work, the Mid-Life Transition Stage woman travels through the experiences of exploration, alteration, and evolution, recognizing that although her life may not be what she once dreamed, she ultimately decides, 'This I will settle for.'

Some of these primary transitions during the Mid-Life Transition Stage are related to childrearing, marital status, career, societal norms, sexual identity, spirituality, identity formation, and physiology. Mid-Life Transition Stage women report childrearing as a major life stage (Sampselle et al., 2002). This era may include the following experiences and challenges: first-time childbirth (Martin et al., 2002), the diminution of childrearing, the reevaluation of self-worth regarding societal expectations toward childrearing (Sampselle et al., 2002), and the emotional conflict due to older children leaving the home (Hagen & DeVries, 2004; Raup & Myers, 1989). Marital status may also present an array of transitional experiences, including first time marriage (U.S. Census Bureau, 2002), divorce (Sakrieda, 2008; Uhlenberg, Cooney, & Boyd, 1990), and the potential struggle regarding low marital satisfaction, leading to psychological distress regarding feelings of loss, disappointment, and the passing of a hopeful youth (Leiblum, 1990).

Career and societal issues can also be significant for women during this life stage. Super (1980) conceptualizes this career phase as the conclusion of the 'Establishment Stage' (ages 25-44), representing a time when the career pattern becomes clearer and more stable. While Leiblum (1990) describes women in early midlife as having experiences of enhanced self esteem and career satisfaction, Gilligan (1993) asserts that

this female developmental era can involve a conflict of professional aspirations. Women who have pursued vocational interests can experience threats to their sense of self due to the confusion between personal achievement and the ethic of care for others that also becomes stronger as women mature (Gilligan, 1993). Research has revealed that women in this era face challenges related to institutional, cultural, and familial challenges (Pavalko & Gong, 2005), as well as societal norms for life events (Neugarten, 1996; Setterson & Hagestad, 1996). For example, society can impose challenges to the self-image and sense of purpose of working women, placing high value on the success of childrearing and reproduction at this age (Gergen, 1990).

Developmental changes involving sexuality and sexual identity may also become salient issues during the Mid-Life Transition Stage. Results from previous studies have found that early midlife women may experience enhanced self-esteem by no longer defining themselves principally as sex objects (Greer, 1992; Sheehy, 1998). Degges-White and Myers (2006a) found that 12% of women in this age group identified renegotiation of their sexual identity as an important transition during the midlife era.

Women in the Mid-Life Transition Stage have also reported spirituality being a significant component of the midlife transition process (Howell, 2001b). Women may experience mental and spiritual transitions, involving a reconnection with the self (Edelstein, 1999), the past, a higher power, or lost loved ones (Kutz, 2007). They may also go through a Jungian experience of exploring the shadow and integrating the neglected parts of the unconscious (Brewi & Brennan, 1999). The midlife years have been conceptualized as a spiritual time of “re-magining ourselves in order to live in the present” (Hollis, 1996, p. 142). Carpeneto (1997) describes the spiritual evolution

during this era as an interweaving of spirituality in all aspects of life, during which women develop a sense of open-endedness and experience time, spatiality, and motility differently. Mid-Life Transition Stage women have reported going through a powerful spiritual awakening during these years (Howell, 2001a), which has been described as a process of choice and freedom, gaining an understanding of their place in the spiritual universe and "becoming the person they believed they needed, or were created, to be" (Geertsma & Cummings, p.30, 2004).

The Mid-Life Transition years may also present challenges and growth in a woman's gender identity formation. Stewart et al. (2001) found that a woman's identity, generativity, and confident power in her own authority and competence become more prominent in her 40s. Josselson (2000) contends that connections, relationships, and religious involvement are central to women's midlife identity formation. Other research indicates that midlife identity development for women includes seeking continuity and meaning amidst constant change, gaining permission to succeed in love and work, and increasing confidence, dominance, coping skills, and well-being (Helson & Moane, 1987).

As a woman in the Mid-Life Transition Stage experiences growth, she inevitably journeys into a period of developmental physical changes due to the aging process. The onset of menopause is central to midlife, affecting women with a complicated change (Langer, 2008; Vliet, 1995) likely including biological, psychological, social, (Anderson, Hamburger, Liu, & Rebar, 1987; Kurpius & Nicpon, 2003), sexual, and cognitive components (Amore et al., 2007; Rich & Mervyn, 1999). Other studies show that women in this developmental era may formulate a more favorable body image (Montepare, 1996)

and gain increased wisdom, self-awareness, self-worth (Perz & Ussher, 2008), and confident power regarding the aging process (Neugarten, 1996). Longitudinal research shows that a sense of well-being for women in the Mid-Life Transition years significantly predicted quality of life measures while in their 50s (Helson & Wink, 1992). Levinson (1996) found that women in this stage were highly likely to experience a moderate or severe developmental crisis, even hitting 'rock bottom,' feeling like a period of life was ending amidst uncertainty of how to successfully modify the life structure. Taking into consideration the complexities and challenges specific to women in the Mid-Life Transition Stage of Life, and the importance of this stage in the female lifespan, further research should focus on exploring this developmental era. This need for understanding is even more enhanced given the prevalence of women in this particular age group.

The United States Census Bureau (2007) estimated that the 2006 national population was comprised of nearly twelve million women between the ages of 40 and 44. Although there is existing literature regarding women in this life phase, there is a paucity of research on this specific developmental era of Mid-life Transition. Previous studies have called for more extensive studies on this transitional period in Middle Adulthood (Etaugh, 2006; Stewart et al., 2001; Staudinger & Bluck, 2001), specifically relating to the domains of social connectedness (Krause, 2007), meaning in life (Zika & Chamberlain, 1992), and well-being (Degges-White & Myers, 2006b; Krause, 2007; Zika & Chamberlain, 1992).

Social Connectedness

Social connections have been found to be critical to women's development and psychological adjustment (Lin, Thompson, & Kaslow, 2009; McWhirter, 1990;

Zachariah, 1994). Lee and Robbins (1998) conceptualize social connectedness as a type of relational schema, which signifies patterns in interpersonal relatedness. Social connectedness has also been characterized as an "enduring and ubiquitous" sense of the self in relation to the world (Lee & Robbins, 2000, p. 485) which permits individuals to 'feel human among humans' and identify with others that are different than the self (Lee & Robbins, 1995). Simply stated, social connectedness involves the way that we relate with others and how we see ourselves in regards to those bonds and associations.

A sense of social connectedness has been found to be related to higher levels of well-being in such populations as pregnant, low income women (Zachariah, 2004), disadvantaged young adult women (Griffiths et al., 2007), and older adults (Fiori, Antonucci, & Cortina, 2006; Litwin, 2001). Research has indicated that social connectedness in college age populations is related to more social involvement, positive perceptions of others, easier relationship engagement (Lee, Draper, & Lee, 2001), higher social competency and psychological health (Williams & Galliher, 2006), and increased levels of self esteem (Lee et al., 2001; Lee, Keough, & Sexton, 2002; Lee & Robbins, 1995, 1998, 2000). Studies on social connectedness also indicate positive relationships that lead to feeling 'buffered' against stressful life events (Cohen & Wills, 1985) and gaining better coping capacity (Julawong, 2009). Low levels of social connectedness have been correlated with depression in older adults (Golden et al., 2009: Ingersoll-Dayton, Morgan, & Antonucci, 1997); and with feelings of isolation, maladaptive interpersonal behaviors, and relationship dissatisfaction (Lee et al., 2001) in college students. The majority of this research has been conducted with mixed gender samples, older adults, college-aged populations, or samples with a wide age range of adults;

however, no research on social connectedness has focused solely on women between the midlife ages of approximately 40 and 45.

Women in the Mid-Life Transition Stage have shown strong needs to belong socially through interpersonal connections (Sargent & Schlossberg, 1988). Previous research has indicated that women travel through transition periods in terms of their social relationships (Miller, 1976; Gilligan, 1993) and experience development in their personal connections (Surrey, 1991; Gilligan, 1993). In fact, for women in the Mid-Life Transition Stage, social losses such as divorce, widowhood, or career loss can feel so significant that they may be experienced as a total loss of self (Miller, 1976), and in time transform one's sense of self, ways of knowing, and life perspective (Danforth, 2000). As they embark into midlife, women in the Mid-Life Transition Stage can gain a sense of meaningfulness through social relationships, gaining a greater sense of understanding of interpersonal connection, and caring for others (Josselson, 2000). Russell (1984) argues that women's midlife developments during transition phases are unique from men's experiences due to women being highly influenced by interpersonal relationships, their biological clocks, and social restraints.

Although existing research points to the significance of social support in women's psychological health (e.g., Shelby et al, 2008; Sundler & Dahlberg, 2009), no study has been found that focuses on the effects of social support for women specifically in the Mid-Life Transition Stage. In adult samples of women, there is evidence of a connection between social support and meaning in life (Krause, 2007). However, no research has been found that has explored this relationship in a population of women between approximately 40 and 45 years of age.

Meaning in Life

The construct, meaning in life, has been defined in various ways. Reker (2000) conceptualized life meaning as "the cognizance of order, coherence, and purpose in one's existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment" (p. 41). Yalom (1980) defined meaning as possessing a sense of coherence and purpose in life. While Frankl (1984) saw an individual's search for meaning as the primary motivation in life, others have described meaning as making sense of one's existence and life purpose by selecting goals based on a sense of order (Reker, Peacock, & Wong, 1987; Yalom, 1980).

Having social connections with others has been found to be strongly associated with a sense of meaning in life, while alienation from interpersonal connections has been shown to be related to a feeling of meaninglessness (Debats, 1995). Research has shown that a core component of midlife transition is the individual's concern about meaning in life (Helminiak,1995). Although research exists, Debats (1999), Harris and Standard (2001), and Krause (2009) claim that the construct of meaning in life has received inadequate empirical attention in psychological literature. No research has been found that examines meaning in life specifically in women between the approximate ages of 40 and 45.

A sense of meaning in life has been shown to have many dimensions, including spiritual (Ryš, 2009; Waisberg & Porter, 1994), cognitive, affective, and behavioral domains (Debats, 1990; Maddi, 1967). Wong (1998) states that life meaning is developed through such things as pursuing goal achievement, engaging in self-transcendent activities, accepting one's limitations, engaging in close interpersonal

relationships, and being a social, well-liked individual. Areas of life that have been shown to be sources of life meaning are work, love and marriage, childbirth, involvement in independent, purposeful activities (Baum & Stewart, 1990), and meaningful relationships (Josselson, 2000).

Research on meaning in life in college student populations has shown that the construct is positively related with a sense of hope, fewer depressive symptoms (Mascaro & Rosen, 2005), higher self esteem, life satisfaction (Halama, 2007), happiness (Bhogle & Prakash, 1993), extraversion, and conscientiousness (Halama, 2005). Studies also show relationships between meaning in life and happiness (Debats, 1996; Park, Peterson, & Ruch, 2009; Scannell, Allen, & Burton, 2002), as well as spiritual well-being (Harris & Standard, 2001; Scannell et al., 2002) in samples of adult mixed dyads. Relationships between meaning in life and life satisfaction for populations of unemployed mothers (Chamberlain & Zika, 1998) and college students (Debats, 1990; Pan, Wong, Joubert, & Chan, 2008) have also been found in the literature. Other studies show that meaning in life is associated with self-efficacy in a mixed gender adult population (Skrabski, Kopp, Rozsa, Rethelyi, & Rahe, 2005), with physical health in older adults (Krause, 2004; Parquart, 2002), and with overall positive mental health outcomes for college students (Lindeman & Verkasalo, 1996) and the elderly (Moore, 1997; Reker, 1997).

Studies have indicated that a sense of meaning in life is negatively related to feelings of boredom, apathy, emptiness (Frankl, 1966), anxiety, depression (Debats, 1990), and hopelessness (Harris & Standard, 2001) in general adult populations, as well as depressive symptoms (Mascaro, 2007) and psychological distress in college students (Debats, van der Lubbe, & Wezeman, 1993; Hong, 2006). Research also suggests

negative correlations between meaning in life and suicidal ideation and suicidal behavior in college aged populations (Edwards & Holden, 2001), as well as with mental pathology in the elderly (Moore, 1997; Zika & Chamberlain, 1992) and stay-at-home mothers (Zika & Chamberlain, 1992). While meaning in life has been examined in a number of previous studies, most of these research designs have focused on mixed gender samples, college students, or older adults, and none have utilized a sample specifically made up of women in the Mid-Life Transition Stage.

Researchers have asserted that a sense of meaning has a unique causal influence on psychological health that exists across a variety of contexts, especially gender (Debats, 1996; Mascaro & Rosen, 2005). Results from previous studies have suggested that women experience the construct of meaning in life in a unique way. Studies have characterized a woman's journey of creating meaning in life as an ongoing, life-long process influenced by life transitions (McAdams, 1996; Reker & Chamberlain, 2000). One study on poor, rural women reported that a sense of meaning and purpose, interconnectedness, and spirituality accounted for a significant variance in total individual wellness (Gill, 2005). In a sample of midlife, never married, childless, heterosexual women, a sense of meaning in life was reported to be derived from personal independence, lifestyle freedom, and strong interpersonal connections with family and friends (Robinson-Rowe, 2002). Kovacs (1992) discovered that women in the early Mid-Life Transition Stage can go through a crisis of life purpose ambiguity. Additional research has found that life meaning is also positively related to well-being in college age students (Debats, 1995) and the elderly (Skrabski et al, 2005), and Ryff (1989a) includes possessing meaning in life as one of the central dimensions to assessing wellness in adult

populations. However, what is not known is the relationship between meaning in life and wellness in the specific stage of Mid-Life Transition for women.

Wellness

Dunn (1961) identified well-being as "an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable" (p. 4). Ryff (1989b) identified six dimensions of positive functioning that should incorporate psychological well-being, including positive connections with others, purpose in life, and personal growth. Recent literature has further conceptualized the construct of well-being in more holistic terms, using the term 'wellness,' but the two terms are considered synonymous across the literature. Wellness is defined as a way of life oriented toward optimal health and well-being, integrating the mind, body, and spirit to exist more fully in the human and natural community (Myers, Sweeney, & Witmer, 2000). Historically, theorists have seen well-being as an essential goal of lifespan development (Erikson, 1980; Jung, 1954; Levinson, 1978).

The Wheel of Wellness (Witmer & Sweeney, 1992) has emerged as a leading model in the assessment of wellness. This model conceptualizes the construct of wellness as a part of an individual's developmental process that is multidimensional, including the elements of psychology, anthropology, sociology, religion, and education. The Wheel of Wellness includes five individual life tasks including 1) essence and spirituality, 2) work and leisure, 3) friendship, 4) love, and 5) self-direction, which interact dynamically with a range of life domains including family, community, religion, education, government, and industry (Hattie, Myers, & Sweeney, 2004).

Studies on women have revealed a variety of unique variables that influence wellness. For example, Saunders and Kashubeck-West (2006) found that women with higher developmental levels of feminist identity report higher levels of psychological well-being. These researchers argue that an exploration into this identity development and gender role orientation is necessary to conceptualize more fully a woman's wellness. A gender-based study found that a mother's death has a stronger negative impact on well-being for women than for men (Marks, Jun, & Song, 2007). Women displaying a higher feminine quality of expressiveness have been found to report elevated levels of wellness (Saunders & Kashubeck-West, 2006). Other variables that have been found to be related to higher levels of well-being among women are experiences in the adult developmental journey, including being in committed relationships or married, having more advanced education, and owning one's home (Dear, Henderson, & Korten, 2002).

Women in midlife have their own developmental challenges that can influence wellness. Conflict and stress related to the various roles that a woman faces during this period can impact her well-being (Baruch & Barnett, 1987; Poole, Langan-Fox, 1992; Vandewater & Stewart, 2006). However, the role of paid worker has been shown to enhance levels of well-being for midlife women (Baruch & Barnett, 1987). Research has shown that a woman's midlife well-being is facilitated by her earlier attachments and ability to articulate her identity (Vandewater, Ostrove, & Stewart, 1997), showing the importance of experiences throughout the developmental stages preceding midlife transition. While age has been found to be positively related to wellness in a female sample when controlling for household income (Degges-White & Myers, 2006b), anxiety about aging has been found to negatively affect well-being in a sample of midlife women

(Stewart et al., 2001). When studying personality domains in midlife females, levels of identity certainty, generativity, and confident power that are established during this life phase were shown to be positively related to levels of well-being (Stewart Ivey et al., 2001). Even though there has been some research on assessing wellness for women in midlife, there again have been no studies evaluating wellness on samples of women in the Mid-life Transition Stage of adulthood, nor has there existed a study that has examined the relationship among social connectedness, meaning in life, and wellness in this particular population.

Implications for Counseling

Research on the Mid-Life Transition Stage of women's lives can provide important insight for the counseling professional. Counselors must take into consideration that each client is in his or her own developmental phase in life and that each phase presents its own unique set of concerns for the individual. This statement is especially relevant for the population of women going through the Mid-Life Transition Stage. By studying this population further, counselors can gain more information to assist clients in achieving personal growth and a higher sense of wellness.

Previous research has found that a majority of counseling clients present to therapy during life transitions, and therefore counselors should have a secure base of knowledge of what constitutes significant transitions and what strategies lead to better mental health outcomes, such as wellness (Ivey, Ivey, Myers, & Sweeney, 2004). By understanding the challenges, life tasks, and physical concerns during this transition period, counselors can assist clients in gaining a stronger sense of personal awareness. Furthermore, counselors can provide empathy and understanding in explaining to clients

that they are not alone, while normalizing developmental struggles. Additionally, counselors would benefit from utilizing research on Mid-Life Transition Stage women when working with clients in couples counseling, family counseling, and group counseling settings. The broad array of physical, psychological, vocational, social, sexual, spiritual, and lifestyle changes that accompany the Mid-Life Transition era are likely to have an impact on a woman's marriage, partnership, or intimate relationships. For example, premenopausal challenges, changing familial expectations, career fluctuations, relationships, societal pressure, spiritual transitions, caretaking responsibilities, and levels of overall wellness can affect a woman's temperament, mental stability, and physical capacities in intimate relationships and are necessary for consideration in a counseling setting. These aforementioned issues will also affect family dynamics and should be acknowledged by family counselors, including such challenges as caregiving for sick parents, loss of parents, widowhood, divorce, children leaving the home, childbearing considerations, going back to school, and career change or reentry. Taking into account the potential for loss during these years, including the death of parents or spouse, divorce, joblessness, relationship changes, loss of childbearing potential, and physical aging, grief counselors must stay alert to specific issues for women between ages 40 and 45.

McQuaide (1998) agrees that clinical work with this population of midlife women can differ vastly from work with other ages, since so many issues present age-related factors that contribute to overall well-being, such as marital relationships, identity, loss, and self-esteem. The experiences of women in the Mid-Life Transition Stage can include both generative and discouraging events. Thus, counselors that are informed of the

unique developmental challenges that usually occur in this age group would be better equipped to help facilitate a better sense of identity formation for female midlife clients in the domains of spirituality, gender, vocation, and sexuality, as well as assist clients in working through challenges related to roles in the family, working world, and community. Furthermore, since the literature suggests a strong link between a woman's wellness and her social connections and sense of meaning in life, counselors must be purposeful about staying alert to such information and applying appropriate interventions to strengthen social bonds and encourage the pursuit for meaning in life when working with women in the Mid-Life Transition phase. Although research exists that examines these constructs in women, more research is needed to substantiate these relationships in this population.

Implications for Future Research

The evidence presented in this paper provides a variety of directions for further research on women in midlife stages of the lifespan. As a result of examining the uniqueness of the different phases of female life from a developmental perspective, it would be important to look at comparisons between groups of women in various stages compared to those in the Mid-Life Transition Stage. Future studies should look at Levinson's stages of adult development and seek more evidence to confirm or challenge his findings, as society continues to change in relation to gender roles, the workforce, and cultural norms for women, possibly affecting the experiences during this time period of midlife. Another implication that cannot be ignored is one regarding possible differences between ethnic groups. It would be important to explore if the relationships between the constructs of social connectedness, meaning in life, and wellness are consistent between

women of varying ethnicities and educational achievement level. Additionally, these same differences could be explored relative to a number of demographic variables that could have an effect on women's mental health, such as socio-economic status, marital status, marital satisfaction, sexuality, disability, vocational status, substance use history, life satisfaction, motherhood status or childlessness, gender identity, trauma history, and spiritual identity. Utilizing a lifespan perspective on women's development, it would be important to conduct a longitudinal study that explores the constructs presented in this paper at different times in women's lives. Considering the scarcity of research on specific midlife stages of life, the evidence presented in this paper suggests the importance of continuing to investigate the developmental phases in the midlife season of women's lives.

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CHAPTER 2

TOWARD A BETTER UNDERSTANDING OF ADULT WOMEN'S TRANSITION INTO MIDDLE ADULTHOOD: EXAMINING THE RELATIONSHIP AMONG WELLNESS, SOCIAL CONNECTEDNESS, AND MEANING IN LIFE FOR EARLY MIDLIFE WOMEN

The stage of midlife, or Middle Adulthood, occurring roughly between the ages of 40 to 65 (Levinson, 1978, 1996), is considered a central period of life for women (Staudinger & Bluck, 2001). Middle Adulthood commences with a transitional stage during which a woman leaves Early Adulthood and embarks on an important process of reexamining and renegotiating life roles (Levinson, 1996). Middle Adulthood presents particular challenges for women across various life domains, including relationships (Degges-White & Myers, 2006; Hess et al., 2009), identity (Stewart, Ostrove, & Helson, 2001; Wray, 2007), career (Etaugh, 2006; Stephens, Franks, Martire, Norton, & Atienza, 2009), returning to school (Degges-White & Myers, 2006), family (Etaugh, 2006; Sampselle, Harris, Harlow, & Sowers, 2002), and physical issues (Brown, Gallicchio, Flaws, & Tracy, 2009). Results from previous research also revealed additional developmental challenges for midlife women, including caretaking of family members, grandparenting, work re-entry, retirement, and sexuality (Etaugh, 2006).

Results from the literature indicate that while Middle Adulthood encompasses a wide array of significant life tasks, the transition into this stage may be so critical for women that they experience a transformation in their 'way of being in the world' (DeAndrade, 2000) and will likely "go through a moderate to severe developmental crisis – for some, a rock bottom time" (Levinson, 1996, p. 172). Due to the transitional nature of this period, counselors need a strong knowledge base of the unique challenges for

female clients, since it is during such periods of life transition that women may seek therapeutic guidance toward facilitating greater levels of wellness (Ivey, Ivey, Myers, & Sweeney, 2004). Women transitioning into Middle Adulthood may go through the profound experience of leaving a young social network and entering a more mature cohort while reappraising and modifying their lives toward increased individuation in central life domains such as marriage, motherhood, career, and leisure (Levinson, 1996). Although research reveals that depression levels are highest in the life cycle during this period (Blanchflower & Oswald, 2008), mental health professionals can serve as facilitators to maintaining higher levels of wellness and to warding off potential depressive episodes that can effect this population. By becoming well informed on the issues pertaining to women during this period, counselors could better focus on specific gender and stage related factors that contribute to wellness including marriage, relationships, identity, self esteem, and loss (McQuaide, 1998).

Levinson (1996) labeled this developmental period the Mid-Life Transition Stage, lasting from approximately age 40 to 45 (with plus or minus two years at either end considered normal), during which women can experience crises related to family, career, and self. Recent population estimates show that there are approximately twelve million women in the United States between the ages of 40 and 45 (U.S. Census Bureau, 2007), which provides further evidence that this population warrants empirical examination.

Although not exclusively focusing on Levinson's defined Mid-Life Transition years, researchers have found that women embark into early midlife by experiencing specific challenges that should be considered significant during this period. These challenges include transition in various life domains, such as childrearing (Raup &

Myers, 1989; Sampselle et al., 2002; Woo, 2009), marital status (U.S. Census Bureau, 2002; Uhlenberg, Cooney, & Boyd, 1990; Woo, 2009), career (Gilligan, 1982; Leiblum, 1990; McNulty, 2009; Wong-Fong, 2008), social norms (Neugarten, 1996; Setterson & Hagestad, 1996; Wray, 2007), identity (Greer, 1992; Sheehy, 1998; Wray, 2007), spirituality (Edelstein, 1999; Howell, 2001; Kutz, 2007), and physiology (Abramson, 2007; Kurpius & Nicpon, 2003; Vliet, 1995). Research has revealed that women traverse through these years with challenges related to the cultural and biological influence of gender on their lives regarding such issues as societal norms and expectations for gender-specific roles, timing of life events, physical appearance, and aging (Baltes, Staudinger, & Lindenberger, 1999; Leaper, 2000; Wray, 2007). Gilligan (1993) found that women make sense of life experiences based on their personal understanding of relationships, and thus enter this Mid-life Transition Stage with a different social reality and psychological history than their male counterparts.

Levinson's (1978, 1996) research revealed developmental tasks within this life stage which present a significant era of female life transitions deserving further empirical exploration. Outside of research on the midlife years, the period of Mid-Life Transition has not been extensively explored in the literature, although the public's interest has been piqued since the idea of a 'mid-life crisis' has been acknowledged to occur during this era. These Mid-life Transition years have been found to be a time when happiness scales drop, depression scales rise (Blanchflower & Oswald, 2008), and personalities may become unstable (Helson & Wink, 1992), thus revealing a developmental stage in life that should be considered critical to mental health professionals. Since research has shown that a significant number of counseling clients present to therapy during such

periods of life transition (Ivey, Ivey, Myers, & Sweeney, 2004), and there is a considerable percentage of the female population in this age bracket, it is imperative that mental health professionals have a more informed understanding of the tasks and challenges faced by this group. Considering the significant challenges for Mid-Life Transitioning women, the constructs of social connectedness, meaning in life, and wellness can be considered vital areas that warrant further exploration.

Social Connectedness

Social connectedness has been conceptualized as a sense of self, which reflects enduring closeness with the social world in terms of patterns of interpersonal relatedness (Lee, Draper, & Lee, 2001). Social connectedness has been found to be related to psychological health, social competency (Williams & Galliher, 2006), increased levels of self esteem (Lee et al., 2001, Lee & Robbins, 2000), and healthier stress coping (Ensel, 1986). Lower levels of social connectedness have been linked to higher levels of depression (Ingersoll-Dayton, Morgan, & Antonucci, 1997) and feelings of isolation and relationship dissatisfaction (Lee et al., 2001). While social connectedness has been found to be an important construct in the literature, the majority of research has been conducted on mixed gender samples (Emerson & Hatton, 2008; Ong & Allaire, 2005), college-aged populations (Lee, 1997; Lee, Keough, & Sexton, 2002; Marshall, 2008), and older adults (Ashida & Heaney, 2008; Cornwell, 2009). However, a limited number of studies have examined social connectedness in adult females (Birditt & Antonucci, 2007; Josselson, 2000; Zachariah, 1994). Yet, no research on social connectedness has focused specifically on women in the years of Mid-Life Transition.

Social connections and relationships have been found to be critical lifestyle components for women in the Mid-Life Transition Stage (Hess et al., 2009; O'Leary, 1997; Segraves, 2004). Looking at developmental literature dealing with these transitional years, several life tasks for women are significant. For example, Gilligan (1993) suggests social relationships to be central to a woman's life and an important mediator to move successfully between life transitions. Women in the Mid-Life Transition Stage have demonstrated a strong desire to maintain social connections and a sense of belonging (Sargent & Schlossberg, 1988). The role of caretaking can become central as women embark into midlife, when relationships become better understood and can facilitate a sense of meaningfulness in life (Josselson, 2000). Although the construct social connectedness has been demonstrated to be related to a sense of meaning in life (Krause, 2007) and to overall well-being (Fiori, Antonucci, & Cortina, 2006; Zachariah, 2004), no study has focused on this construct among women in the Mid-Life Transition Stage.

Meaning in Life

Meaning in life has been described as the search for worthwhile goals with a sense of fulfillment and an awareness of order, coherence, and purpose in life (Reker, 2000). While viewed often as a spiritual dimension (Waisberg & Porter, 1994), empirical studies have revealed meaning in life to encompass behavioral, affective, and cognitive components (Debats, 1990). Meaning in life has also been linked to positive mental health outcomes (Mascaro & Rosen, 2005), including overall well-being (Skrabski, Kopp, Rozsa, Rethelyi, & Rahe, 2005).

A sense of meaning in life has been demonstrated to have a positive relationship with several psychological constructs, including life satisfaction, happiness (Chamberlain & Zika, 1998; Park, Peterson, & Ruch, 2009), effective coping (Debats, 1995; Halama & Bakošova, 2009), physical health (Krause, 2004; Parquart, 2002), and overall mental health (Reker, 1997). Recent research has also shown meaning in life to be a predictor of self-esteem (Halama, 2007) and conscientiousness (Halama, 2005). While Frankl (1984) brought greater awareness to the concept of meaning in life in his writings, considering it to be the primary motivation in life, the concept has received sparse empirical attention (Debats, 1999; Krause, 2009).

For women, meaning in life has been demonstrated to be a critical developmental component. Among college-aged females, a sense of meaning was inversely related to depressive symptoms (Mascaro, 2007), and for unemployed mothers, meaning in life was related to life satisfaction (Zika & Chamberlain, 1992). Unmarried, childless, heterosexual women reported that independence and freedom in career, family, and travel promoted a sense of meaning in life (Robinson-Rowe, 2002). As women age, life changes influence their meaning-making processes as value systems shift within developmental stages (McAdams, 1996; Reker & Chamberlain, 2000).

Considering Helminiak's (1995) assertion that existential concern regarding meaning and purpose is a central facet in midlife transitions and crisis, research that concentrates on specific stages within midlife and a sense of meaning is needed. While meaning in life has been found to be a central concept in women's lives, there is no study that focuses on the effects of meaning in life for women in the Mid-Life Transition Stage.

Wellness

Wellness has been characterized as a way of life in which the mind, body, and spirit integrate to live more fully, striving for optimal well-being and health within the social and natural community (Myers, Sweeney, & Witmer, 2000). Ryff (1989) conceptualized psychological wellness as a multi-dimensional idea, consisting of six dimensions, including personal growth, purpose, environmental mastery, autonomy, relationships, and self acceptance. Research has continued to add evidence to the multi-dimensional concept of wellness, as detailed by the Wheel of Wellness, which incorporates aspects of spirituality, work and leisure, friendship, love, and self direction (Myers et al., 2000) within various environments including family, religion, community, government, business, and media (Hattie, Myers, & Sweeney, 2004). For adults, previous research revealed significant relationships between wellness and demographic factors such as relationship and marital status, education, and homeowner status (Dear, Henderson, & Korten, 2002).

Assessing wellness for women has provided attention to gender specific factors, including the effects of feminist identity development, gender role orientation (Saunders & Kashubeck-West, 2006), age (Degges-White & Myers, 2006), life roles (Baruch & Barnett, 1986; Poole & Langan-Fox, 1992), generativity, and feminine confident power, which is described as a broader sense of well-being accompanied by an increase in confidence and authority (Stewart et al., 2001). In addition, wellness for Mid-Life women has been demonstrated to be affected by identity development (Vandewater, Ostrove, & Stewart, 1997) and role conflict and strain (Poole & Langan-Fox, 1992). Many of these life concerns are central to those life tasks for women in the Mid-Life

Transition Stage; however, no research has been conducted on wellness that specifically focuses on women in this unique transitional developmental phase.

Research Questions

The purpose of this study was to examine the relationships between social connectedness, meaning in life, and wellness for women in the Levinson's Mid-Life Transition Stage. An examination of the influence of specific demographic factors and parenting status was also conducted. The following research questions and hypotheses were addressed:

1. What is the relationship between overall wellness, social connectedness, and meaning in life for a sample of adult women in the Mid-Life Transition Stage?

   H_1: Women in the Mid-Life Transition Stage with lower levels of social connectedness will report significantly lower levels of overall wellness.

   H_2: Women in the Mid-Life Transition Stage with lower levels of meaning in life will report significantly lower levels of overall wellness.

   H_3: Women in the Mid-Life Transition Stage with higher levels of social connectedness will report significantly higher levels of meaning in life.

2. Are sociodemographic factors (e.g., age, employment, or education) related to wellness, social connectedness, and meaning in life for a sample of adult women in the Mid-Life Transition Stage?

   H_1: Women in the Mid-Life Transition Stage who are unemployed will report lower levels of overall wellness, social connectedness, and meaning in life than women who are full-time employed.

   H_2: Women in the Mid-Life Transition Stage who report higher education achievement will report higher levels of overall wellness.

3. To what degree does the role of parenting contribute to social connectedness, meaning in life, and overall wellness in a sample of adult women in the Mid-Life Transition Stage?

   H_1: Women in the Mid-Life Transition Stage who are parents will report lower levels of social connectedness and higher levels of meaning in life and overall wellness.

H_2: Women in the Mid-Life Transition Stage who have been parents for longer will report higher levels of social connectedness, meaning in life, and overall wellness.

Method

Study Procedures

Data was gathered utilizing an online questionnaire, which was accessed via an electronic link to a survey hosted on www.surveymonkey.com. This web-based site guaranteed privacy and secure data by utilizing the following enhanced security measures: SSL encryption on all data and passwords, daily backups, turning off the collection of IP addresses, firewall restrictions, daily hacker-safe scans, and the physical storage of all equipment in locked cages with 24 hour surveillance. All downloaded data was stored on the primary researcher's personal computer, which was kept in a locked office with password access required. All printed materials from the research were kept in a locked office inside a locked file cabinet.

Email messages containing the link to the survey were sent to interested persons, enabling individuals immediate and secure access to the informed consent and questionnaire. Surveymonkey.com saved all results and enabled the head researcher to download all data into SPSS 19.0 (Levesque & SPSS Inc., 2010).

Persons eligible for this study met the following criteria: (a) female; (b) currently between the ages of 38 and 47; (c) able to read English; and (d) residing in metropolitan Atlanta. A link was provided to participants via email communication, postcards, or flyers for respondents to access and complete the study. Participants were provided the primary researcher's contact information and were invited to contact her with any questions or concerns. Respondents were also asked to pass the link along to additional

possible participants or linkserves in an effort to continue the snowballing process of recruitment.

Informed consent was provided before the online questionnaire and included information regarding the purpose of the study, the procedure of research, and potential risks and benefits of participation. The informed consent also contained confidentiality information related to data collection and storage, a description of the voluntary nature of the study, an option for withdrawal at any time, the agreement to be a participant, and contact information for the primary researcher.

Study Sample

The study included 286 women in the Mid-Life Transition Stage. The age parameters were defined by Levinson's (1996) work describing this stage as lasting from age 40 until 45, with plus or minus two years being normal on either end; thus, the sample included women between ages 38 and 47. Recruitment efforts consisted of identifying and soliciting email listserves for adult women belonging to, but not limited to, the following groups: Atlanta Ronald McDonald House Organization, DeKalb County School employees, Fulton County School employees, Chayil Organization, Atlanta Historical Society, Cox Communications employees, Peachtree Presbyterian Church members and employees, Georgia State University students, Wesleyan College Alumnae, Pacesetters Organization, Intown Atlanta Parents Club, Mocha Moms, Moms Like Me, and various community and social groups such as book clubs, parenting groups, exercise groups, business networks, and art clubs. Recruitment postcards and flyers offering research information and the survey link were placed in a variety of retail shops, salons, hospitals, restaurants, churches, and schools in metropolitan Atlanta. Additionally, a link

was provided through a snowballing effort on the social network Facebook, including wall postings, event invitations, and personal messaging within the site.

Information about the study was included on organizations' or companies' electronic bulletin boards or through flyer postings, and email correspondence was provided through personal contacts and site visits by the head researcher. Emails, flyers, and postcards included information about the primary researcher, information about the research study, contact information for the primary researcher, and a link to the survey. Continued efforts were made to recruit and include groups and individuals with diverse ethnic and socio-demographic backgrounds.

Instruments

Social Connectedness Scale – Revised (SCS-R; Lee et al., 2001). The SCS-R assesses the degree of belonging one has to the social world in society at-large and in close, interpersonal relationships, as well as the difficulties one may experience establishing and maintaining a feeling of closeness. The scale is comprised of 20 items set on a six point Likert scale (1 = Strongly Agree, 6 = Strongly Disagree), with ten positive and ten negative questions. Answers to the 10 negative questions were reversed scored, and there are no subscales. Scores are summated and range from 20 to 120, with higher scores indicating greater levels of social connectedness. Sample items include "I am in tune with the world" and "I don't feel related to anyone." The SCS-R has shown good internal reliability and validity as well as good convergent and discriminant validity (Lee et al., 2001), with a coefficient alpha of .92 among a college student sample (Williams & Galliher, 2006). The SCS-R has demonstrated good internal reliability (r = .91) and test-retest correlations (r = .96) (Lee & Robbins, 1995).

Life Regard Index-Revised (LRI-R; Debats, 1998). The LRI-R measures positive life regard, or 'meaningful life' and has been described as one of the more well-studied, psychometrically evaluated tools to measure personal meaning (Mascaro, Rosen, & Morey, 2004). The LRI-R is a self-report questionnaire comprised of two subscales: Framework (LRI-FR) and Fulfillment (LRI-FU). The Framework subscale assesses the degree to which one has an established set of life goals or a philosophy for living. The Fulfillment subscale assesses the degree to which one is fulfilling or has fulfilled these life goals. The LRI-R contains 28 items, with 14 items within each subscale, using a three point Likert scale ('Do not agree,' 'No opinion,' 'Agree'). Sample items include, 'I have real passion in my life,' and 'I have a philosophy of life that really gives my living significance.'

The LRI-R has demonstrated high internal consistency reliability (Steger, 2007; Zika & Chamberlain, 1992). Alpha estimates of internal consistency of the factor scales were found to range from satisfactory to good (Debats, 1990). Zika and Chamberlain (1992) reported an internal consistency of .93 for the full scale and .87 and .89 for the Framework and Fulfillment subscales, respectively. The LRI has also shown test-retest reliability of .94 (Battista & Almond, 1973).

Five Factor Wellness Evaluation of Lifestyle (FFWEL; Myers & Sweeney, 1999). The FFWEL, based on the Adlerian concept that the self is indivisible, assesses five factors of wellness identified in the Indivisible Self Model (IS-WEL; Myers & Sweeney, 2005), including Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. The model is based on Witmer and Sweeney's (1992) Wheel of Wellness Model and proposes a wheel of five interrelated life tasks: spirituality, work and leisure,

friendship, love, and self-direction. The FFWEL contains 98 items that are behavioral and attitudinal statements, such as “I am an active person,” with responses made on a four point Likert scale (‘Strongly Agree,’ ‘Agree,’’Disagree,’’Strongly Disagree’). The FFWEL provides a breakdown of scores consistent with the IS-WEL model, including a single higher order factor of Wellness, five second order factors (Creative Self, Coping Self, Social Self, Essential Self, and Physical Self), and 17 third order factors. A summation of total scores for all items on the instrument provides a measure of total or holistic wellness, which was the overall wellness score utilized in this study.

Alpha coefficients are cited as uniformly high for the first and second order factors: Total Wellness, .90; Creative Self, .92; Coping Self and Social Self, .85; Essential Self and Physical Self, .88 (Myers & Sweeney, 2005). The FFWEL has shown evidence of both convergent and divergent validity of the scales related to constructs such as self-esteem, body image, and gender role conflict (Myers & Sweeney, 2005). The instrument has been shown to exhibit high reliability and validity (Hattie et al., 2004; Myers, 1998) with most scales exhibiting reliability estimates above .80 among graduate students (Myers, 1998).

In addition to the three aforementioned instruments, a 25-item demographic questionnaire was included in the assessment battery. These questions included such domains as age, ethnicity, education, employment, marital status, and parenting status. Questions regarding employment assessed current employment status (i.e., not employed, employed full-time for pay, employed part-time for pay, employed without pay), type of current employment (e.g., professional, clerical, craft), and length at current job. Questions related to marital status asked about current status, length of marriage or

partnership, and relationship satisfaction. Regarding parenting status, questions asked for number of years of parenting, parenting role, number of children, and level of satisfaction with parenting.

Data Analysis

Research question #1 was addressed by examining bivariate correlation coefficients and their respective statistical significance tests determining whether the variables of social connectedness, meaning in life, and overall wellness were significantly related and to what degree.

Research question #2 was addressed by examining bivariate correlation coefficients and their respective statistical significance tests, determining whether the independent variable of age was significantly related to the dependent variables of social connectedness, meaning in life, and overall wellness, and to what degree. Since age was coded categorically (i.e., grouped into age categories based on distribution), an ANOVA was used to determine significance between age and the dependent variables. ANOVAs were also utilized to assess significance between the sociodemographic variables employment and education and dependent variables social connectedness, meaning in life, and overall wellness.

Question #3 was addressed by conducting an independent *t* test to determine whether the independent variable parenting status and the dependent variables social connectedness, meaning in life, and overall wellness were significantly related and to what degree. Since the independent variable years of parenting was coded categorically, ANOVA was used to determine the statistically significant relationship with the dependent variables of social connectedness, meaning in life, and overall wellness.

Results

Sample Description

Over 300 participants (*N* = 318) accessed the online survey and began answering questions. In order to verify that each response was unique, the IP addresses were inspected for duplication along with the response to the question about age of the respondent and the date of entry. Based on this analysis, five responses were excluded as they appeared to be duplicate entries with responses not recorded. Exclusion of these five observations resulted in a potential sample of 313 unique cases. Among the 313 respondents who started the survey, 27 participants failed to complete all three instruments. After exclusion of incomplete data, the effective sample size was 286 observations, resulting in a 90% completion rate.

Sociodemographic information for this sample is included in Table 1. The participants were a heterogeneous group of Mid-life Transition women in terms of age, marital status, employment status, income, and parenting status. Over one-fifth (22.7%) of the women were between the ages of 38 to 39 years, 61.1% were between 40 and 45, and 16% were 46 to 47. The mean age was 41.87 (*SD* = 2.86). The majority of respondents was White (81.1%) and currently married or partnered (75%). Nearly 80% of respondents were actively engaged in parenting, and of these parents, nearly 4 out of 10 participants reported parenting for more than 10 years. Participants were well-educated with almost 90% holding college degrees and over one-third (36.3%) having

Table 1

Demographic Description of Participants

Variable	*N*	%	*Mean*
Age	286		41.87
38-39	65	22.7	
40-41	90	31.4	
42-43	45	15.7	
44-45	40	14.0	
46-47	46	16.0	
Highest Education Level			
Less than College Degree	31	10.7	
College Degree	151	52.8	
Graduate Degree	104	36.3	
Employment Status			
Not Employed	66	23.1	
Employed Part-Time	61	21.3	
Employed Full-Time	159	55.6	
Income			
0 - $39,000	36	12.5	
$40,000 - $79,999	74	25.9	
$80,000 - $149,999	85	29.7	
$150,000 +	91	31.7	
Relationship Status			
Single	35	12.2	
In a Dating Relationship	22	7.7	
Married/Partnered	214	74.8	
Separated	3	1.0	
Widowed	1	.3	
Other	11	3.8	
Parenting Status			
Not Parent	59	20.6	
Parent	225	78.5	
Years Parenting			
None	59	20.6	
Less than 1 year – 2 years	17	5.9	
3 – 4 years	19	6.6	
5 – 10 years	69	24.1	
More than 10 years	119	41.6	

Note. *N* = 286.

graduate degrees. Over half of the participants reported working full time (55.6%). Annual income among the participants was considerably higher than the national average with over 60% of participants reporting incomes of over $80,000.

The distribution of results on the FFWEL, SCS-R, and LRI-R scores were examined using skewness/kurtosis statistics, histograms, normal probability plots, and box plots. The overall scores on the FFWEL were found to be normally distributed. However, scores on the SCS-R and LRI-R were both negatively skewed showing evidence of outlying cases. Based on the degree of skewness, a square root transformation was applied to the social connectedness score by reflecting, taking the square root, and then reflecting again. Because the LRI-R scores showed a higher degree of skewness, a natural log transformation was applied by reflecting, taking the natural log, and then reflecting again. These transformations resulted in distributions that better approximate a normal distribution and that do not have outlying observations. Subsequent analyses involving these variables make use of the transformed versions.

Research Question 1

Pearson correlation coefficients were computed for scores on the SCS-R, LRI-R, and FFWEL to determine relationships between the measures. Findings can be found in Table 2. Results found all of the scales to have moderately high, positive correlations. Scores on both the LRI-R and the SCS-R were positively related to scores on the FFWEL with correlation coefficients of .63 ($p < .001$, $r^2 = .391$) for both scales. The correlation between scores on the SCS-R and the LRI-R was .52 ($p < .001$, $r^2 = .391$). Each pair of variables was also examined using a scatterplot with the plots suggesting that the relationships among the variables could reasonably be considered linear in nature.

Since relationships between the scores for SCS-R, LRI-R, and FFWEL were positive, Hypotheses 1, 2, and 3 were all supported. The data revealed that women with lower levels of social connectedness reported lower levels of overall wellness, and women with lower levels of meaning in life also reported lower levels of overall wellness. Results likewise demonstrated that participants with lower levels of social connectedness reported lower levels of meaning in life.

Research Question 2

Specific sociodemographic factors (i.e., age, employment, education, and income) were examined using bivariate correlations and ANOVAs to determine relationships and degree of significance between social connectedness, meaning in life, and wellness (see Table 3). With age as a 5 level categorical variable, the means for wellness, social connectedness, and meaning in life do not differ significantly across the respective age groups. Examining results for employment based on 3 groups (i.e., employed full-time, employed part-time, not employed), employment status was found to be significantly associated (p = .035) with meaning in life but not with overall wellness or social connectedness.

Based on Tukey's post hoc test, the mean for meaning in life was significantly (p = .037) lower for those who reported not being currently employed compared to those who were employed full-time. The mean for those not currently employed was marginally (p = .092) lower than the mean for those who reported being part-time employed. Examining employment in two categories (i.e., employed, not employed), employment was found to be significantly associated (p = .010) with meaning in life but

Table 2

Intercorrelations, Means, Standard Deviations, and Range for Social Connectedness Scale, Life Regard Index, and Five Factor Wellness Inventory

Scale	LRI-R	FFWEL	*M*	*SD*	*Min*	*Max*
Social Connectedness Scale	.52*	.63*	116.29	1.57	113.06	120.00
Life Regard Index (LRI-R)		.63*	77.07	1.10	75.15	79.00
Five-Factor Wellness Inventory (FFWEL)			79.40	7.29	59.27	97.53

$N = 285$.
* $p < .01$.

Table 3

Intercorrelations, Means, and Standard Deviations Between Sociodemographic Variables and Social Connectedness Scale-Revised, Life Regard Index-Revised, and Five-Factor Wellness Inventory

	Social Connectedness Scale—Revised		Life Regard Index—Revised		Five-Factor Wellness Inventory	
Variable	Mean (*SD*)	*p*-value	Mean (*SD*)	*p*-value	Mean (*SD*)	*p*-value
Age		.321		.716		.619
38-39	116.24 (1.57)		77.24 (1.03)		80.00 (7.57)	
40-41	116.22 (1.67)		76.96 (1.03)		78.74 (7.38)	
42-43	116.24 (1.34)		77.04 (1.18)		78.68 (7.21)	
44-45	116.44 (1.76)		77.02 (1.14)		80.30 (6.76)	
46-47	116.43 (1.43)		77.08 (1.23)		79.78 (7.33)	
Employment Status		.895		.035*		.381
Unemployed	116.22 (1.59)		76.76 (1.00)[a]		78.70 (6.84)	
Full-Time	116.30 (1.59)		77.15 (1.13)[a]		79.29 (7.58)	
Part-Time	116.35 (1.49)		77.17 (1.07)		80.46 (6.95)	
Education Level		.353		.016*		.002**
Less than College	115.95 (1.42)		76.70 (1.05)[a]		76.08 (7.70)[b]	
College Degree	116.39 (1.57)		76.99 (1.03)		78.91 (6.38)[b]	
Graduate Degree	116.26 (1.60)		77.28 (1.18)[a]		81.10 (7.99)[b]	
Income Level		.000**		.004**		.003**
$0-39,999	115.62 (1.40)[a]		76.48 (0.99)[c]		76.66 (7.77)[d]	
$40,000-79,999	115.88 (1.49)[b]		77.03 (1.09)		78.14 (7.27)[d]	
$80,000-149,999	116.46 (1.47)[a]		77.17 (1.09)[c]		79.57 (6.84)	
$150,000+	116.74 (1.62)[a,b]		77.23 (1.09)[c]		81.36 (7.06)[d]	
Parenting Status		.010*		.129		.005**
Not a Parent	115.86 (1.62)		76.88 (1.22)[a]		77.17 (7.05)[b]	
Parent	116.43 (1.53)		77.12 (1.06)[a]		80.04 (7.26)[b]	
Years Parenting		.057		.143		.033*
Not a Parent	115.80 (1.66)		76.81 (1.17)		76.73 (6.73)[a]	
0 – 2	116.50 (1.57)		76.83 (0.78)		80.95 (6.59)	
3 – 4	116.85 (1.28)		76.88 (0.79)		80.10 (7.94)	
5 – 10	116.43 (1.63)		77.19 (1.11)		80.02 (6.89)[a]	
>10	116.34 (1.49)		77.18 (1.11)		80.02 (7.53)[a]	

*$p < .05$. **$p < .01$. $N = 286$.
Note. Groups with a common superscript differ statistically significantly ($p < .05$) based on Tukey's post hoc test.

not with wellness or social connectedness. The mean for meaning in life was significantly lower for those who reported not being currently employed compared to those who were employed full- or part-time. Therefore, Hypothesis 1 was partially supported regarding unemployed women and meaning in life but not supported regarding unemployed women and social connectedness or wellness. Exploring the relationship between the 3 scales and 3 groups based on education level (i.e., less than college degree, college degree, graduate degree), significant relationships were associated with wellness ($p = .002$) and meaning in life ($p = .016$) but not with social connectedness.

Based on Tukey's post hoc tests, the mean wellness score for those in the highest education group was significantly higher than the mean for the middle education group ($p = .044$) and the lowest education group ($p = .002$). The mean wellness scores for the lowest and middle education groups did not differ significantly. For meaning in life, the mean for the highest education group was significantly ($p = .024$) higher than the mean for the lowest education group. The mean for the highest education group was only marginally higher than the mean for the middle education group ($p = .090$). The mean scores for the lowest and middle education groups did not differ significantly. Therefore, Hypothesis 2 was supported with data showing higher education achievement being positively related to levels of overall wellness.

Looking at 4 levels of annual income (i.e., $0-$39,999; $40,000-$79,999; $80,000-$149,999; $150,000 and over), income level was found to be significantly associated with overall wellness ($p = .003$), meaning in life ($p = .004$), and social connectedness ($p < .001$). Based on Tukey's post hoc tests, the mean wellness score for those in the highest income group was significantly higher than the mean for the two

lowest income groups (p = .005 and p = .022, respectively). No other pairwise comparisons for mean wellness were statistically significant. For meaning in life, the mean for the lowest income group was significantly lower than the means for the two highest income groups (p = .008 and p = .002). The mean for the lowest income group was only marginally lower than the mean for the adjacent income group (p = .061). No other pairwise comparisons for meaning in life mean scores were statistically significant. For social connectedness, the means for the two highest income groups were significantly higher than the mean for the lowest income group (p = .001 and p = .030). The mean for the highest income group was also significantly higher than the mean for the next to lowest income group (p = .002). The means for the middle two income groups differed only marginally (p = .076). Other pairwise comparisons for social connectedness were not statistically significant. Although no hypotheses were offered regarding the relationships between income and the scales, this data is an important finding in this research on Mid-Life Transition Women.

Research Question 3

Parenting status was examined by comparing two groups: 1) women who had never been in a parenting role and 2) women who had been in a parenting role, including biological, adoptive, foster, or step-parent. Parenting status was found to be significantly associated with wellness (p = .005) and social connectedness (p = .010), but not meaning in life (p = .129). The mean for wellness was significantly lower for those who reported not being a parent compared to those who did report being a parent. The mean for social connectedness was also significantly lower for non-parents compared to parents. The results from this research study partially supported Hypothesis 1 regarding parents and

higher levels of wellness but failed to demonstrate that parents would report lower social connectedness and higher levels of meaning in life.

Parenting status was also examined by looking at years of parenting and using ANOVA to determine the statistically significant relationship with the dependent variables of social connectedness, meaning in life, and overall wellness. For the years of parenting groups, a statistically significant effect was noted for FFWEL scores (p = .033), but not for the LRI-R (p = .143) or SCS-R, which had a marginally significant difference (p = .057). Based on Tukey's post hoc test, the non-parent group had a significantly lower mean for wellness compared to the 5 – 10 years and 10+ years groups. Although the means for the two other parenting groups were also higher, the relatively smaller sample sizes likely impacted the results. The findings from this research study only partially supported Hypothesis 2 in that overall wellness scores were higher for mothers who had been parents for more years; however, the remainder of Hypothesis 2 was not supported since no other significant differences were found between parenting groups and scores on the SCS-R or LRI-R.

Discussion

This study examined differences and relationships between social connectedness, meaning in life, and wellness, as well as the impact of specific sociodemographic factors for 286 women in the Mid-Life Transition Stage, ages 38 to 47 years. Consistent with previous research, results showed positive relationships between social connectedness and meaning in life (Dunn & O'Brien, 2009; Krause, 2007), meaning in life and wellness (Byron & Miller-Perrin, 2009; Skrabski, Kopp, Rozsa, Rethelyi, & Rahe, 2005), and social connectedness and wellness (Fiori, Antonucci, & Cortina, 2006; Zachariah, 2004).

While previous literature (Abbott et al., 2008; Degges-White & Myers, 2006; Helminiak, 1995; Josselson, 2000; Levinson, 1996), supports the relevancy of each of these constructs for women in midlife because of the specific life tasks and challenges during this era, no prior research could be found investigating the relationships between all three constructs as well as specific sociodemographic factors for women in the Mid-Life Transition Stage.

A critical finding from this study was the impact of income level on women in this life stage, as it was the only sociodemographic factor examined that was positively correlated to all three measures. This finding supports previous research on socioeconomic status (SES) that shows income level to be a major mediator of depression on wellness measures for women (Scarinci et al., 2002). Other findings by Floderus, Hagman, Aronsson, Marklund, and Wikman (2008) do not support our results, suggesting that high income for mothers can actually be a detriment to overall health due to the stress that may come from high pressure jobs. While research exists that links SES to wellness in a variety of populations, there is a scarcity of research that specifically examines the effects of various income levels on wellness measures in women. Research is also lacking that examines the effects of income levels for women in relation to meaning in life and social connectedness.

With higher income directly influencing higher levels of wellness, social connectedness, and meaning in life, this finding highlights the value of a woman's own financial resources at this life stage. Perhaps our culture has been organized so that women with more money can lead more fulfilling, happier lives because of gained access to more events, travel, outings, and thus more social connections and networks. Higher

income women may also have more feelings of stability and safety in their surroundings, since they may be able to access secure residences or neighborhoods, public services, healthcare, domestic help, community activities, and security networks. Ultimately, these connections and experiences could give a higher earning woman an advantage by benefiting her career, family life, education, access to healthcare, and community involvement, consequently enhancing social connectedness and overall wellness. More earnings for a woman in the Mid-Life Transition Stage could also mean less dependence on a spouse or partner and more feelings of financial independence, which could be very meaningful to a woman entering midlife by increasing her sense of autonomy and purpose.

Findings in this study did not support existing developmental research showing differences according to age for women in this life phase, previously suggesting that this population is at risk for lower levels of well-being. For example, Helson and Wink (1992) found that women had lower feelings of personality stability specifically in the early 40s; Blanchflower and Oswald (2008) found lower levels of happiness with higher levels of depression for women in the late 30s; and Borzumato-Gainey, Kennedy, McCabe, and Degges-White (2009) found that life satisfaction was its lowest for women in their 30s and 40s. While this research study did not assess specifically for depression, personality stability, or life satisfaction, no evidence was found suggesting age-related psychological struggles among this sample of women between the ages of 38 and 47. To the contrary, results for these women showed above average wellness, social connectedness, and meaning in life scores according to national norms. Based on Levinson's (1996) assertion that women may "bottom out" during this time period,

perhaps past findings may be becoming dated as roles, values, and timing of life events have changed for women over time, warranting further examination into developmental transitions in the modern woman's life cycle.

Participants in this study had higher than average scores on all measures, which may have been skewed because of the sample's higher SES levels. Despite recruiting efforts to increase diversity, women in our study were predominantly White, well-educated professionals in higher income brackets, with 90% having at least a college degree and 60% earning over $80,000 annually. The literature does support the concept that higher SES is related to higher well-being for women (Eggleston et al., 2001; Lin, Thompson, Kaslow, 2009; Scarini et al., 2002), including higher education levels (Dear, Henderson, & Korten, 2002). As specified by participant requirements, the majority of this sample lived in a suburban or urban setting, likely providing them access to specific community resources and support not available in rural areas, which could contribute to higher levels on the measures. Combining higher SES levels with increased access to community resources and social support could be a major variable in overall wellness for early midlife women.

Findings from this study also demonstrated that while higher levels of education and employment contributed to higher feelings of meaning in life, parenthood did not contribute to increased feelings of meaning in life for these women. There is a scarcity of empirical research looking at the relationship between meaning in life and motherhood. Conflicting qualitative research shows evidence that motherhood can provide profound meaning to women's lives (MacDonnell, 2006; McMahon, 1995), and Hansen, Slagsvold, and Moum (2009) found a positive relationship between motherhood and life

satisfaction in middle-aged and older women. It is important to realize that while motherhood did not enhance meaning in life significantly for this group of women, being employed and having a good income did.

Results from the professional literature support the importance of career for women in the Mid-Life Transition Stage as they reappraise their goals (Levinson, 1996), trying to find balance between caretaking, professional achievement (Gilligan, 1982), and societal expectations regarding norms for life events (Neugarten, 1996; Setterson & Hagestad, 1996). Perhaps the modern early midlife woman has reappraised her life aspirations, finding balance and meaning by placing higher value on achievement outside of the home, contributing to society through work, and finding purpose in that work. Considering that the only sociodemographic factors explored in this study that contributed to meaning in life were employment, education, and income, this is critical information regarding the modern woman's need for professional purpose during these years.

Further support of the significance of employment for women is the positive relationship to overall wellness. Previous research supports this finding, linking paid full-time work to better overall health for married women (Elliott & Huppert, 1991) and lower levels of depression for mothers (McCarten, 2004). Having a personal paycheck, title, and professional identity may be particularly important for women in this age group as they evolve, reflect, and restructure their life ambitions and dreams past the traditional roles of caretaking. This finding does seem to be a paradigm shift for women who have historically been considered to find great feelings of purpose from staying in the home to raise a family.

Further results of this study linking motherhood to wellness did not support previous research showing no positive relationship between parenthood and well-being for women (Hansen, Slagsvold, & Moum, 2009; Koropeckyj-Cox, 1998; McMullin & Marshall, 1996; Pudrovska, 2009; Zhang & Hayward, 2001); however, none of these studies looked at this specific age group. Early midlife women who were mothers demonstrated higher scores on wellness and social connectedness measures, which may mean that women in this specific life stage differ from women in other developmental stages due to the life tasks unique to this era. Our hypothesis that mothers would have lower social connectedness was not confirmed, as researchers expected mothers to have less available time and energy to devote to social activities and relationships. On the contrary, it seems that mothers may, in fact, get out of the home more *because* they have children, who may have extracurricular activities through church, community, school, or sporting leagues that would necessitate parental involvement and increased socialization. Perhaps the higher SES nature of our sample contributed to higher wellness and social connectedness scores for mothers since they would likely have more options for family activities, child care, schooling, private events, and domestic resources than would lower SES mothers. Further exploration of the factors that positively affect wellness, meaning in life, and social connectedness for early midlife women is needed.

Limitations

This study has several limitations. First, since the data was gathered via an electronic questionnaire administered to individuals through a link, participation was limited to women who had access to a computer for the length of time to complete the study. Although research has suggested that data gathered using participants from the

Internet is representative and reliable (Meyerson, 2001), this method of data collection may have influenced the demographics of the study and led to reduced participation from lower SES women who may not have had such access to the Internet. Furthermore, since the questionnaires were not delivered with a face-to-face screening process, researchers were not able to confirm a participant's age or gender, which were key characteristics for participation.

Although efforts were made to include an ethnically diverse sample, participants in this study were predominately White, well-educated, high income, professional women who were married and in a mothering role, which may limit the generalizability of the data. Additionally, due to recruitment efforts through emailing linkserv members of various community and social groups, posting solicitations on online social networks, and placing flyers in areas where organized social groups gather, the pre-existing social involvement of the sample may have influenced the higher SCS-R scores. Finally, generalizability of the research findings may be affected by the voluntary nature of survey participation and nonrandom sampling efforts.

Although participants were assured of confidentially, the use of self-report measures through Internet collection may have contributed to potential bias in responses for women who were uncertain if their identities could be determined by electronic markers. As a result, women may have made efforts in their responses to present themselves as being 'more well' or having higher levels of social connectedness and meaning in life. In addition, considering the high income level for the sample, a final limitation may have been the wording of the income level item on the demographic questionnaire. Although the question asked "What is your annual income?," it is possible

that some participants reported combined household income instead of personal earnings, which could have skewed the results. Perhaps having two separate questions, one regarding individual income, and one regarding household income, would have assured more accurate responses and allowed researchers further exploration on this demographic variable.

Implications for Counseling

Counselors must take into consideration that women between the ages 38 to 47 years could be presenting with unique challenges, thus, there may be a special set of concerns that should be addressed. Since previous research shows that most clients seek counseling during periods of transition (Ivey, Myers, & Sweeney, 2004), and since this developmental phase is considered one of the most critical transitional periods of adulthood (Levinson, 1996), it is imperative that counselors become educated about the specific transitions and challenges that early midlife women face, specifically surrounding the domains that have been shown to be salient in this research.

Counselors can benefit from developing an awareness of the complicated interaction of individual, sociological, and biological influences on women's overall well-being. By understanding the life tasks for this population and becoming educated on the importance of social connectedness and life purpose for early midlife women, clinicians can assist clients in exploring ways to increase levels of overall wellness, life meaning, relationship quality, and self awareness.

Assessments on overall wellness should be conducted with clients using instruments which measure the multi-faceted nature of a woman's life, such as the FFWEL. Life domains that are central to women in early midlife should be discussed,

including culture, family, vocation, education, life meaning, parenting, relationships, and spirituality. Counselors should also encourage women to reflect on life goals in these domains and perhaps reappraise aspirations as they enter this transitional life stage. While money might be considered an otherwise uncomfortable subject to breach in counseling, results from this study indicate the importance of creating a safe dialogue regarding income and how it impacts a woman's life. The counseling session can facilitate a woman's exploration into how income affects her identity, relationships, life purpose, marriage or partnership, parenting, and social experiences. Considering the importance of employment and education for women in this life stage, counselors should also explore a client's life history, current levels of satisfaction, and future goals in these areas. Since this life phase may be one of reinvention or transformation as women reevaluate life goals, desires, and values, counselors can help explore these changes for women as they enter the midlife era.

Counselors can assist women in exploring the issues relevant to their early midlife experience and in viewing the journey as a time of personal discovery and positive transformation. Women should be encouraged to search their value systems, life roles, gender identities, and aspirations, and recognize the impact of societal forces and expectations on their lives in this important developmental period. A variety of counseling methods can be used to facilitate this exploration, including art therapy (Öster, Åström, Lindh, & Magnusson, 2009; Thyme et al., 2007), role playing (Blatner, 1999; Getz, 2002), genogram creation (Dunn & Dawes, 1999; Keiley et al., 2002), vocational goal exploration (Jagow-France, 2010; Schindler, 2010), and the use of assessment tools

such as the SCS-R (Armstrong, 2008; Duru, 2008) and LRI-R (Debats, 1998; Halama, 2007).

Family and couples therapists should consider the findings of this research and integrate some of the following suggestions into therapeutic interactions. Dialogue about the woman's financial contribution to the family could be initiated with an examination of the impact that finances may be having on the family system and what this means to family members' relationships, identities, and roles. The woman's employment situation could be discussed by having her open up about life goals and how she feels about how much she is or is not working and what that means to her life purpose. The counselor should advocate for the woman's goals around career, education, and earnings with other family members as she may be reappraising life aspirations and values, and therefore changing directions and possibly altering family habits and expectations.

Group therapy can be especially helpful for this population, considering the saliency of social connectedness for women's wellness. In a group setting, women in the Mid-Life Transition Stage should be encouraged to form and nurture meaningful connections with others as the therapist facilitates skill development, personal growth, and relational goal setting. These interactions could serve as valuable experiences toward greater feelings of confidence, identity, purpose, social connectedness, and wellness.

Implications for Future Research

Results from this investigation provide a variety of directions for further research on women in the midlife stages of the lifespan. As society continues to change in relation to cultural norms, expectations, and gender roles for women, future studies should look at previous developmental literature, including Levinson's stage theory of adult

development, and seek more evidence to confirm or challenge his findings. Additional research looking at differences based on age for these more succinct stages of life within the midlife era is also warranted. Longitudinal studies utilizing a developmental perspective should be performed, seeking changes or trends throughout the lifespan regarding the constructs addressed in this study. Possible differences between ethnic and varying SES groups should also be explored regarding meaning in life, social connectedness, and wellness. These same differences could be examined relative to a number of demographic variables not addressed in this research, such as marital status, number of children, abuse history, sexual identity, disability, substance use history, gender identity, and spiritual identity. Gender-based studies could also look at differences or similarities for men in the same life stage, including exploring the influence of parenting status, employment status, and income level for meaning in life, social connectedness, and overall wellness in males.

Considering the findings in this study showing the impact of income, employment, and education on women's lives, further research should more deeply explore these factors for women across the stages of midlife to see if meanings or values placed on professional achievement shift with development. Qualitative research could be conducted exploring a woman's meaning of career, income, and motherhood as she transitions into midlife to gain a broader understanding of the quantitative results offered here. Considering the scarcity of research on Mid-Life Transition women, the results from this study suggest the importance of continuing to investigate the adult developmental stages in women's lives.

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