
UNIT 2 PSYCHOTHERAPY WITH ADULTS AND MIDDLE AGED PERSONS

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2.0 INTRODUCTION

Many micro skills are common to counseling or therapy with clients of all ages and many significant life events that might bring clients into therapy such as bereavement, illness, traumatic stress, for example have no special or very clear association with age or life stage. Nonetheless, if the differences between counseling children, adolescents and adults are ignored, the outcomes may be disappointing. The present block, therefore, addresses some of the specific issues concerned with counseling clients at different life stages. This unit will describe the issues and concerns related to psychotherapy in fledgling (18-25 years), young (25-40 years) and middle adulthood (40-65 years). Separated out for reasons of convenience and manageability, it needs to be remembered that these stages overlap chronologically and, to an even greater extent, psychologically and developmentally.

Many people feel themselves 'betwixt and between' different life stages, having a foot in two camps as it were. It must be remembered that while life stage labels have their use and their importance is overshadowed by the need to keep to the fore the individuality and uniqueness of each particular client. The goal is to help clients 'be themselves' rather than 'act their age'.

2.1 OBJECTIVES

After completing this unit, you should be able to:

- Describe the issues and life stage problems with fledgling adults;

- Discuss the typical issues and areas relevant for therapy with young adults; and
- Describe middle adulthood and issues important for counselling.

2.2 PSYCHOTHERAPY WITH FLEDGLING ADULTS

Although those between the ages of 18 and 25 are often referred to as young adults by implying that the status of adulthood has been reached but this may be somewhat misleading. If you think of the range of different minimum age legislation that exists (across countries) for voting, for criminal responsibility, for marriage, for joining the armed forces, for the age of consent, for obtaining a driving license etc., it is hardly surprising that the onset of adulthood is beset with confusion. It is a status acquired haphazardly and little by little. To be sure, young people in the 18–25-year age band are legally adults, but this does not mean that they feel ‘grown up’. They move towards adulthood in the context of a diminishing support network, and this can leave them feeling isolated and vulnerable. Contact with parents and other relatives may diminish or be lost as family ties weaken or disintegrate through divorce, geographic dispersion and social diversity. Friendship networks may be unstable. They are less likely to have strong religious affiliation. Universities no longer operate *in loco parentis*.

The dynamic, fluid and transitional quality of this period is captured in such terms as emerging, threshold or fledgling adulthood. Like adolescence, it is a stage that is culturally constructed and during the last three decades of the twentieth century it became a period of increasing demographic diversity and instability. There are now no certainties, and ever fewer probabilities, in relation to likely occupational, residential, marital or parental status.

Thus, for example, while many 18–22 year olds are in fulltime higher education (allowing student counseling to become a distinct and well defined area of work) many others are not.

2.2.1 Life Stage Issues with Fledgling Adults

Life stage issues that fledgling adults may bring to psychotherapy or counseling (Thomas, 1990; Cooper, 2003) include:

- Difficulties occurring in relation to family and friends;
- Issues of sexual identity and development;
- Questions of morality in the face of an imperfect self and a flawed society;
- Problems of planning a career, finding satisfactory employment and adjusting to job conditions;
- Financial difficulties.

While these difficulties and their manifestations are by no means unique to the period of fledgling adulthood, the developmental status and social demands of this stage lend them a particular quality and form. The shift in gaze from family to peers offers freedom, but can also create anxiety if such distancing from parents is perceived as risking the loss of their love and support. Furthermore, the independence that a job or full-time education away from home can bestow may

be compromised by continued financial dependence on parents, and by the need to return to the family fold if subsequent occupational opportunities fail to materialise, or the cost of housing outstrips their income.

This is the ‘boomerang’ generation which leaves home but (sometimes to the discomfiture of their parents) keep coming back. If, in contrast, their professional and/or financial success seems set to outstrip that of their parents, they may feel they are in some way being disloyal and be unable to grasp the opportunities before them.

Fledgling adults will often be concerned with establishing a workable and acceptable system of values. It is a time for putting into practice (or not) the idealism of adolescence. Awareness of the discrepancies between their own pretensions and performances can be acute, with assessment of their own and other people’s moral standards being largely grounded in the quality of personal relationships.

The fledgling adult anticipates that, largely through various social and sexual experiences, the unstable and ill defined self concept of adolescence will become more clear and consolidated, and that a specific and fixed sexual identity will be established. While this may be true to some degree, the plasticity of human development including sexual orientation is easily underestimated. The myth of adulthood as a fixed and stable state is pervasive, and distorts both expectations and self-evaluations of personal success and failure.

As fledgling adults strive towards adulthood, the ripples of their struggle disturb the equanimity and sense of being ‘in charge’ of the generation ahead of them. It emphasises to parents that they are growing older, and that the society they created will eventually be supplanted and overtaken by this new generation. The majority of therapists will still be a good many years older than their fledgling adult clients, and so intergenerational dynamics will again be an issue in the client– therapist relationship. Therapists may at times find that their worldview more closely approximates that of the parents than of the fledgling adults themselves.

2.2.2 Psychosocial Tasks of Middle Adulthood

Erikson stated that the primary psychosocial task of middle adult hood ages 45 to 65 is to develop generatively, or the desire to expand one’s influence and commitment to family, society, and future generations. In other words, the middle adult is concerned with forming and guiding the next generation. The middle adult who fails to develop generatively experiences stagnation, or self-absorption, with its associated self-indulgence and invalidism.

Perhaps middle adulthood is best known for its infamous midlife crisis: a time of reevaluation that leads to questioning long-held beliefs and values. The midlife crisis may also result in a person divorcing his or her spouse, changing jobs, or moving from the city to the suburbs. Typically beginning in the early- or mid-40s, the crisis often occurs in response to a sense of mortality, as middle adults realise that their youth is limited and that they have not accomplished all of their desired goals in life. Of course, not everyone experiences stress or upset during middle age; instead they may simply undergo a midlife transition, or change, rather than the emotional upheaval of a midlife crisis. Other middle adults prefer to reframe their experience by thinking of themselves as being in the prime of their lives rather than in their declining years.

During the male midlife crisis, men may try to reassert their masculinity by engaging in more youthful male behaviours, such as dressing in trendy clothes, taking up activities like scuba diving, motorcycling, or skydiving.

During the female midlife crisis, women may try to reassert their femininity by dressing in youthful styles, having cosmetic surgery, or becoming more socially active. Some middle adult women try to look as young as their young adult children by dyeing their hair and wearing more youthful clothing. Such actions may be a response to feelings of isolation, loneliness, inferiority, uselessness, non assertion, or unattractiveness.

Middle-aged men may experience a declining interest in sexuality during and following their male climacteric (male menopause). Fears of losing their sexual ability have led many men to leave their wives for younger women to prove to others (and to themselves) that they are still sexually capable and desirable. In contrast, middle-aged women may experience an increasing interest in sexuality, which can cause problems in their primary relationship if their significant other loses interest in sexual activity. This leads some middle aged women to have extramarital affairs, sometimes with younger sexual partners.

Happiness follows a U-shaped curve during a person's lifetime, according to research showing that middle-aged people are the unhappiest. Satisfaction with life starts to drop as early as a person's late 20s and does not begin to recover until well past 50, says Bert van Landeghem, an economist at Maastricht University in Belgium. While young adults are carefree and full of hope for the future and the over-50s have come to terms with the trials of life, the research indicates that those in the middle feel weighed down by the demands on them.

Studies around the world have shown that happiness tends to dip in midlife, van Landeghem said, and that this was not just a phenomenon confined to the Western world. Last month Lewis Wolpert, emeritus professor of biology at University College London, said happiness could peak as late as 80. In a book called *You're Looking Very Well*, Prof Wolpert said most people were 'averagely happy' in their teens and 20s, but this declined until early middle age as they attempted to support a family and career. He added: 'From the mid 40s, people tend to become ever more cheerful and optimistic, perhaps reaching a maximum in their late 70s or 80s.' An easing of the responsibilities of middle age, maturity and an increased focus on things we enjoy contributed to the trend, he said.

Timing of Events Model

The field of life span development seems to be moving away from a normative crisis model to a timing of events model to explain such events as the midlife transition and the midlife crisis. The former model describes psychosocial tasks as occurring in a definite age related sequence, while the latter describes tasks as occurring in response to particular life events and their timing. In other words, whereas the normative crisis model defines the midlife transition as occurring exactly between ages 40 and 45, the timing of events model defines it as occurring when the person begins the process of questioning life desires, values, goals, and accomplishments.

A long term study of over 3,500 adults revealed that self esteem ramps up as young adults progress to middle age, and then begins to decline around retirement

age. Researchers studied men and women ranging in age from 25 to 104. The study took place during the period 1986 - 2002 with researchers assessing self-esteem on four occasions. "Self-esteem is related to better health, less criminal behaviour, lower levels of depression and, overall, greater success in life," said the study's lead author, Ulrich Orth, PhD. "Therefore, it's important to learn more about how the average person's self-esteem changes over time." Self-esteem was lowest among young adults but increased throughout adulthood, peaking at age 60, before it started to decline.

2.3 PSYCHOTHERAPY WITH YOUNG ADULTS

By their mid twenties, most fledgling adults will have largely achieved the outer trappings of separation from their family of origin. Life will have lost some of its 'provisional' character and things are now seen as being 'for real'.

Occupation, lifestyle, friendships and relationships may all seem to be 'settling down', with young adults glimpsing a plateau ahead that is reminiscent of the growth, stability, decline model. After the turbulence of adolescence and fledgling adulthood, the period of early adulthood may seem more concerned with consolidation and incremental growth a structure building phase which is less demanding of the need for counselling or psychotherapy.

The losses of this life stage i.e. loss of youthful freedom from responsibilities and loss of such entwined relationships with parents and siblings may pass unrecognised by the young people themselves, by their families, by friends and even by therapists.

Normative pressures to establish an independent 'adult' lifestyle may encourage a denial of the importance of continued relationships with one's family of origin. Because leaving home is regarded as a ritual proof of achieving adult autonomy, we may underestimate the significance of what is lost. Young adults themselves may question and doubt any continuing attachments, accepting the dictum that by now they should have untied themselves from the apron strings of their childhood home. There is, however, evidence (Troll, 1989) that young adults typically keep in close contact with their parents, although this does not mean that things remain the same.

Intergenerational relationships within the family must shift from an adult child relationship involving dependency and control, towards a more equal relationship between adults. It is especially in families where relationships have been particularly close or characterised by intense conflict, that fear of sliding back into a previous dependency may lead young adults to sever, at least temporarily, all links with their family of origin. However, generally a state of 'intimacy at a distance' (Troll, 1989) is ultimately attained. While not many young adults live together with their parents, many do live fairly close and will visit frequently. If the distances are too great, then they will generally talk regularly on the phone, and undertake longer visits at less frequent intervals.

The paucity of attention given to the therapy needs of young adults may stem in part from wrongful assumptions about the nature of this life stage, but also from the fact that no longer are large numbers of the age group sharing similar educational experiences, as has been the case from entry into primary school

until graduation from higher education. Members of this age group are more widely dispersed across different institutions than has been the case in their lives till now. Lifestyles are becoming increasingly diverse. However, the boundaries between different life stages are blurred and overlapping, and the problems associated with employment, relationships and money that were identified as characteristic of fledgling adulthood may persist into this life stage. In addition, young adults may find themselves reluctant and hesitant to take on the responsibilities of adult life, wondering, perhaps, if they want to or are capable of really ‘standing on their own two feet’.

2.4 OVERVIEW OF YOUNG ADULT ISSUES

Erik Erickson, noted developmental psychologist, described the period of young adulthood as being from age 20-45, and the task of the stage to be “intimacy vs. isolation”. This seems too broad and simplistic in today’s society. In 1970, Kenneth Keniston, a Yale Psychologist, described characteristics of youth as “pervasive ambivalence toward self and society”, “having a feeling of absolute freedom, of living in a world of pure possibilities”. He proposed that they have not settled the questions of relationship to existing society, vocation, social role and lifestyle.

A young adult in today’s society faces issues and challenges that did not exist, or were unacknowledged, in previous generations. In 2000, Jeffrey Arnett coined the term “Emergent Adult” and identified changes that have occurred over the last several decades: more education is needed to survive in information based economy; fewer entry level jobs are available even after all that schooling; young people are feeling less rush to marry because of the general acceptance of premarital sex, cohabitation and birth control; young women feeling less rush to have babies given their wide range of career options and their access to reproductive technology if pregnancy is delayed beyond most fertile years.

Choices for both genders are more numerous. Expectations are less clear about what is one’s next step after finishing school (whether it be high school, college, or graduate school). In times past, young adults’ paths were more predetermined by role expectations, family expectations, and clearer gender expectations. The traditional cycle seems to have gone “off course”. Young people remain unattached to romantic partners or permanent homes, are going back to school for lack of better options, traveling, avoiding commitments, competing for unpaid internships or temporary public service volunteer jobs. In other words, forestalling the beginning of adult life. Sociologists call it “the changing timetable for adulthood.”

2.4.1 The Psychotherapy Model and Young Adult Issues

Psychotherapy with young adults may help the client explore their identity, including values, interests, and questions of who the person is in the world. Instability is addressed as clients deal with a feeling of being “in between” one stage of life and the next, often striving for independence from parents, but needing to depend on them for financial or emotional support. Clients are naturally very self focused at this time of their life, but may need help in seeing a bigger picture in terms of how they fit into the world and their relationship with others. Young adults’ sense of possibilities can help to establish hope for the future, but can also hinder progress if the client is overwhelmed by possibilities and may need

assistance narrowing down choices. Some of these characteristics are part of adolescence but they take on new depth and urgency in the 20's.

2.4.2 The Medical Model and Young Adult Issues

A NIMH longitudinal study found that children's brains were not fully mature until at least age 25. Most significant changes after puberty were in prefrontal cortex and cerebellum, the regions involved in emotional control and higher-order cognitive functioning.

The limbic system explodes during puberty, but the prefrontal cortex keeps maturing for another 10 years. This is the part that allows you to control your impulses, come up with a long-range strategy and answer the question, "What am I going to do with my life?"

Many serious mental illnesses tend to appear in the late teens or early 20's (*bipolar, schizophrenia*). Other common problems may include *substance abuse, eating disorders, depression* and *anxiety*. These illnesses and issues complicate the already complex question of life choices and direction.

2.4.3 Therapy for Young Adult Issues

Clients of this population are frequently looking for an encouraging parental figure in a therapist, particularly if they were or are not so well supported by their own parents. Other times they are looking for the opposite of a parental figure, that is someone who sees them as capable and adult. Not an authority, just an older, wiser guide. If they come in with their parents, or are living with their parents, they are sometimes ambivalent about separation from them, and may need some help being launched. Therapy helps to establish where a young adult is in the separation process and how much autonomy he or she is feeling. What is keeping someone tied to his or her parents? Is it okay to be different from parents? What are fears/anxieties about independence?

Therapy also helps young adult clients to explore their identity or how well they know him or herself? What is one's personality type, one's values and goals, one's sense of him or herself in the world? Group therapy is a powerful intervention for this cohort, as many young adults are feeling isolated and alone, as if everyone else "has it together" except for them. Group therapy helps them to see that this is not the case, and gives them a place to feel less isolated and more supported, as they grapple with issues of what their life will be about.

At this stage they experience anxiety and uncertainty over child bearing decisions, or difficulties in relation to child rearing including problems of raising children as lone parents.

In previous generations, and especially for women, the prospect of reaching the age of 30 often signaled an increase in awareness of the ticking of the 'biological clock'. Twenty years ago, young women frequently wished, and believed it was necessary, either to have had their first child by the time they were 30, or, at least, to have clear plans about whether and when they would do so. However, demographics change, and the birth rate among women in their 20s continues to fall. It is predicted that the birth rate among women aged 25 to 29 years will soon be lower than the birth rate among women aged 30 to 33, meaning that the age 30 transition has largely lost its significance as a 'last chance saloon' for

motherhood. Nonetheless, miscarriage, stillbirth, abortion and infertility are losses that affect a significant number of women and couples, and issues around fertility and the transition to parenthood can be highly emotive concerns of clients at this stage.

By the end of their 30s, however, most young adults who are to become parents will have done so. A developmental task for this decade is frequently, therefore, the adjustment to parenthood, or, for those who, whether out of choice or not, do not become parents, managing the consequences of deviating from this social norm.

With the arrival of children, parents' developmental tasks become joined to those of their children, and the couple relationship has to be renegotiated. Parenthood frequently exacerbates the difficulties of achieving a satisfactory work home balance. Former leisure activities may be squeezed out, and friendships, particularly with friends who do not themselves have children, may fall by the wayside.

Stereotyping, and what Huyuk and Guttman (1999) describe as the 'parental emergency' of the child-rearing years, may increase pressure for couples to adopt role specialisation during the woman's 'window of fertility'. It is still mothers who overwhelmingly assume greater responsibility than fathers for childcare. Therapists may find themselves working with clients to help them prioritize roles, activities and relationships, and to find ways of responding to multiple, pressing demands. For some, coming to terms with 'non-events' may be an issue, that is the career path that did not materialise or proved disappointing, or the stable relationship that did not develop or did not last or the baby that was not conceived. In each case, assumptions, expectations and hopes largely socially constructed may be dashed.

2.5 PSYCHOTHERAPY WITH PEOPLE IN MIDDLE ADULTHOOD

For most clients, middle adulthood is a time of multiple and sometimes conflicting roles, demands and opportunities, making the resources a person has available for dealing with this complexity one of the key therapeutic issues of this life stage (Biggs, 2003). There have, historically, been several different interpretations of midlife as:

- ***aplateau*** – with, for example, mid career being seen as a time of 'maintenance';
- an overwhelming crisis, whereby a person's coping resources are severely stretched;
- a period of challenging change and transition, although not necessarily crisis; and
- a period of continuity involving more incremental than dramatic change.

Furthermore, midlife may be present either in positive fashion as 'the peak period of life', where people are 'wise and powerful that is, in charge of themselves and others or more negatively, as the herald of 'a downhill slide in energy, attractiveness, occupational performance, and happiness at home'.

These different interpretations will influence, perhaps unknowingly, both clients' and therapists' expectations about midlife and this may lead to difficulties in the therapeutic situation (Biggs, 2003). Seeing midlife issues as depressing and without solution may lead therapists to resist confronting issues of ageing. Seeing age as irrelevant i.e. being 'age blind' may create false expectations of what is possible, ignoring the need for developing resilience to the inevitable losses that accompany passage through the life course and the need to adapt to forms of decline.

Seeing midlife as inevitably a time of crisis may result in an exaggeration of the significance of everyday issues and problems, or by way of contrast ignoring them as intractable and unavoidable.

Life adjustment problems that clients in middle adulthood may typically bring to counselling coalesce around concerns regarding work and career, family commitments and health (including sexual potency). Specific concerns include (Thomas, 1990) the following:

- the need to change career or to retire, either because skills no longer fit the needs of a changing job market, or because the ability to cope with the demands of the job has diminished with age;
- stress at work, and the desire to resolve job dissatisfaction and/or conflict between job responsibilities, family commitments and diminishing energies;
- the need to renegotiate relationships with partner, with children (as they move towards and achieve independent adulthood) and with parents (who may be becoming increasingly dependent, vulnerable and demanding);
- the wish to find meaningful occupation and purpose, either within or beyond the workplace, as children grow up and leave home;
- concern about the physical changes often associated with midlife in terms of physical appearance, diminishing sexual desire and potency, and, for women, the approach, occurrence and implication of the menopause.

Grief following the death of a child, parent, partner or close friend.

These issues are often interrelated, rarely arising in isolation. Thus, middle adulthood is the life stage during which demands of both career and family may be at their peak. In the family arena, midlife often coincides with children's long passage from adolescence to adulthood. Not only does this serve as a reminder to the midlife adult of their own ageing, but also requires that the parent, as well as the child, is involved in the renegotiation of relationships that characterises this transition. Powerful feelings around autonomy and encroaching dependency may arise (Biggs, 2003). Furthermore, once children have left home, parents can no longer use their children to mask problems in their relationship with each other and this can lead them to seek help of a therapist.

Seeing offspring successfully take on the mantle of adulthood may lead parents to reflect on, and perhaps regret, the choices they have made in their own lives (Cooper, 2003). At work, the increasingly apparent presence and advancement of 'the younger generation 'serves' as another reminder of the passage of time. As a result of increasing life expectancy, midlife adults may also find themselves implicated in the transitions of their parents through late adulthood.

As children become more independent, so parents may become more dependent and needy. For much of middle adulthood the ‘midlifer’ may be part of a ‘sandwich’ generation that is caught it might sometimes feel, between the demands and needs of both those ahead and those following on behind in the human race.

While there are clear and observable physiological changes in both men and women during the middle years, it is the awareness and perception of these changes that is of prime importance. Thus, the menopause is a socially constructed as well as a physiological transition that, in contrast to its image as crisis, leaves many women feeling freer, more in control of their lives and enjoying improved communication (including sexual).

However, health problems or at least the possibility of them may become more apparent during middle adulthood, exacerbated by the illness or death of contemporaries. This can lead to an increased sense of physical vulnerability in men and preparations for widowhood in women, leading to a restructuring of life in terms of ‘time left to live’ rather than ‘time since birth’. The awareness of mortality that this denotes is seen as the basis of the apocryphal midlife crisis.

2.6 PARALLELS AND DISTINCTIONS

The present unit has focused on the dissimilarities of different lifestages. However, while each life stage is *distinctive*, it is also true that life stages are not *distinct* in the sense of being separate and isolated. While it is important, when working with any age group, to be aware of their particular qualities and vulnerabilities, it is equally important to be aware of the connection between different life stages.

Although people of different ages differ, their concerns and preoccupations are not as different as perhaps they might appear. There are wide ranging and fundamental psychological themes that may appear in varying forms at any phase of life. These include attachment, loss, separation, hope, fear, anger, hostility and love. Many writers focusing on clients of a particular age or life stage reiterate this point.

There is interplay and interaction between the concerns and developmental tasks characteristic of different life stages. For example, the social network of parents with young children frequently comprises the parents of other children of a similar age to their own, irrespective of the age of the parents. Thus, the 20-year-old parent of a toddler and the 45-year-old parent of a toddler may see themselves at a broadly similar life stage – even though, by the framework adopted in the present unit, they would have been identified as being nonfledgling adulthood and middle adulthood, respectively. Another example is the interplay between the developmental preoccupations of adolescents and their parents. It is often the timing of the departure of adolescents or fledgling adults from their childhood home that determines to a significant extent when parents reevaluate their own future and confront issues in their relationship that have been masked by child rearing responsibilities.

While being of different ages, life stages and generations sometimes separates and distinguishes us, our position on this dimension of difference is continually changing. Although we may choose not to dwell on it, we either were or can anticipate reaching the age and life stage of those many years our junior or senior.

This points to a key distinction between ageism, on the one hand, and sexism and racism on the other.

Although sex change and skin pigmentation operations do exist, for most people the categories of sex and race are constants. Our age classification, however, is not static. While people who behave in a racist or sexist manner are unlikely ever to be members of the group that is the target of their discrimination, ageism is unique in that those who practice it were once a member of, or will one day join (if longevity is granted them), the group they presently discriminate against. Ageism identifies those of different ages as 'the other', and creates an artificial 'them' and 'us' divide between different life stages.

Self Assessment Questions

1) What are the life stage issues that fledgling adults may bring to therapy?

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2) Write about the problems which young adults are prone to bring to therapy?

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3) What is midlife?

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2.7 LET US SUM UP

Although those between the ages of 18 and 25 are often referred to as young adults, the dynamic, fluid and transitional quality of this period is better captured in such terms as emerging, threshold, or fledgling adulthood. Life stage issues that fledgling adults may bring to counseling include:

- difficulties occurring in relation to family and friends;
- issues of sexual identity and development;

- questions of morality in the face of an imperfect self and
- a flawed society;
- problems of planning a career,
- finding satisfactory employment and
- adjusting to job conditions and financial difficulties.

Persons belonging to 25-40 age range can be termed as young adults. This is characterised feeling of settling down in terms of occupation, lifestyle, friendships and relationships.

The mid-life paradox is that of entering the prime of life, the stage of fulfillment, but at the same time the prime and fulfillment are dated. Death lies beyond. Somewhere between 35 and 45 most of us begin to realise that half of life is over. Points of reference change with the individual's realisation that s/he has stopped growing up, and has begun to grow old. Taking stock we register unachieved youthful dreams and the unlikelihood of our anticipated outstanding contribution.

Mid-life reevaluation is precipitated by changing relationships to elderly or dead parents, to childlessness or self-reliant children. Shocked by illness or unexpected deaths we register signs of the biological clock's slowing down in our own bodies. Memory loss, discovery of one's ineffectuality at work or elsewhere, lack of influence over colleagues, politicians, or family members accompany growing awareness of one's own mortality.

2.8 UNIT END QUESTIONS

- 1) Describe and discuss the issues and life stage problems related to fledgling adults?
- 2) After the turbulence of adolescence and fledgling adulthood, the period of early adulthood may seem more concerned with consolidation and incremental growth. Discuss?
- 3) Write about middle adulthood in terms of issues relevant in psychotherapy?

2.9 SUGGESTED READINGS

Woolfe. R., Dryden. W., Strawbridge.S (2003). *Handbook of Counselling Psychology* (2nd edn). London: Sage.

Sugarman.L. (2004). *Counselling and the Life Course*. London: Sage.