



Mapping midlife: An examination of social factors shaping conceptions of the timing of middle age

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ABSTRACT

Few studies examine social factors shaping our conceptions of the life course, particularly the boundaries of life stages. The existing literature tends to focus on either young adulthood or old age, primarily relying on cross-sectional data. Using two waves of data from Midlife in the United States (1995–1996 and 2004–2006), we examine how three sets of factors – locations in systems of inequality, health, and family roles – shape conceptualizations of when middle age begins and ends. Although varying for cross-sectional versus longitudinal analyses, for views of the start versus end of middle age, and for women's versus men's lives, we find evidence that conceptions of a more compressed life course, as indicated by earlier timing of middle age, are associated with younger chronological ages, older identities, being male or non-white, lower levels of education or income, worse health, earlier transitions to parenthood, becoming divorced, and not having living parent(s). Future work should examine explanations for these patterns and their implications for individuals' experiences of aging.

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One assumption of the life course framework is that individuals hold conceptions of how lives unfold – a “mental map of the life cycle” (Neugarten & Hagestad, 1976). Yet life course research tends to focus on the objective dimension of our experiences – the actual timing, sequencing, and pacing of role transitions marking movement through social institutions. Studies give limited attention to subjective dimensions of the life course that constitute our mental maps, the components of which include the ages we associate with various transitions or life stages (Elder & Johnson, 2002; Macmillan, 2006; Settersten, 1999). These age-based maps, or timetables, of the life course shape our experiences of growing older by providing reference

points and sets of expectations. However, we know surprisingly little about the nature of these conceptions, particularly how they are influenced by the social contexts in which our lives are embedded. Research is further limited by a focus on either young adulthood (e.g., Arnett, 1997; Johnson, Berg, & Sirotzki, 2007) or old age (e.g., Barrett & von Rohr, 2008; Seccombe & Ishii-Kuntz, 1991; Zepelin, Sills, & Heath, 1987) and neglect of the interim – middle age.

The focus on early adulthood and old age may stem from the stronger institutionalization of these life stages compared with middle age. Transitions into adulthood and old age are marked not only by the acquisition of age-based rights and responsibilities, but also the experience of major life course transitions. For instance, the movement from adolescence to young adulthood is accompanied by acquiring the right to vote and establishing an independent residence, while the transition into old age is marked by such events as qualifying for Social Security and entering grandparenthood. In contrast, the boundaries of middle

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age are less clearly delineated by rights or roles.¹ Introducing further blurriness regarding the edges of middle age is the dramatic extension of life expectancy and delay of disability in the twentieth century – suggesting an elongation of middle age and subsequent postponement of old age (Schoeni, Freedman, & Wallace, 2001).

Juxtaposing its ambiguous and shifting boundaries are the “seemingly disparate views of midlife as a time of peak functioning and a period of crisis” (Lachman, 2004, p. 305). This stage is simultaneously framed positively, as a period of optimal performance at work and generally satisfying intergenerational relationships in the family, and negatively, as a time of transition involving decline (Gullette, 1998; Lachman, 2004). The latter image is evidenced by the term “midlife crisis” and the multitude of self-help books on navigating this life stage (e.g., *Coming of Age... All Over Again: The Ultimate Midlife Handbook* [Klimo & Shutt, 2007] and *Inventing the Rest of Our Lives: Women in Second Adulthood* [Levin, 2005]). This image persists though research reveals that only a small percentage of adults experience a midlife crisis (Wethington, Kessler, & Pixley, 2004). Despite extensive public discourse on the boundaries and contours of this period of life, only a handful of studies have examined our conceptions of the timing of middle age – when it begins and ends – and even less is known about social factors shaping these views.

Our study addresses this issue by examining three sets of factors that may influence views of the timing of middle age: social locations, health, and family roles. The selection of these factors derives, in part, from their influence on the objective experience of growing older (e.g., the likelihood [and timing] of widowhood, retirement, or disability). It also draws from the argument that there exist not only the widely shared general timetables, but at least three additional types of timetables – specialized, personal, and interdependent (Nydegger, 1986a) – that interact, yielding considerable variation in conceptions of the life course across individuals. Specialized timetables, referring to variation in the nature and salience of age- or role-based timetables across social contexts, suggest that different timetables exist for different social strata, including those defined by locations in systems of inequality, such as race, gender, age, and socioeconomic status. Often having “far more meaning than normative schedules” (Nydegger, 1986a, p. 145), another set of timetables – personal timetables – emphasize the importance of considering individuals’ own experiences which often diverge from general or specialized timetables. We examine two contexts in which individuals’ unique experiences are likely to influence their views of life course timing – health and

the family.² Our examination of the family context also draws on the notion of interdependent timetables, highlighting “the way in which individual transitions frequently are affected by, or even contingent upon, the life stages of others” (Nydegger, 1986a, p. 145). This discussion resonates with the life course concept of “linked lives” that emphasizes the interdependence of social network members’ life paths (Elder, 1975). Although other social contexts in which our lives are embedded could be examined, such as employment, we focus on the family because it not only provides numerous identity-relevant roles, such as adult child, spouse, and parent, but it also represents the primary age-integrated institution, enabling cross-age interaction that is likely to shape conceptions of the life course (Hagestad & Uhlenberg, 2006).

We argue that these sets of social factors – social locations, health, and family roles – may influence the extent to which individuals view the life course as compressed versus elongated. As we employ these terms, a more compressed (or foreshortened) life course refers to a shorter length, including earlier transitions into and out of life stages like middle age, while a more elongated life course refers to a longer length, including later transitions marking progression through the life course. Regarding the influence of social location on these conceptions, individuals occupying disadvantaged positions in systems of inequality might hold views of a more compressed life course than do their more advantaged peers, deriving not only from their references to existing specialized timetables that are more foreshortened, but also their lower perceived control over pathways through life (Pearlin, Nguyen, Schieman, & Milkie, 2007). A more compressed life course also is likely to be held by individuals in poor health – an experience that can heighten contemplation of one’s life, often in a shortened context (Hagestad, 1996). Other experiences that could generate compressed views of the life course include transitioning into family roles, such as spouse and parent, at relatively young ages – a prediction that draws on the life course perspective emphasizing the importance of timing in shaping the consequences of role transitions (Elder, 1975).

1. Conceptions of life course timing

Our study builds on the sparse literature examining social correlates of generalized conceptions of life course timing – most of which centers on views of ideal ages for transitions (e.g., marriage) and timing of life stages (e.g., old age). Only a handful of social factors shaping these conceptions have been considered – primarily gender, race, and socioeconomic status – and conclusions differ

¹ There are role changes associated with middle adulthood, although they tend to be less clearly defined and less strongly linked to conceptions of life course timing. For example, reaching career peak may be associated with midlife, but this achievement is not as widely recognized as a life course marker than beginning full-time work. Similar ambiguity is found in family roles – experiencing an empty nest is for many parents a gradual transition. In contrast, becoming a parent or grandparent is a clearer marker of a transition into adulthood or old age, respectively.

² Nydegger’s (1986a, p. 145) discussion of personal timetables emphasizes volition in the construction of age or role-based timetables for one’s own life course – for example, referring to “self-imposed timetables” and individuals’ ability to “modify [specialized timetables] in accordance with their personal timetables.” We draw on Nydegger’s focus on variation across individuals, but note that we are employing a broader conceptualization to include the influence of events less subject to control by individuals, such as health declines.

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