CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Midlife Turning Points: A Group Curriculum For Women Utilizing Mindfulness-Based
Interventions, Positive Psychology, and Expressive Writing to Foster Growth

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Marriage and Family Therapy

By

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DEDICATION

For my mother, Gerda, who loved me unconditionally. She never let age hinder her from

living life deeply.

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ABSTRACT

Midlife Turning Points: A Group Curriculum For Women Utilizing Mindfulness-Based
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The midlife period in the lifespan is characterized by multiple transitions. Women

experience gains and losses during this time in different domains: cognitive functioning,

personality, emotions, social relationships, work, and physical health. The purpose of this

project is to address this stage of development for women specifically the emotional

effects and the possible mental health issues such as depression, anxiety, and loss of self

worth. The project is a psychoeducational process group for women in midlife that

utilizes an integrative approach including mindfulness-based interventions, positive

therapy, and expressive writing within a narrative framework. The group curriculum

includes procedures, handouts, process questions, meditation practice, and writing

exercises to reorient women's life view to recognize the advantages of the midlife stage

of development.

CHAPTER 1

Introduction

"Midway this way of life we're bound upon, I woke to find myself in a dark

wood, Where the right road was wholly lost and gone"

—Dante

Midlife, this previously ignored developmental stage spanning the years from 40

to 65, will become the focus of increasing scholarly attention as the largest cohorts in

United States history move through their middle years. From 1990 to 2015, the number of

middle agers increased from 47 million to 80 million. The median age of the United

States population will increase from 33 years of age in 1990 to 42 years of age in 2050,

reflecting the movement of the "baby boomers" through middle age. Optimal physical

and psychological well being in late life will depend largely on the experiences of baby

boomers during middle age (Willis & Reid, 1999). Apter (1995) refers to midlife, which

she defines as the years 40–55, as a normal developmental stage in adult development, a

time ripe for personal growth and reflection. She suggests that women who resist

discourses that marginalize them because of their age and replace those discourses with

personally meaningful ones, will emerge from midlife empowered and newly self-

confident; however, midlife can be a time of major upheavals for women as they face an

unknown future, isolation, and the pain of loss. According to Robinson (1996), women in

midlife face challenges and changes in their personal lives and in their families. Women

in midlife may feel that they are navigating uncharted territory alone leading to

depression, low self esteem, and a sense of meaninglessness. The purpose of this project

is to create a women's group dedicated to the exploration of various midlife issues in a

supportive community in order to combat the stigmatism women face as they age, to challenge outdated definitions of midlife, to give women tools to deepen their acceptance of themselves as they encounter the challenges of midlife, and to encourage women to author a new story during their midlife years. It is this new story that will help women emerge with a newfound sense of identity, empowerment, and well-being that will have an impact on their relationship with their partners, children, and parents as well as their contribution to the world at large.

Background

Midlife, until recently, has often been depicted as little more than a "staging area on the way to old age" (Baruch & Brooks-Gunn, 1984, p.1). The entrance of the large "Baby Boom" generation into midlife however, has created a demand for information about midlife as a social and developmental stage (Wethington, Cooper, & Holmes, 1997). In midlife, women are torn between caring for others and caring for self. Middle-aged adults are linked to the welfare of others, in particular children, parents, coworkers, other family members, and friends (Erikson, 1950; Vaillant, 2003). At the same time, they are addressing their own needs such as meaningful work (paid or unpaid), and health and well-being (Lachman, 2004). Women experience major losses such as the death of a parent, the termination of marriage or important relationships, the loss of a life role that has defined them for many years, identity confusion resulting from the loss of meaningful work, and the loss of health and vitality through physical illness. According to McQuaide (1998), the typical woman in middle adulthood has experienced more loss than the typical woman in early adulthood.

Identity development appears to have important consequences for midlife well-being. Vandewater, Ostrove, and Stewart (1997) found that a well articulated identity in a woman's early adulthood contributed to a woman's well-being in midlife. McQuaide (1998) writes that in early adulthood many women develop an identity based on what relationships demanded. In midlife, women have the opportunity to develop their identity based on internal factors such as a quest for meaningful work, a life's purpose and personal development, a perspective shared by researchers investigating psychological processes in midlife (Hollis, 1993; Levinson, 1996; McCrae & Costa, 1990). While therapists address the unique needs of individual women in midlife (Hoffman & Myers, 1999; Klapper, Moss, Moss, & Rubinstein, 1994; McBride, 1990; McQuaid, 1999; Saucier, 2004) women need a group curriculum, in which issues concerning midlife women are addressed. Often women experience the transition into midlife in isolation. With a supportive group of women and the intentional exploration of issues in midlife, a group experience provides an opportunity to normalize midlife concerns. Mindfulness meditation combined with interventions from positive psychology and narrative therapy as well as the efficacy of group process and psychoeducation would help women achieve a deeper understanding of themselves leading to growth and wisdom as they age.

Statement of the Problem

The transition to midlife can blindside some women. Kirasic (2004), citing Robinson (1996), reminds us that the midlife adult engages in considerable personal evaluation. During this time of spiritual realignment, the midlife adult will probably deal with bouts of uncertainty, disillusionment, lost purpose, feeling lost, depersonalization, and conflict with oneself and others. The level of intensity of these feelings is said to

reflect the degree to which life is not as the woman would have liked it to be (Kirasic, 2004). Jung (1933) in his essay on "The Stages of Life," writes:

> "Thoroughly unprepared we take the step into the afternoon of life; worse still we take this step with the false presupposition that our truths and ideals will serve us as hitherto. But, we cannot live the afternoon of life according to the program of life's morning—for what was great in the morning will be little at evening, and what in the morning was true will at evening have become a lie" (Jung, 1933, p. 108).

To some extent the research by Deeks and McCabe (2004), Lachman (2004), Saucier (2004) and McQuaide (1994) supports Jung's notion that the important issues and demands of midlife differ from earlier periods and that midlife women must make adjustments to successfully negotiate this stage of their life and to prepare for transition to old age, the evening of life. Men also experience the challenges of midlife transition, however in this project only the issues of women will be addressed.

Depression and lack of self-esteem can be aspects of the midlife transition for women. The transition into menopause, which is one of the markers for midlife, has been associated with an increased risk for symptoms of depression (Bromberger et al. 2003; Cohen et al. 2006). In another report Bromberger, Kravitz, Matthews, Youk, Brown, and Feng (2009) report that vulnerability for a first episode of major depression during midlife is substantial for women. Cumulatively, these estimates add up to 12–17.5% of first onsets of major depression among midlife women over 7 years (Bromberger, 2009). Nobel (2005) reports that depression is the number one cause of disability worldwide and women are twice as susceptible as men, with 10-23% lifetime prevalence for women

(Noble, 2005). In a study conducted by Schmidt, Murphy, Haq, Rabinow and Danaceau in 2004, the researchers found that depressed perimenopausal women reported more negative life events and reported that they felt a greater impact of these events than their peers without depression. Although depression is not an issue for all women in midlife, it does affect a percentage of the population and influences a woman's ability to relish midlife and use it as a time for transformation.

The issues, which women often encounter as questions they find themselves asking include: What is my purpose now that my major caretaking responsibilities are over? What will make meaning for me in these years from fifty onwards? What are my social responsibilities? What is loss and how do I cope with this? How do I cope with the depression of growing old and watching those around me grow old? How do I feel about myself as an aging woman? How do others perceive me? What are my fears about the fast pace of this world and can I keep up? How do I keep myself healthy? These problems need to be addressed because there is a growing population of midlife women and their voices and needs are not being heard or attended to. Women who are 40 years old and older account for approximately 45% of the total U.S. female population (U.S. Bureau of the Census, 2001); however, theories of adult development have often failed to fully address the unique experience of these women (Degges-White & Myers, 2006). A group designed for midlife women will increase women's well being, which will impact their relationships with family, partners, parents and work. Women, as a result of exploring their inner life, will feel more empowered to contribute to their community.

Purpose of the Project

 The purpose of this project is two fold: 1) to encourage a gracious acceptance of the challenges of midlife, and 2) to empower women to acknowledge and capitalize on this time to rebirth themselves. Midlife can be a time of extreme frustration, resulting in family members and close friends feeling the brunt of the midlife woman's hopelessness and despair. Oftentimes, the very people who can provide comfort and community withdraw, which increases the midlife woman's sense of isolation. The workplace and community suffer as well because the stress some women feel during this time deprives them of the motivation and vitality to contribute to their work environment or to source their creative potential for impacting the lives of others in their community.

 This approach to midlife has important societal implications. As women gain confidence and well-being in this stage of life, they will have the potential to contribute to the next generation. A ten-week workshop for women, who are feeling alone and directionless as they go through midlife turning points, will achieve the goals of this project. This group curriculum will address the issues of midlife that women must grapple with on both an existential level and on a practical level. The framework of the group will be based on the insight of existential therapy and the practical tool of mindfulness-based cognitive therapy (MBCT) and compassion meditation. The theoretical framework of the curriculum is based on narrative therapy, which advocates the use of an alternate story that the client develops to counter the problem-saturated story (Monk, 1997).

 The group leader will use existential therapy and mindfulness based cognitive therapy (MBCT) to help women explore the issues in this period of life and to give them

tools for coping with depression should it descend on them at this time in life. Traditionally, MBCT is an eight-week group program with up to twelve recovered, recurrently depressed patients. Ma and Teasdale (2004) report that the goal of the program is for patients to develop an awareness of, and to respond more effectively to negative thinking patterns such as avoiding unwanted thoughts, feelings, and bodily sensations. The mindfulness skills aim to help participants to accept these negative thought patterns and to respond in intentional and skillful ways to these patterns.

The basic program begins by identifying the negative automatic thinking that is characteristic of those experiencing recurrent episodes of depression, and by introducing some basic mindfulness practices. According to Fresco, Flynn, Mennin (2011) meditation and other mental training exercises deriving from the 2,500-year Buddhist and Hindu traditions represent one potentially fruitful area of study that has the potential to expand contemporary models of depression as well as complement existing medication and psychotherapy treatment. Each session builds on these practices until the final session when participants are taught how to take care of themselves, to prepare for relapse and to expand mindfulness to everyday life (Fresco, Flynn, Mennin and Haigh, 2011). Using a modification of the group format as outlined by Teasdale, Williams and Segal (2014), the goal is to teach these mindfulness skills as well as provide information on the existential issues as they relate to women in midlife. In this way the purpose of the group will be to give women specific knowledge and tools to help them cope with the stresses of the midlife stage of adult development.

Kirasic (2004), citing Robinson (1996), reminds us that the midlife adult engages in considerable personal evaluation and that midlife women who successfully navigate

this passage emerge with greater feelings of authenticity and energy. Jacobs (1987) writes

that most women will make the adjustments eventually on their own or with the help of

friends, but a workshop can give them a head start and save individuals from depression

because of self-blame or frustration (Jacobs, 1987). The purpose of this group curriculum

is to help women in midlife emerge from this passage with confidence and to help them

to thrive as older women in the evening of life.

Definition of Terms

Midlife turning points: a new insight into one's self, a significant other, or important life

situation; this insight becomes a motive that leads to redirecting, changing, or improving

one's life. It is a profound reinterpretation or reorientation (attitudinal or behavioral)

directed at the self, a relationship with a significant other, or activities in a major life role

(Clausen, 1997).

Mindfulness: Kabat-Zinn defines mindfulness as "paying attention in a particular way:

on purpose, in the present moment, and nonjudgmentally" (1994, p.4). It is cultivated by

purposefully paying attention to things we ordinarily never give a moment's thought to.

Mindfulness-Based Stress Reduction (MBSR): An 8-week program created by Jon

Kabat-Zinn based on rigorous and systemic training in mindfulness, a form of meditation

originally developed in the Buddhist traditions of Asia (Kabat-Zinn, 2013).

Mindfulness-Based Cognitive Therapy (MBCT): A research based 8-week course

designed to give the practitioner skills and understanding to cope with chronic

depression. The heart of MBCT is gentle, systematic training in mindfulness (Teasdale,

Williams, & Segal, 2014).

Journaling: The oldest and most widely practiced form of self-help in which the writer records their most meaningful thoughts and feelings. Expression of emotion is beneficial to mental health (Ullrich & Lutgender, 2002).

Expressive writing: A form of writing therapy developed primarily by James Pennebaker in the late 1980s. The expressive writing study instructed participants in the experimental group to write about a 'past trauma', expressing their very deepest thoughts and feelings surrounding it. Writing about thoughts and feelings associated with a trauma helped the participants cope with the traumatic event (Pennebaker, 1997).

Positive psychology: A branch of psychology that uses scientific understanding and effective intervention to aid in the achievement of a satisfactory life, rather than treating mental illness. The focus of positive psychology is on personal growth rather than on pathology, as is common among other frameworks within the field of psychology (Seligman & Csikszentmihalyi, 2000).

Existential issues: 1) Freedom and associated responsibility; 2) Death; 3) Isolation; 4) Meaninglessness. A confrontation with any of the aforementioned conditions, or givens, fills an individual with a type of dread commonly referred to as existential anxiety. This anxiety is thought to reduce a person's physical, psychological, social, and spiritual awareness, which may lead to significant long-term consequences (Becker, 2006).

Narrative therapy: A collaborative and non-pathologizing approach to counseling and community work, which centers people as the experts of their own lives. A narrative approach views problems as separate from people and assumes people as having skills, abilities, values, commitments, beliefs and competencies that will assist them to change their relationship with the problems influencing their lives. It is a way of working that

considers the broader context of people's lives particularly in the various dimensions of diversity including class, race, gender, sexual orientation and ability (Freedman &Combs, 1996).

Individuation: According to Jungian psychology, individuation is the process of transformation brought about by bringing the personal and collective unconscious into conscious. In particular, it is the development of the psychological individual as a being distinct from the general collective psychology (Jung, 1933).

Identity: The self-perceptions and self-evaluations that matter to the individual (George, 1980, p. 14). Self and identity are intimately tied to one's social roles.

Summary

Midlife is a time ripe for personal growth and reflection. Apter (1995) suggests that women, who resist discourses that marginalize them because of their age and replace those discourses with personally meaningful ones, will emerge from midlife empowered and newly self-confident. According to Robinson (1996) women in midlife face challenges and changes in their personal lives and in their families. They may feel that they are navigating uncharted territory alone leading to depression, low self- esteem and a sense of meaninglessness. The review of the literature in chapter 2 will explain how issues affecting women in midlife can lead to depression, making transition through this life passage more difficult. The review of the literature will also make a case for how group therapy consisting of mindfulness-based cognitive therapy, existential therapy relating to midlife issues, and connection between peers through weekly group meetings can be a useful intervention for helping women in midlife successfully cope with this phase of their life.

CHAPTER 2

Literature Review

The midlife stage of development is a neglected part of lifespan studies. Kirasic (2004), points out that although there is now a fair amount of knowledge about child, adolescent, and young adult development as well as development in old age, the research on midlife development is scant. This stage, until recently, has often been depicted as little more than a "staging area on the way to old age" (Baruch & Brooks-Gunn, 1984, p.1). The entrance of the large "Baby Boom" generation into midlife however, has created a demand for information about midlife as a social and developmental stage (Wethington, Cooper, & Holmes, 1997). Midlife locates men and women historically; individuals entering midlife in the twenty-first century are vastly different in their resources, expectations, and experiences from those entering midlife in the 1950's or at the beginning of the twentieth century (Moen & Wethington, 1999). Midlife represents physical changes, exemplified for women in the menopause transition, but it also incorporates social norms and expectations about appropriate roles and behavior for women—as well as men—in their middle years. Adults in midlife are expected to go about their business as if nothing has changed. They are required to continue being the same as they were in their younger years, in spite of physical and life changes. In midlife, women and men may experience major losses such as the death of a parent, the termination of marriage or important relationships, the loss of a life role that has defined them for many years, the identity confusion resulting from the loss of meaningful work, and the loss of health and vitality through physical illness. Some of these losses represent the norms of middle life. Men and women are expected to stoically accept losses such as

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wrinkles, expanding waistlines, thinning hair, the realization that they have reached the apex of their careers, the knowledge that they will never achieve some of their cherished desires, and the knowledge that there are more losses to come. Women and men arrive lost in the woods of midlife with little preparation for the challenges. These experiences of midlife can frighten men and women and leave them feeling hopeless. Kathleen Brehony (1996) describes midlife for women and men who do not conform to the expectations of social norms and expectations as a journey which constitutes a descent into their inner world to confront the unconscious, leading to a metamorphosis which allows them to live more fully as wiser, more compassionate, and more differentiated human beings.

This chapter will explore some of the issues in the midlife development of women and the challenges women in midlife face. This is by no means to say that men do not have challenges and issues with transition to midlife such as loss of identity because of retirement, lack of sexual virility, marital dissatisfaction, etc., however, for the sake of specificity, the focus of this project is women. Women may find that midlife and the difficult feelings and challenges that arise indicate that their role and purpose in life is changing. This knowledge can be a catalyst to accepting midlife as a time of growth and opportunity to reach beyond stereotypes and traditional roles.

In order to more specifically understand the population referred to as "midlife" and to discuss how group work may help women transition into midlife, the review of literature will develop a working definition of midlife, will explore specific midlife turning points for women, will look at interventions currently in place for women in midlife, will explain the rationale for a process oriented, psychoeducational group

curriculum for this population, will describe what it means to negotiate the midlife transition successfully and will explain the reason for choosing the specific interventions helpful to negotiating the midlife transition —namely narrative group interventions, mindfulness-based meditation, concepts of well-being from positive psychology, psychoeducation and self-review through writing.

A Definition of Midlife

Traditionally tied to the end of fertility for women, the definition of midlife has been challenged by culture, technology, and economics. What has changed, rendering the widely accepted understanding of the end of fertility as the beginning of midlife, is that: (a) life expectancy for women is now in the 80's; (b) cultural mores allow much more independent living by choice; (c) women increasingly opt to be single mothers by choice; (d) a 50% divorce rate has altered the cultural judgments and expectations about living alone; (e) earning capacity of women has changed the image of women as the financially dependent spouse; (f) sexual flexibility has made it more possible for women to be free in their sexual behavior, which may mean the move for some from heterosexual to homosexual partners (Alonso, 2008).

Lachman (2004) specifies that psychological accounts of midlife have been as conflicted as the cultural images of middle-aged people. The midlife stage of development is both a time of turmoil and a time of confidence and competency for women. Lachman asserts that adults in midlife may show mastery in some areas and crisis in other areas. However one of the prominent themes for women during midlife is change. Among those who believe that change is possible during midlife, some demonstrate that this change is characterized by increased competence (Helson, 1997).

Clausen defines a psychological turning point in midlife as a new insight into one's self, a significant other, or important life situation; this insight becomes a motive that leads to redirecting, changing, or improving ones life (Clausen, 1990, 1995). Stewart, Ostrove, and Helson (2001) in their study of 331 white middle class women, average age 50, from three different university longitudinal studies found that identity certainty, generativity, confident power, and concern about aging were more prominent in middle age than in early adulthood Stewart, Ostrove, & Helson, 2001). Others describe midlife as a shift initiating a long period of decline (Schaie & Willis, 1986). Smith and Moen (1988) write that women in late midlife are susceptible to social isolation as they leave or lose employment and other roles as well as frequently the wife role, through divorce or widowhood. How can midlife be portrayed both as a period of turmoil and a period of peak functioning? Lachman (2004) suggests that these disparate views are not incompatible and can be reconciled.

So what then, is midlife? According to the online Oxford English Dictionary (2000), the word "midlife" first appeared in Funk and Wagnall's Standard Dictionary in 1895. Midlife is defined as "the part of life between youth and old age." While distinct stages of parenthood, marriage, and career have previously defined midlife as a separate period in the life course, over the latter half of the twentieth century, there is a reconfiguring of the middle years of adulthood (Moen & Wethington, 1999). Lachman (2004) states that the boundaries for midlife are fuzzy, with no clear beginning or end. She points out that traditionally those between ages 40 and 60 are considered middle-aged, but that there is at least a ten-year range on either end. In a study conducted by the National Council on Aging (2000), nearly half of the respondents ages sixty-five to sixty-

nine considered themselves middle-aged. According to the findings of Lachman and Bertrand (2001) the older one is the later they reported entry and exit years for the midlife period. Therefore, the use of neither biological functioning nor chronological age is a good determinant of midlife. According to Lachman (2004) age norms do not mean much. Instead, specific challenges and issues that are unique to this developmental stage may be better determinates of the period of midlife.

Challenges and Issues Unique To Women In Midlife

      Depression. Depression and lack of self-esteem can be aspects of the midlife transition for women. The transition into menopause, which is one of the markers for midlife, has been associated with an increased risk for symptoms of depression (Bromberger et al. 2003; Cohen et al. 2006). In another report Bromberger, Kravitz, Matthews, Youk, Brown, and Feng (2009) report that vulnerability for a first episode of major depression during midlife is substantial for women. Cumulatively, these estimates add up to 12–17.5% of first onsets of major depression among midlife women over seven years (Bromberger, 2009). Nobel (2005) reports that depression is the number one cause of disability worldwide and women are twice as susceptible as men, with 10-23% lifetime prevalence for women.

      In a study conducted by Schmidt, Murphy, Haq, Rabinow, and Danaceau in 2004, the researchers found that depressed perimenopausal women reported more negative life events and reported that they felt a greater impact of these events than their peers without depression. In this study, the researchers compared the number and quality of life events reported by 50 depressed perimenopausal women between the ages of 44-55 years with a control group of 50 non-depressed perimenopausal women of the same age. Additionally,

they examined the effects of the presence of hot flashes on life event reports. Depressed perimenopausal women reported significantly more undesirable events, but not more exit events (e.g., divorce, last child leaving home, or death in family) compared to the non-depressed women. Depression is not an issue for all women in midlife; it does however affect a percentage of the population and makes it hard for women with depression to relish midlife and use it as a time for transformation.

Gibbs, Lee, and Kulkarni (2012) argue that although some perimenopausal women have a hormonal vulnerability to depression, other factors such as psychosocial resources, overall well-being, and the demands on their coping resources affect depression in midlife as well. Gibbs et al. suggest that women require education regarding the individual risks of psychological distress during perimenopause, as well as the knowledge of life factors known to be protective such as diet, exercise, and social supports to help them through a difficult life transition.

Interventions with this population include efforts to reduce stress and to improve social support and feelings of self-efficacy for perimenopause-related depression (Schmidt, Murphy, Haq, et al., 2004). However, even though the menopausal transition may be considered a "window of vulnerability" during which women are at high risk for depressive symptoms, it also constitutes an opportunity to provide targeted and effective therapies that address both physical and mood symptoms in mid-life women (Dennerstein & Soares, 2008). Women's group therapy may serve to support many of the interventions already being used for this population.

Physical health. Midlife is often the time when chronic illness or disease starts to surface, and physical problems such as high blood pressure, high cholesterol, or arthritis

pain often take adults by surprise. Lachman (2004) points out that the presence of

physical ailments, which can be treated with medicines or diet, also trigger distress

because they signal aging, which is not valued in western culture. The need to balance

multiple roles and manage various upheavals is characteristic of middle age regardless of

gender, cohort, socioeconomic status, ethnicity, or culture (Lachman, 2004). Smith-

DiJulio, Windsor, and Anderson (2010) consider the "menopausal transition" a marker of

aging. They describe midlife as a time when health care professionals exhort women to

avoid chronic diseases by engaging in specific health behaviors. According to the Centers

for Disease Control and Prevention (2008) 53% of the cardiovascular disease deaths in

the United States occur in women. Women are encouraged to prevent, delay, or control

cardiovascular and other chronic diseases by improving their eating habits, engaging in

physical activity, and seeking positive lifestyle behaviors (Smith-DiJulio, Windsor, &

Anderson, 2010). In their study of 224 Caucasian, African American, and Native

American women between the ages of 45-54, Degges-White and Myers (2006) found that

midlife women who engaged in health promoting activities and who had positive

attitudes expressed greater life satisfaction than the women who did not engage in these

behaviors.

  Caring for others. Another issue is the juxtaposition of caring for others and

caring for self. Middle-aged adults are linked to the welfare of others, in particular

children, parents, coworkers, other family members, and friends (Erikson, 1950; Vaillant,

2003). In particular providing care for family members and other relatives such as ailing

husbands, dependent parents, or disabled family members is an increasingly likely role

for midlife women (Moen, 1994). At the same time, they are addressing their own needs

such as meaningful work (paid or unpaid), and health and well-being (Lachman, 2004).

The need to balance multiple roles and manage various upheavals is characteristic of

middle age, regardless of gender, cohort, socioeconomic status, ethnicity, or culture

(Lachman, 2004). The psychological and social changes experienced in midlife such as

engaging in meaningful work, developing a sense of well-being and caring for the

welfare of others, are usually associated with positive changes such as better emotional

regulation (Magai & Halpern, 2001), increased wisdom and practical intelligence (Baltes,

Staudinger, & Lindenberger, 1999), and a strong sense of mastery (Lachman & Bertrand,

2001). However researchers, Kessler and Mcleod (1984), imply that women's

responsibility for the welfare of children, husbands, and ailing relatives may have a

detrimental outcome for their own well-being and psychological outlook. These divergent

findings suggest that women in the twenty-first century will be able to customize their

middle years in accordance with a less gender bound concept of interdependence.

  Self-concept. It has been widely assumed that middle age ushers in a long period

of decline toward death and that therefore, it will be associated with an increase in

thoughts about death and mortality (Becker, 1973; Clausen, 1986; Jacques, 1965;

McAdams, 1985). It has also been widely assumed that middle age—and the associated

decrease in reproduction-related demands and potential—would pose a particular

challenge to women's self-image and sense of purpose. Contrary to this misconception,

Montepare (1996) found that middle-aged women had more favorable body images than

younger or older women. It is generally assumed that concern about aging is more

common and age-appropriate among the elderly than the middle-aged (Ryff, 1989) and

that women who feel particularly concerned about aging when they are still middle-aged,

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would be particularly vulnerable to a lesser sense of well-being (Grambs, 1989; Montepare, 1996). Rather than being characterized as in a natural state of transition, women who express distress at midlife are characterized as being self-denigrating, disappointed in their accomplishments, demoralized by the way they look, ashamed of their bodies, and lacking in a belief that they have a right to a life and that they are as important as others (McQuaide, 1998).

Pearlman (1993) suggests that a distinct theme in clinical work with midlife women is the need to deal with the media's construction of the "sin of aging". Saucier (2004) writes that the standards of western culture seem to create more problems for women as they move through their middle and later years. According to Saucier, because women are held to higher standards of physical attractiveness than men throughout their lives, ageism, which is stereotyping and discriminating against individuals or groups on the basis of their age, and the ageing process more negatively affect them than they affect men. The impact of body image plays an important role in the increase or decline of an aging woman's self-concept. Although a person might feel the same on the inside, the outer shell has changed and identity confusion results (Saucier, 2004).

McQuaide (1998) investigated women's self concept in a study in which she identified factors that discriminate women who have a sense of well being at midlife from those who do not. In this study, a total of 103 women aged 40 to 59 completed a questionnaire on attitudes, beliefs, and feelings of midlife women. All of the women were white and lived in suburbs in the New York metropolitan area, however their other characteristics varied. Of the 103 women, 58% had at least a four-year college education. Of the group, 68% were married, 19% were separated or divorced, 1 % were widowed,

and 6% were single. A reported 3% were lesbian and 7% were living with a significant other. Of the sample, 60% worked full time in the paid labor force, and another 21% were employed part time. The others were homemakers, students, disabled, or retired. Many women in the study who expressed distress at midlife were characterized by being self-denigrating, disappointed in their accomplishments, demoralized by the way they look, ashamed of their bodies, and lacking in a belief that they have a right to a life and that they are as important as others. One woman described living with great guilt for the mistakes she made as a mother. She felt unimportant and had internalized sexist and ageist messages about midlife women. She did not speak up because she believed that what she had to say was less interesting or intelligent than what others had to say. However she never spoke about these negative beliefs and as a result had no opportunities to have these negative beliefs contradicted. Self-hatred and silence can bring unhappiness and stagnation and can interfere with the midlife woman's growth and development (McQuaide, 1998). McQuaide suggests that a group in which women feel safe enough to express their doubts and fears would help women achieve growth and development.

Midlife represents a time of personal growth, not the beginning of decline. Dr. Anne Alonso, a clinical professor in the department of psychiatry at Harvard Medical School conducted a study in 1979 about the reality of women at midlife, as reported by women. She cited this study in an article she wrote in 2008 about women in groups. The survey asked 50 women, all at midlife, to respond to two questions: 1) What are the best qualities of yourself at midlife? 2) What are the worst qualities of yourself in midlife? A sample of their responses appeared to indicate that while women in midlife do struggle

with the social construct of youth as beauty, women in midlife also have more confidence, self-acceptance, and wisdom. In answer to "What are the best qualities of yourself at midlife?" the women reported: (a) I am wiser; (b) I have more opinions and the courage to voice those opinions; (c) I just know more. I read more and think more independently; (d) I am not so easily dismissed; (e) I appreciate life more; (f) I'm more accepting of life; (g) Many of my priorities are reordered. In answer to the question, "What are the worst qualities of yourself in midlife?" the women in the study answered: (a) bodily changes, especially weight, complexion, hair color, wrinkles, (b) hot flashes, (c) mourning for family and friends who die or get ill, (d) loss of children or the loss of the option to have children. Women struggle with self-concept at this time in their life, but options that encourage support growth and well-being exist for women as never before.

Loss. Middle age was once thought to be a time of preparation for old age and death. Yalom, as cited by Hoffman (2012) said, "Even though the current emphasis is not as strongly on this decrepitude and loss, still there is the 'awareness of inevitable death' (5)" (p.28). The reminders appear in aging and dying parents and grandparents, in physical changes, and in the fear that one will die before having fully lived (Hoffman, 2012).

Becker (2006) states that losses begin to appear early in midlife as parents age and die, as children leave home and marry, and as ideologies are found wanting. These losses confront a person with the concrete form of isolation, as do illnesses, which can also begin to appear at this time. Becker (2006) writes that for a person in the second half of life, psychotherapy is meant to lead to the insight that growth and maturity mean coping

with the fact that isolation is one of the fundamental elements of the human condition,

with only a partial solution at best (Becker, 2006). Kass (2014) echoes Becker when he

writes that growth and maturity requires engaging in one's own therapy or choosing an

alternate self-awareness practice. This kind of self-work brings people to a place where

they can recognize and accept their own humanness and can recognize and accept the

humanness of others (Kass, 2014).

 According to McQuaide (1998), the typical woman in middle adulthood has

experienced more loss than the typical woman in early adulthood. When most people

enter midlife, they have dependent children, their parents are still living, they are

employed, they are physically healthy, their spouse and friends are healthy, and they have

a sense of choices still to be made. By late midlife, all or much of this has changed.

McQuaide writes that midlife clients may minimize the impact of this piling up of losses

as well as their anticipation of continuous midlife and late-life losses. When significant

losses are discounted or never mourned, chronic depression or dysthymic conditions

often result. "When a loss is discounted, the mourner is unable to express associated

painful thoughts and affects and remains incapable of completing the grief work"

(Brunhofer, 1997, p. 684).

 McQuaide (1998) in her study of women at midlife reported that all the women in

her study had experienced loss, however those feeling dissatisfied with themselves during

the midlife passage were having more difficulty resolving the losses of their lives and

finding new sources of meaning than women with less dissatisfaction with themselves.

One unhappy woman described midlife as a time of doors shutting, with nothing to look

forward to. Women not doing well had not been able to grieve and to accept, and were

experiencing sorrow and anger about their losses. They had yet to find meaning in their loss (McQuaide, 1998).

Parental loss. The emotional anguish and turmoil associated with parental loss is a common theme among women in midlife. In particular is the pain women experience with the death of their mother. Little attention has been paid to the meaning and impact of a mother's death during midlife, the developmental period during which women are already confronted with a host of other changes (Valentich & Foote, 1998). The death of a mother is a powerful and formative experience that touches many aspects of a woman's life (Kranz & Daniluk, 2008). Because mother-loss is considered a normative event at midlife, women at this stage of life do not anticipate being as deeply impacted by this loss as they often are. Nor do they expect the loss to have such a powerful impact on their lives as a whole, forcing them to reassess themselves, their notions of family, and their priorities (Klapper, Moss, Moss, & Rubinstein, 1994). Robbins (1990) suggests that mother-loss during the midlife decades may be qualitatively different than at other periods of life.

In their study of mother-loss during midlife Kranz and Daniluk (2008) used a qualitative, phenomenological approach to explore how women in midlife experience and meaningfully construct the recent death of their mothers. The subjects were recruited through posters and advertisement displayed in community centers in a large urban area. During in-depth interviews, nine Caucasian women between the ages of 42 and 65 reflected on the loss of their mothers within the previous 2 to 5 year period. Kranz and Daniluk reported that the midlife women in their study said that the death of their mothers appeared to be "the catalyst" that forced them to "take stock" of themselves and

their lives, and make necessary changes. This life review led the women to question who

they are, how much time they have left to live, what they want to do with the time they

have left, and what is and is not important to them in life (Kranz & Daniluk, 2008).

Consistent with research on parental loss in adulthood (Scharlach & Fredriksen, 1993),

the findings of Kranz and Daniluk support identity changes, a heightened awareness of

the finiteness of time, and a reassessment of priorities and relationships as a consequence

of losing one's mother. In addition, Kranz and Daniluk discovered in their research that

no matter how aware the women in the study were of their mother's imminent death, each

of the nine women reported being unprepared for the intensity, depth, and extent of their

feelings of loss.

   Marital relationships, partnerships, and intimacy. Marital relationships

become a key issue for midlife women. At midlife many couples discover that their

relationship will have to adjust to the new realities of their lives. In order to establish an

authentic, mature intimacy it is necessary for women to understand and come to know

their partner, and this requires letting go of projections and unrealistic expectations for

what a relationship should be. Henry and Miller (2010) write that since midlife women

are going through a number of transitions such as menopause, caregiving, and death of

parents, their marital problems differ in type or severity compared to couples in other

developmental stages. Their findings suggest that issues around values, communication,

commitment, decision-making, emotional intimacy and sexual concerns are the most

destructive to marital satisfaction in midlife couples.

   One of the most frequent correlates with midlife lack of well-being was an

unsatisfying relationship. By midlife, a woman has a sense of what can be changed and

what cannot. In the beginning of relationships, individuals see problems as acute; by midlife, they can have a chronic quality to them (McQuaide, 1998). Traditional marriages may end at mid-life and perceptions of what a relationship is may change. Unlike a dissatisfied woman in young adulthood who has the perspective that she can find another mate, the woman at midlife who decides to separate knows that she is less likely than her younger counterpart to find a partner to grow old with. Midlife satisfaction and well-being are difficult to achieve in a relationship that has not weathered the years well or has been problematic from the start. McQuaide worked with many women in her group who had tried to accept their partner's personalities, but after decades of trying, said it was clear to them that their relationships had come as far as they could and that they either separated or lived in an environment of anger, frustration, and unhappiness until they died (McQuaide, 1998).

Identity and self-acceptance. Many researchers have suggested that identity may be important after early adulthood, perhaps especially for women (Grotevant, 1987, Kroger & Haslett, 1991, Whitbourne & VanManen, 1996). Identity development appears to have important consequences for midlife well-being as well. Vandewater, Ostrove, and Stewart (1997) found that a well-articulated identity in a woman's early adulthood contributed to a woman's well-being in midlife.

"Just who am I?" is a question with which many midlife women grapple. McQuaide (1998) writes that in early adulthood, many women develop an identity based on what relationships demanded: Who did you need to be to mother a child? Who did you need to be to be someone's wife or lover? Who did you need to be to succeed in a job? Who did you have to be to be a dutiful daughter? For many women, their identity may

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have become enmeshed with how well they were able to fill these roles with competence and enjoyment. Accomplishment of the developmentally earlier task "identity formation" (Erikson, 1950) sets the stage for psychological health in midlife. Some women having a difficult midlife passage may experience a kind of identity panic, which translates to a fear that they will never know who they are and that they will be rudderless for the rest of their lives. They may feel as if something has been lost that will never be found (McQuaide, 1998).

During this time of identity searching, women look to other women for support, ideas, and reassurance that the emotional and physical changes they are going through are within the normal range. McQuaide (1998) during her interviews with women, who were not happy with their lives at midlife, discovered that they were turning to other women for tips as to who they are. They realized that in devoting themselves to do everything right for family and others, they had neglected themselves. One woman in McQuaide's group of interviewees asked with bewilderment why no one had told her what she was doing to herself.

Need for meaningful work and the search for vocation. For women in midlife, their vocation is to become themselves as fully as they are able. The task in midlife is to find out how to become their authentic self rather than the one that is foisted on them by western society (Hollis, 1993). Oplalaka and Tevel (2006) explored the transformative process of higher education for women in midlife. The purpose of this study was to examine the motivation of female students in midlife to enroll in an undergraduate or graduate program and the benefits they gained from higher education at this stage of life. The study was based on semi-structured interviews with 15 Israeli

women students between the ages of 43 and 53 enrolled in undergraduate or graduate programs. The researchers indicated that developmental tasks such as a search for self-fulfillment, identity, well-being, and individual change are related to the women's decisions to pursue higher education. Pursuing higher education is one way for women to satisfy some of the issues contributing to "ego integrity" in their lives, namely self-acceptance, environmental mastery, personal growth, and relations with others. Even though women come to higher education from diverse starting points and experiences in life, they consider higher education to be a means through which they are emancipated from a feminine identity that was constructed in conjunction with societal rules and stereotypes. They felt that higher education brought them back to their authentic selves. It brought them back to a self that is not necessarily compatible with their gender role but rather with their own traits and abilities. These women experienced transformative learning in which they are empowered to think as an autonomous person rather than uncritically accepting the ideas and judgments of others. In midlife, the women in this study turned to higher education because it satisfied their own desires and needs as opposed to others' needs (e.g. work, family, marriage). Oplalaka and Tevel (2006) concur with Levinson (1996) in that midlife is commonly characterized as a time when women search for self-fulfillment and growth. The researchers note that the benefit of higher education appears to be related to the process women undergo in midlife to reconstruct themselves. Terms such as "energy replenishment", "revitalization," "increased self-confidence" and "personal growth" were recurring themes in their interviews with these women (Oplalaka & Tevel, 2007).

Women may also find new purpose by re-evaluating their careers or establishing new careers. According to Bejian, Salomone, and Paul (1995) severe midlife stresses, although not universal, occur with enough frequency in women (and men) to incorporate this phenomenon into career development theory. Renewal is a distinct career development stage, which occurs between the late 40's and 60's, known as the late establishment stage and continues into the maintenance stage. In this stage the tasks are self-appraisal, reorganizing personal and career priorities, and bringing mindfulness to goals for the present and the future. Some women in midlife grapple with changing careers or establishing new goals for themselves. Bejian et al. state that there is a realization of one's personal mortality, a reevaluation of life events, a consideration of the quality of one's accomplishments and, in some cases, a decision to change one's priorities. A group setting for midlife women may be a place where the courage and ideas to start a new career are first hatched and incubated (Bejian et al., 1995).

Meaninglessness. Feelings of meaninglessness or a lack of purpose can haunt the midlife experience. Most people experience some physical, relational, professional, or psychological changes during their middle years, often in the form of an unhappy marriage, affairs, or divorce, or in the form of anxiety that may have no clear source, appearing as depression, dissatisfaction with career or job, disillusionment, or despair. (McQuaid, 1998; Darling, Coccia, & Senatore, 2011). The positive side of the negative feelings, writes Saucier (2004), is that this is often the impetus for a woman to begin the process of assessing changes in her environment.

Hoffman (2012) writes that if women are to avoid the existential vacuum of meaninglessness, they must find a way to make meaning of their choices and situations in

life. If women in midlife begin to discover that the choices they have made appear meaningless and that their life does not seem worth the effort they have put into it, they are at risk for developing anxiety and depression (Hoffman, 2012). Within the confines of culture and genetics, women have the power and freedom to make choices that will affect their quality of life. With that freedom comes responsibility and the need to take appropriate action. Questions might arise about the quality of the relationships one has chosen to develop, the career one has selected to pursue, or the limitations one has consciously or unconsciously placed on one's life and the manner in which one has lived and expressed one's spirituality. If a woman is dissatisfied with her choices, yet feels powerless to change them or feels hopelessness that it is too late for her, increased anxiety or depression could result (Hoffman, 2012).

Relationship and isolation. Relationships are paramount to a woman's sense of well-being. According to Hoffman (2012) isolation can be an issue for women in midlife as they experience the loss of parents, life partners, and children leaving home. These experiences emphasize the feeling that one is essentially alone and can give rise to a sense of existential isolation, which can be a source of anxiety and depression for women in midlife. Hoffman posits that this potential for anxiety and depression in midlife might help explain why many women increasingly turn toward spirituality at this stage. During this time many women find that their sense of spirituality increases in importance during midlife as they try to create meaning from their life experiences and to find a way to feel connected at a deep level when other connections may be failing them (Hoffman, 2012).

Successful Negotiation of the Midlife Transition and Successful Aging

Successful negotiation of the midlife transition involves relinquishing the old, reconnection to the self, and refocusing the future (Edelstein, 1999). In so doing the midlife transition can have a long-term effect on the nature of aging (Lachman, Teshale & Agrigoroaei, (2015). Although society continues to extol the virtue of youth, the world is growing older. According to World Health Organization (2012) estimates, between 2000 and 2050, the proportion of the world's population over 60 years of age will have doubled from about 11 percent to 22 percent. Cousins (2013) writes, "successful transitions into a healthy and productive old age are no longer the personal concern of each life traveler but an issue of pressing global concern" (Cousins, 2013, "Maps for the Midway Journey," para.3). The literature suggests that midlife offers an opportunity for authentic change and a meaningful and rich second half of life. Jung (1933) compares midlife to the afternoon of life and writes, "the afternoon of human life must also have a significance of its own and cannot be merely a pitiful appendage to life's morning" (Jung, 1933, p. 331). Brehony (1996) states, "we need not have any special abilities or knowledge to begin the journey, just a willingness to look inside and to open ourselves to our potential" (Brehony, 1996, p. 329).

Leonard and Burns (1999) in their study on turning points asked 60 married or previously married lower-income midlife and older women in their 40s, 50s and 60s to nominate the turning points in their lives. In this study, the most frequently reported turning points were not marriage or motherhood, but personal growth experiences involving psychological "self-work", such as deciding to become more independent or to change one's lifestyle. The next most common was the death of a relative or friend, which

acted as a turning point in diverse emotional and philosophical ways. In contrast, issues that are a frequent topic of life event research, such as the "empty nest" or menopause, were rarely mentioned. Most importantly, the study findings highlight the importance of experiences — and in particular personal growth experiences — that occur in the second half of life (Leonard & Burns, 1999). In a follow-up study five years later with the 48 women who remained in the study Leonard and Burns (2006) found that the overall picture is of a change in the nature of turning points around midlife. Personal growth transitions were more common after midlife. The researchers report that it appears true that the personal growth turning point "success after struggle" was often the end-point of a difficult period that began with an adversity turning point. Although the women in this study did not have easy lives, they were able to survive and grow through their adversity experiences towards positive life narratives (Leonard & Burns, 2006).

Further research concurs that midlife, although often stressful, can be a time of beneficially adaptive, creative change in a person's attitudes and behavior if women have the support to think of midlife as a time for revaluation, not crisis. (Degges-White, 2001; McQuaide, 1998; Saucier, 2004). Saucier writes, "If self-respect is encouraged in women, many problematic issues of aging can be avoided" (Saucier, 2004, p. 424). Gender, socioeconomic status, and race are also predictors of aging well, but have received less attention (McLaughlin et al. 2010). Versey's and Newton's (2013) definition of successful aging incorporates, "perceived good health, high overall satisfaction with life, and the feeling of empowerment or self-confidence, themes generally spontaneously expressed by midlife and older adults" (Versey & Newton, 2013, p. 186).

The results of a current study by Versey and Newton (2013) supports a strong correlation between generativity (Erikson, 1982), providing for the next generation, and successful aging for women. In a study based on the responses of 237 middle-aged women (mean age = 61), sixty-five percent identified as White/Caucasian and 32% as Black/African American. Versey and Newton found that people who feel generative have a stronger propensity for aging well when attitudes and beliefs about generativity are transformed into pro-social or productive activities and such activities vary as a function of race and gender (Versey & Newton, 2013). Lachman portrays midlife as a central, pivotal period in the life course. What happens in midlife can have a long-term impact on the nature of aging. Engaging in activities that promote connection, personal growth, and health are likely to reap the benefits in later life (Lachman, 2015).

Current and Suggested Counseling Interventions Used with Midlife Issues

In a study using a diverse sample of 224 women, aged 35 to 65, Degges-White and Myers (2006) examined the relations among transitions, life satisfaction, and wellness for women in midlife. The results of the study prompted the researchers to advocate for mental health therapists to consider the entire midlife period as a time of growth, development, movement, and challenge. Degges-White and Myers suggest that women may feel motivated at this stage of their life to make significant life changes and to seek counseling to help them navigate this midlife period. Therapists who utilize holistic and strength-based interventions help their clients tap into existing strengths. Within this wellness-based paradigm women can make decisions that enhance their sense of well-being and efficacy.

Introspection. Hollis (1993) writing from a Jungian perspective describes the midlife passage as one of fragmentation to "individuation", a Jungian term meaning psychological integration. He advocates the use of solitude, wherein the participant is wholly present to herself. To move to the necessary solitude, he writes, in which individuation can proceed, one must consciously ask each day, "In what way am I so afraid that I am avoiding myself, my own journey?" (Hollis, 1993, p. 102). Coming from a different perspective, McQuaide (1998) essentially addresses the same issue as Hollis. She writes that working with midlife women in therapy, the therapist is presented with issues of identity confusion and bafflement about what they want in life and how to get it. To aid assessment and stimulate thinking about the self, McQuaide advocates for a midlife questionnaire, which can be used to discuss how women feel about different aspects of her life that are correlated with well-being. The questionnaire can also be used to track change. As part of the assessment process, McQuaide writes that some women need help in goal identification and in exploring who they are, what they value and desire, and what are realistic goals for them. The use of insight-oriented or cognitive behavioral brief treatment would be appropriate (McQuaide, 1998). Some women might be stuck because of anxiety or depression or personality traits. McQuaide recommends the use of cognitive behavioral techniques integrated with existential exploration of identity issues to address these symptoms.

Confrontation: Another intervention suggested by McQuaide (1998) is the use of confrontation. Leaman (1978) explains that the therapist using confrontation openly and honestly identifies the client's self-defeating patterns or manipulations and invites the client to interpret what the behavior might mean. With confrontation, the client is

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encouraged to get in touch with feelings of loneliness, fear, and anger. McQuaide

suggests that many women in midlife have greater emotional control, more realistic self-

awareness, and more entrenched personality traits and defenses than younger women. For

that reason, midlife women can tolerate more confrontation to help them do the necessary

work to change life-long habits that hold them back from achieving an authentic self. To

be effective the midlife woman must experience the confrontation as the therapist's

advocating for the woman's future happiness. McQuaide adds that confrontation

combined with specific visualization techniques can help women envision the desired

future (McQuaide, 1998).

  Assertiveness training and cognitive restructuring. Referring to an article by

McBride (1990) Saucier writes "assertiveness training has been suggested as a valuable

component of a treatment plan for women who have the illusion that their worth is

decreasing with age"(Saucier, 2004, p. 422). McVicar and Herman (1983) characterized

assertiveness training in a group as a structured approach to decision-making, goal setting

and skill building. In addition to assertiveness training, Saucier also recommends

cognitive restructuring, a therapeutic intervention in which clients are encouraged and

helped to alter maladaptive thought patterns and replace them with more adaptive

cognitions. Saucier explains that "because our culture often regards assertiveness in

women as a negative trait, it is important to help the client understand possible

ramifications from any change in behavior" (Saucier, 2004, p. 422). According to Saucier

a combination of assertiveness training and cognitive restructuring would be the most

effective for helping women develop resistance to the dominant discourse, "the set of

assumptions about an issue that have become so widely accepted within a culture that it

appears to represent 'reality'"(Monk, Winslade, Crocket, & Epston (Eds.), p. 303).

According to Freedman and Coombs (1996) the dominant discourses in our society

powerfully influence what gets storied and how it gets storied. Particular discourses

sustain particular worldviews. For example Saucier (2004) states that women are

socialized to attribute their problems to feminine personality traits, genetics, PMS, or

various personality disorders, which influence women's self-concept as they age.

Through their association with other women struggling with the same issues, midlife

women are better able to accept themselves and view themselves as valued members of

society as they age.

Also the counselor can help women unravel and reweave their tapestries in

midlife, focusing on their experiences of the world from their perspectives as women.

Practicing assertiveness in a group situation can help women try out new roles. Saucier

(2004) writes that because our western culture regards assertiveness in women as a

negative trait, it is important to explore society's perception of assertive women and help

the client understand possible ramifications from any change in behavior.

Construction of meaning. An intervention that Saucier proposes is construction

of meaning. She cites the work of Lippert, (1997) who describes this meaning making as

a process that involves several strategies: consideration of any broader psychological

issues, analysis of the nature of events in the lives of these women and their meaning,

empowerment through support, affirmation of commitments, and self-exploration.

Saucier explains that the use of this process could help women feel better about the

choices they have made throughout their lives and to accept the roles that they have to fill

in their middle years. "Acceptance can lead to more positive feelings about self and to a high level of satisfaction with one's life circumstances" (Saucier, 2004, p. 423).

Saucier (2004) suggests the use of metaphor as a valuable tool to help women make meaning of the midlife process and to help them create a more positive attitude toward aging. She cites the work of Clark and Schwiebert (2001) who suggest the use of Penelope's loom from the *Odyssey* as a metaphor for women's development during midlife. The loom helps the clients see the issues in their lives as threads coming together to form a midlife tapestry (Saucier, 2004).

Values clarification. Another technique that counselors use to help women become more conscious of dissatisfaction with their self-concept is values clarification (Saucier, 2004). Values clarification can help women realize that incongruence of values with behaviors and circumstances can cause conflicting emotions about who their authentic self is. According to Howell (2001), if there is incongruence with their behavior and circumstances, women reported feeling guilt, sadness, anger, anxiety, fear and loneliness. The positive side of negative feelings is that this is often the impetus for a woman to assess changes in her environment. "Rather than treat emotional distress as something to reduce, the counselor and client might use it as an indicator of potential areas for values congruence work" (Howell, 2001, p. 64). Saucier (2004) writes that by discussing their journey toward self-awareness, women can slough off the false self and begin to feel valuable as human beings and realize that neither age, beauty, nor productivity is the sole determining factor of their worth. Saucier feels that if self-respect is encouraged in women, many problematic issues of aging can be ameliorated and that

the counselor can assist women to develop internalized values that will support them through the aging process (Saucier, 2004).

Grief work. Kranz and Daniluk (2008) suggest that midlife women who have experienced the loss of their mother can heal from the loss by reworking the relationship with their mothers to the point where the women can see the positive legacies their mothers have left in their lives. Klapper, Moss, Moss, and Rubinstein (1994) reported that adult daughters received little public support for their grief because of the commonly held perspective that the death of an elderly mother is a natural, normative event. They concluded that adult daughters may find it difficult to acknowledge and work through their grief. The work of Klapper et al. (1994) underscores the importance of therapists to acknowledge the potential developmental significance of this transition and support clients in grieving and working through the losses that are marked by the death of their mothers. Apter (1995) states that this process called life review is common during the middle years. With midlife women who have experienced mother-loss, Apter suggests that therapists use both grief work and life review in conjunction to help women work through the healing process (Apter, 1995).

Couple therapy. Interventions targeted at marital issues during midlife are essential. Henry and Miller (2010) write that issues around values, communication, commitment, decision-making, emotional intimacy, and sexual issues are the most destructive to marital satisfaction in midlife couples. Validation of couple's problems will be a building block of a strong therapeutic alliance (Lambert & Barley, 2002). The therapist's ability to focus on the presenting problem and allow their clients to tell their story will impact clients' overall experience with therapy. Midlife is filled with

challenges and unique stressors for women, which necessitates the presence of counselors who can provide empathy and understanding in explaining to clients that they are not alone, while normalizing developmental struggles.

Smithson (2011) asserts that due to the transitional nature of *middle adulthood*, 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. Well-informed mental health professionals can guide this population to achieving and maintaining higher levels of wellness and warding off potential depressive episodes. Furthermore, since the literature suggests a strong link between a woman's wellness, her social connectedness and her sense of meaning in life, counselors must listen for how a woman makes meaning and facilitate their client's ability to nurture social bonds and encourage her pursuit of meaning in life (Smithson, 2011).

Psychoeducation. Normative experiences of midlife and menopause are lacking in the American culture. According to Huffman and Myers (1999) women must define what is normal for them, as they interact with other women or family members. Huffman and Myers state that therapists are in a unique position to provide accurate biomedical information within an integrative approach that conceptualizes menopause as a normative midlife transition. Therapists can provide support and encouragement, social networks through group experiences, and help to plan and implement a personal approach to this midlife process. Therapists can help women approach menopause as a midlife transition that engenders a sense of control and empowerment while setting a positive stage for the latter years of life (Huffman & Myers, 1999).

Counselors use a different approach for older adults versus other age cohorts. They address the search for meaning with their midlife clients. Many of the issues in midlife are existential. Becker (2006) mentions that midlife is a time when personal meaning must be found without the context of external demands or expectations, either because they are too heavy a burden or because they have ceased to exist, as in the case of the empty nest. The situation generates anxiety because it requires that one's meaning making must come from the self and the inner world. Since the essence of existentialism is personal experience rather than collective rules or principles, Becker contends that it is an appropriate therapeutic approach to the emotional world and search for meaning of the adult in midlife (Becker, 2006). This explains the difference in focus of psychotherapy for older adults versus other age cohorts.

The challenges of midlife are addressed by a variety of researchers and counselors. They tailor their treatment to the unique challenges of midlife, however there is a need for a group curriculum that counselors could employ to help women respond to midlife turning points with gusto rather than fear.

The Rationale for a Process Oriented Psychoeducation Group with a Narrative Approach

Group therapy is a highly effective form of psychotherapy that is at least equal to individual psychotherapy in its power to provide meaningful benefit (Yalom & Leszez, 2005). Crucial aspects of the process of change occur through an intricate interplay of human experiences, which Yalom refers to as *therapeutic factors.* These factors include: instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, socializing techniques, imitative behavior,

interpersonal learning, group cohesiveness, catharsis, and existential factors. Therapeutic factors can help guide the therapist's selection of strategies to shape the group experience and to maximize its potency with different clients in a variety of settings.

The group's theoretic framework is based on the narrative approach, which is defined as a construct in narrative therapy, in which clients are invited "to begin a journey of co-exploration in search of talents and abilities that are hidden or veiled by a life problem" (Monk, 1997, p.3). Group leaders in a narrative style "seek to discover the history, context, and meaning people give to an issue—whether it be, for example, assertiveness, communication, or parenting—and to story their own strengths and preferred way of being" (Silvester, 1997, p. 233). In narrative therapy the group leader assumes that the participants have the knowledge, skills and expertise in their lived experience that they can share with the group. Silvester reported that her work as group leader was to "story the group member's definitions of assertiveness and provide a context for understanding the restraints on being assertive"(Silvester, p. 240). The story theme could be concerns and issues about midlife transition rather than being assertive but the approach is the same. Silvester asserted that group building resulted from this process. She wrote that the narrative therapist is positioned as "coauthor" rather than "outside expert."

Specific therapeutic factors are found to be of relative importance within different therapeutic groups. The purpose of the study by McLeod and Ryan (1993) was the investigation of therapeutic factors experienced as helpful by members of an out-patient therapy group for older women (average age 55 years). This particular category of client is rarely offered group therapy and there is an absence of studies of what they find helpful

in the therapeutic group setting. This out-patient group was held in the psychology department of a National Health Service psychiatric hospital in a large English city. The main presenting concerns of clients encompassed anxiety, panic attacks, and isolation (often combined in agoraphobic patterns of behavior), tranquillizer dependency, depression, and unresolved bereavement reactions. McLeod and Ryan's study revealed that existential awareness, group cohesiveness, instillation of hope, universality, and catharsis were perceived as the most powerfully helpful factors within this group. Existential awareness came out clearly as the single most influential factor. They attribute this in part to the psychological reality of aging, loss, and death that may be present in their target population of older adult women (McLeod & Ryan, 1993).

Group therapy can be especially helpful for women in midlife, because there is a need for social connectedness. In a group setting, women can form and nurture meaningful connections with other women while meeting personal growth and relational goals (Smithson, 2011). McQuaide (1998) states that groups are safe places to practice the use of newly reclaimed parts of the self and to get honest feedback with which to build identity. Validating connections with others provides a subculture that offers some independence from the dominant culture's assumptions and values, which can be so damaging to identity and self-esteem. Holmes (2002) writes that women's groups are highly effective when they are organized around the physical milestones of the female life cycle: the beginning of menstruation, pregnancy, and menopause. Though rooted in the body, these dramatic developmental events set up crises in psychic functioning, periods of intense disequilibrium that can lead in favorable circumstances to maturation

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and the creation of new psychic structures. Holmes states that during these traumas, a woman's group can prove extremely helpful (Holmes, 2002).

Alonso (2008) supports the use of group therapy for women. She writes that women at midlife "arrive at a time when fantasies of endless promise bump up against the realities of limits and previously made choices" (Alonso, 2008, p. 25). She reports that this population enters a therapy group to deal with living a full life. They have their focus on the carpe diem message that energize on one hand or lead to depression on the other hand. Group offers women a way to find the self and experiment with the possibilities of that self in the relationships with others in the group (Alonso, 2008).

Through their association with other women in the group setting struggling with the same issues, women are better able to learn to understand and accept themselves (Saucier, 2004). Women's physical and emotional well-being, as well as a positive sense of self can blossom best in the context of validating relationships with others (Jordan, 1997). Midlife therapy groups or other groups can be especially helpful in this regard (McQuaide, 1996). According to McQuaide other group members provide positive images and role models and can also deconstruct ageist images and collaborate in constructing alternative images. In addition groups are safe places to practice the use of newly reclaimed parts of the self and to get honest feedback with which to build identity.

Therapy groups help women in midlife find new roles. The group process provides women an opportunity to find self and experiment with the possibilities of that self in the relationships with others in the group (Alonso, 2008). The findings of the study by Deeks and McCabe (2003) investigated the positive aspects of well-being among menopausal women. The participants in Study One were 304 adult females with a mean

age of 47.8 years from around Melbourne and rural Victoria, Australia. In Study Two, the participants were 203 adult females ranging in age from 35 to 65 years recruited from the participants of Study One. The combined findings of the studies indicate that as women age, their sense of achievement, directedness and confidence about themselves is changing and that their self-acceptance is increasing.

Deeks and McCabe (2003) write that menopause may provide a marker to women to signify that they have moved into a new stage of their lives, and with this new change comes changes to their roles. Finding these new roles requires support, and group can allow women to explore and try out new roles. White (2006), quoting Senge, writes that a therapy group at its best is "where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured" (p. 31). Therapy groups for women would help facilitate the successful negotiation of the midlife transition.

Interventions to Promote Successful Negotiation of the Midlife Transition

Positive Psychology Approach. Seligman, one of the founders of positive psychology, describes positive psychology as a branch of the behavioral sciences that concerns positive individual traits such as the capacity for love and vocation, courage, interpersonal skill, hope and optimism. It is a branch of psychology concerned with what makes life worth living (Seligman, & Csikszentmihalyi, 2000). Those who study topics in positive psychology fully acknowledge the existence of human suffering, dysfunctional family systems, intimate couple violence, and mental illness, but the aim of positive psychology is to cultivate the other aspects of the human condition such as the ways that people feel joy, show altruism, cultivate well-being, and create healthy families and

institutions. The interventions associated with positive psychology buffer people against the disorder and stressors of life. Many positive processes shield people from negative outcomes (Gable, & Haidt, 2005). It stands to reason that interventions from positive psychology in a group setting would benefit a women's midlife transitions group because not only would it help serve as a buffer for individuals, but the group would serve the function of reinforcing the positive psychology interventions and of demonstrating the power of positive psychology in the lives of others within the individuals immediate circle.

Treatment methods or intentional activities that aim to cultivate positive feelings, behaviors, or cognitions such as writing gratitude letters, practicing optimistic thinking, replaying positive experiences, and socializing have been shown to increase well-being in nonclinical samples (Ruini, Belaise, Brombin, Caffo, & Fava, 2006). Another intervention from positive psychology is asking people to put themselves in situations that seem likely to generate positive emotions. This can be achieved through mental simulations such as imagining oneself giving warm, compassionate feelings to others (Hutcherson, Seppala, & Gross, 2008). One of the most widely used interventions to induce an optimistic outlook is to ask people to write about how everything in the future will go as well as it possibly can (Meevissen, Peters, & Alberts, 2011; Renner, Schwarz, Peters, & Huibers, 2014.) Researchers are suggesting that positive emotions are worth cultivating as a means of achieving success and psychological growth, improved mental and physical health, more satisfying and lasting social and marital relationships, and positive societal changes (Boehm & Lyubomirsky, 2008; Diener & Seligman, 2002).

Yalom suggests that psychotherapy is currently focused on increasing clients' positive emotional and conceptual expression of self, having outgrown its previously

singular emphasis on simply decreasing pathological symptomatology (Yalom, 2005). Some of the tenets of positive psychology include cultivating as much of an interest in building the best things in life as repairing the worst; making the lives of normal people fulfilling as with healing pathology (Seligman & Marshak, 2004). A group therapy approach that encourages members to develop their potential and cultivate the best in themselves in a caring and supportive environment is a powerful intervention. According to Yalom (1984) research substantiates that it is important that therapists believe in the efficacy of their group. Helping women see midlife as a time of new development and not a time of "tying up loose ends" will enable counselors to normalize the dissatisfaction that women may experience during this developmental period (Degges-White & Myers, 2006). Yalom's (1984) list of therapeutic factors in group therapy corroborates the efficacy of group work for midlife women. He states that group therapy helps because change occurs through an "intricate interplay of various guided human experiences" (p. 3), which he calls "therapeutic factors." The ones that are most pertinent to a midlife women's group are instillation of hope, imparting of information, interpersonal learning, group cohesiveness, catharsis and existential factors.

A group that uses the positive psychology approach linked with the therapeutic factors that naturally occur in group work (Yalom, 2005) would benefit women developing their unique identities during the second half of life.

Gratitude Exercises. Gratitude has one of the strongest links to mental health and satisfaction with life of any personality trait: "People who experience gratitude can cope more effectively with everyday stress, show increased resilience in the face of trauma-induced stress, recover more quickly from illness, and enjoy more robust physical health"

Emmons & Stern, 2013, p. 848). Gratitude interventions include journaling exercises in

which clients are asked to recollect events from the past that help induce gratitude.

Various gratitude exercises will be used: 1) Writing and delivering a letter of

thankfulness to someone who had been especially helpful but had never been properly

thanked (Seligman, Steen, Park, & Peterson, 2005). 2) Meditating to promote gratitude as

a quality of mindfulness (Shapiro, Schwartz, & Santerre, 2002). 3) Recording blessings in

a journal. Writing has been shown to have advantages over just thinking the thoughts.

Gratitude journaling can bring a new and redemptive frame of reference to a difficult life

situation (Emmons & Stern, 2013).

Mindfulness-Based Interventions (MI). Jon Kabat-Zin (1994), one of the first

scholars to integrate mindfulness into Western healing practices, defines mindfulness as

"paying attention in a particular way: on purpose, in the present moment, and

nonjudgmentally" (p.4). Mindfulness, a skill derived from Buddhist meditative practice

has shown to be of value in increasing positive hedonic tone in non-clinical populations

(Davidson et al., 2003). Researchers have shown the beneficial effects of mindfulness

meditation in populations that span the age spectrum from childhood (Wall, 2005)

through old age (Smith, 2004). Ruth Baer (2003) reviewed the experimental literature on

the quantitatively assessed value of clinical mindfulness applications and concluded that

''mindfulness-based interventions may help alleviate a variety of mental health problems

and improve psychological functioning'' (p. 139). Brown, Marquis, and Guiffrida (2013)

indicate that mindfulness-based interventions appear to be relevant to culturally diverse

clients. It is something that virtually all participants are capable of if sufficiently

motivated. Mindfulness-based interventions have been used with adolescents with

autism, clients with depression and adults between the ages of 18 and 65 (Brown, et al., 2013). Because of the growing popularity among health professionals and its great promise, mindfulness-based intervention warrant further investigations into its effectiveness with diverse populations.

The development of mindfulness is fostered and nurtured by a variety of classical and novel meditative practices. These practices include: (a) formal sitting meditation with attention focused on the experience of breathing, (b) formal sitting meditation without single-minded focus, but with attention to the ever-changing field of consciousness, (c) formal sitting or lying supine meditations in which attention is focused on bodily sensations, (d) walking meditation with attention to changing sensations in the feet, (e) stretching and movement meditations with attention to changing bodily sensations, and (f) informal meditations where the instructions are to maintain mindfulness during routine tasks such as eating, cooking, showering, dressing, and conversing (Segall, 2005). The proposed group curriculum will include the mindfulness-based interventions similar to the curricula outlined by Kabat-Zinn (1990) for Mindfulness-Based Stress Reduction (MBSR) and by Segal, Williams, and Teasdale (2002) for Mindfulness-based Cognitive Therapy (MBCT). Traditionally, MBCT is an eight-week group program with up to twelve recovered recurrently depressed patients. Ma and Teasdale (2004) report that the goal of the program is for patients to develop an awareness of, and to respond more effectively to negative thinking patterns such as avoiding unwanted thoughts, feelings, and bodily sensations. The mindfulness skills aim to help participants to accept these negative thought patterns and to respond in intentional and skillful ways.

According to Fresco, Flynn, Mennin, and Haigh (2011) meditation and other mental training exercises deriving from the 2,500-year Buddhist and Hindu traditions represent one potentially fruitful area of study that has the potential to expand contemporary models of depression as well as complement existing medication and psychotherapy treatment. Each session builds on these practices until the final session when participants are taught how to take care of themselves, to prepare for relapse and to expand mindfulness to everyday life (Fresco, Flynn, Mennin, & Haigh, 2011).

While meditation-based interventions (MBIs) have been applied to a range of psychosocial and medical problems, there has been little research performed on their use with individuals experiencing the turbulent, conflicting emotions of midlife transition. However, there is a good deal of empirical research supporting the effectiveness of MBIs for the treatment of anxiety (Hougaard, Hecksher, & Rosenberg, 2010; Kim, et al., 2006; Piet, Hougaard, Hecksher, & Rosenberg, 2010), depression (Kuyken et al., 2008; Ma & Teasdale, 2004). MBIs have also been used to reduce psychological distress among caregivers of children with chronic conditions (Minor, Carlson, MacKenzie, Zernicke, & Jones, 2006). Other studies have examined the potential of MBIs to improve overall well-being (Ando, Natsume, Kukihara, Shibata, & Ito, 2011) and health-related quality of life (Roth & Robbins, 2004) and to improve the quality of interpersonal relationships (Carson, Carson, Gil, & Baucom, 2004). Researchers have observed many sources of distress for women in midlife: health decline, life changes, and adjustments (McQuaide, 1998; Saucier, 2004; Stewart, Ostrove, & Helson, 2001) and existential issues such as confrontation with death, loneliness and isolation (Becker, 2006; Claessens, 2010). Given that some women in midlife experience anxiety, depression, and stress related to

caregiving, troubled interpersonal relationships and a general lack of well-being, mindfulness practice may help these individuals shift their experience of midlife from denial and endurance to acceptance and well-being.

In the group setting mindfulness practice may help the members and the therapist stay more attuned to one another than if they did not meditate. Deep awareness of each other in the group creates a sense of safety and deepens trust among the members. Grepmair et al. (2007) observes that mindfulness on the part of mental health clinicians has been associated with significantly improved client outcomes compared to the clients whose clinicians do not meditate (Grepmair et al., 2007). For example researchers write that when the therapist practices mindfulness, nuanced counseling results, for example the therapist pays attention to the individual familial and ethnic culture as well as the unique circumstances of each member (Cacciatore, Thieleman, Osborn, & Orlowski, 2014). By extrapolation meditation practice may facilitate this nuanced awareness among the members of the group resulting in deep compassion and nuanced attention to the cultural context of each member as well as the unique circumstances of each member. By raising the trust among the group member, meditation practice may raise the effectiveness of the group experience for the members.

The basic program begins by identifying the negative automatic thinking that is characteristic of those experiencing recurrent episodes of depression, and by introducing some basic mindfulness practices, namely, the use of a variety of formal and informal meditative exercises including the body scan, mindful yoga, walking meditation, and both breath-centered and present moment-centered sitting meditations. Meditation periods themselves tend to be truncated (10–15 minutes for sitting meditations; 20–30 minutes

for the body scan and yoga) with time for preparatory and follow-up discussion. The preparatory discussion often clarifies the reasons why mindfulness training might be helpful for the successful navigation of midlife turning points. The follow-up discussion examines the difficulties that the members of the group might have had while attempting the exercises and suggests ways that each group member can work with these difficulties. The philosophy that underlies these discussions is that all problems are workable, and that making the effort to work through these problems is, in itself, a pathway for self-development.

Mindfulness-based cognitive therapy has been used for over ten years with people who have depression; however, it has not been combined with existential issues to be used in a group therapy setting particularly targeting women in midlife. Based on the research literature regarding midlife women and their needs, a group, facilitated by a leader who encourages women to think about midlife transitions and gives them specific tools to work through their depression and sense of purposelessness, would be beneficial. Promoting mindfulness supports the existential questions facing women in the second half of their lives. Claessens (2010) postulates that in mindfulness-based cognitive therapies clients are invited to establish a decentered, non-judgmental, accepting relationship to their experience as it unfolds and in so doing come into full contact with their particular, multifaceted way of being in the world. Mindfulness-based cognitive therapies and existential-phenomenological therapy (EPT) share a common aim of the alleviation of suffering and the basic principles concerning the nature of distress and of the sense of self. Mindfulness promotes a view of the individual as more than a bearer of

symptoms, but also as a seeker of answers to the existential question of how to lead a life worth living (Claessens, 2010).

Mindful-self compassion. An intervention which is an adjunct to mindfulness-based meditation is mindful-self compassion, a self-focused compassion program developed by Neff and Germer, (2012), which has been shown to increase self-compassion, mindfulness, compassion for others, life satisfaction, and reduce depression, anxiety, stress and avoidance (Jazaieri, McGonigal, Jinpa, et al., 2014). Compassion training builds and extends from the basis of mindful awareness, and is thought to influence mindfulness skills by enhancing the motivation to develop present moment mindful awareness. Scholars from a variety of backgrounds have taken interest in compassion, and it is now clear that compassion is positively associated with adaptive qualities such as life-satisfaction, wisdom, happiness, optimism, curiosity, and social connectedness, as well as inversely associated with maladaptive qualities such as self-criticism, depression, anxiety, and rumination (Neff, 2003; Neff et al., 2007).

Expressive Writing and Journaling. In an exhaustive review of the literature on healing and the creative arts, Stukey and Nobel (2010) demonstrated that a connection exists between the creative arts and healing. The researchers state that individuals who have written about their own traumatic experiences show statistically significant improvements in various measures of physical health, reductions in visits to physicians, and better immune system functioning (Stukey & Nobel, 2010). In one exercise mentioned in the review by Stukey and Nobel, Pennebaker, one of the pioneers in the use of expressive writing, had students write about their deepest thoughts and feelings on an important emotional issue, with the only rule being that "once you begin writing,

continue to do so until your [15- to 30-minute] time is up" (Pennebaker, 1997, p. 162).

Dozens of replications of these types of studies have demonstrated that emotional writing can influence frequency of physician visits, immune function, stress hormones, blood pressure, and a number of social, academic, and cognitive variables. These effects have been shown to hold across cultures, age groups, and diverse samples (Campbell & Pennebaker, 2003; Pennebaker & Graybeal, 2001).

Expressive writing through journaling is another way to access the unconscious self. Journal writing has been linked to creativity, spiritual awareness, and expansion of the self. In a qualitative study Brady and Sky (2003) explored the personal history, current practice, and perceived benefits of keeping a journal or diary among 15 older learners (average age = 69.2 years) who were members of an institute for learning in retirement in Maine. Interviews revealed that there are three primary areas in which older persons benefit from journal writing. Keeping a journal assisted older persons to cope with day-to-day situations, it enabled them to experience the joy of discovery, and it helped to nurture their own voice and spirit (Brady & Sky, 2003). Research on therapeutic writing indicated that it can offer a range of physical and psychological benefits, however there is no consensus concerning how writing achieves these benefits (Kerner & Fitzpatrick, 2007). To address this question, the authors propose a matrix framework with emotional-cognitive change processes (what can be activated) along its horizontal dimension and abstract-concrete structure (how the processes are activated) along its vertical dimension. On the horizontal dimension, writing can encourage clients who are distant from their emotional world to approach or to modulate emotional intensity, and to create meaning and coherence. Along the vertical dimension, these

processes can be activated through tasks that vary in structure, including programmed writing, diaries, journaling, autobiography, storytelling, and poetry. The authors describe journaling as a collaborative process in which therapist and client structure the topics that will be considered. Journals are often organized around the emotionally important aspects of experience and can help the client to address the difficulties associated with those experiences (Kerner & Fitzgerald, 2007).

Metaphor. The use of metaphor is also valuable for describing the experience of change at midlife (Horton 2002). Clark and Schwiebert (2001) utilized metaphor to help women create a more positive attitude to one of the issues of midlife: aging. The researchers proposed the use of Penelope's loom as a metaphor for women's development during midlife. The loom helps the woman to see that each life is unique, with myriad threads coming together to form a life tapestry. These threads may include issues related to empty nest, menopause, vocational and educational goals, intimate relationships, and multiple roles and expectations (Clark & Schwiebert, 2001). In addition, Saucier (2004) suggests that the therapist can help the client unravel and reweave her tapestry in midlife, and create a new narrative for herself by focusing on her experiences of the world from her perspective as a woman.

Psychoeducation. Women in midlife who engaged in health promoting activities and who had positive attitudes expressed greater life satisfaction than the women who did not engage in these behaviors (Degges-White & Myers, 2006). In this study 224 women between 35 and 65 years old participated. The researchers examined the relationship amongst chronological age, subjective age, wellness and life satisfaction. Findings support the value of a strengths-based, wellness-oriented approach for counseling midlife women based on the relationship found between subjective age, wellness and life

satisfaction. Women portrayed midlife as a time of satisfaction, wellness, and feeling younger than one's age, but developing this new view on life would require working with a group leader who helps women look at this period of life as one of growth, development, movement and challenge.

Discussion of Existential Issues. Most women at midlife are also grappling with "ego integrity," Erikson's (1963) concept of psychological maturity, which refers to the process of getting one's inner life in order. It is related to finding purpose and meaning in life after the previously defined roles are no longer there (James & Zarret, 2007). James and Zarret found that "the extent to which ego integrity increased was significantly associated with greater self-acceptance, environmental mastery, personal growth, and relations with others" (p. 73). Group therapy, which encompasses Yalom's therapeutic factors, is an excellent setting for women to discuss ageism, self-concept, loss, isolation, relationships and purpose; women can develop new insights through discussion with others.

According to Becker (2006) introducing existential issues and the existentialist therapy approach into analytic-oriented therapy is especially appropriate to the psychotherapy of individuals in midlife. Yalom (1980) defines existential psychotherapy as a type of dynamic psychotherapy that maintains that all mental processes, thinking, emotions, and behaviors, both adaptive and non-adaptive, derived from internal forces and interactions between them, and that these forces operate on different levels of consciousness. According to Yalom four "ultimate concerns" in existential theory are death, meaning, isolation and freedom/responsibility. Becker (2006) writes that these existential issues intersect with the concerns of people in midlife. Counselors need to be

mindful that the transition to this midlife phase in life coincides with the awareness that time is running out. People in midlife do not have the illusion that "I and my loved ones will live forever."

Group Process. "In interactional psychotherapy, process refers to the nature of the relationship between individuals who are interacting with one another. Yalom writes, "When we talk about process, we ask, 'What do these explicit words, the style of the participants, the nature of the discussion, tell about the interpersonal relationship of the participants?'"(Yalom, 1985, p. 137). According to Yalom, the therapist who is process oriented is concerned not primarily with the verbal content of a group member's speech, but with the how and the why of what the individual said especially with the way in which the how and why reveal aspects of the individual's relationship to other members of the group (Yalom, 1985).

The group leader must note the simple nonverbal sense data available: Who chooses to sit where? Which members sit together? Who chooses to sit close to the therapist? Who far away? Who sits near the door? Who comes to the meeting on time? Who is habitually late? Who looks at whom when speaking? A near infinite variety of postural shifts may mean discomfort, anxiety. The way the body is held can convey emotions such as depression, hopelessness, excitement or happiness (Yalom, 1995). "The group leader, through observing and teaching the group to observe nonverbal behavior, may hasten the process of self-exploration" (Yalom, 1985, p. 159-160).

Conclusion

It is necessary that therapists leading groups understand the life tasks for midlife women and become educated on the importance of social connectedness and life purpose

for this population. With this understanding, therapists will be able to assist clients in exploring ways to increase levels of overall wellness, life meaning, relationship quality and self-awareness. "At midlife the less developed parts of the Self are crying out for our attention. And they will create enough internal turmoil and symptoms to be heard" (Brehony, 1996, p. 79). In a group setting, women can form and nurture meaningful connections with other women in this life stage as the therapist facilitates skill development, personal growth and relational goals (Smithson, 2011). Validating connections with others provides a subculture that offers some independence from the dominant culture's assumptions and values, which can be so damaging to identity and self esteem. Often, the clinician working with midlife women is likely to hear women say that in taking care of others, she has lost her sense of who she is.

The emphasis of each of the interventions in this proposed group setting is about accessing the inner voice, which is the source of strength and wellness for people at all stages of life, but in particular during midlife turning points. Women get out of practice in listening to that "still, quiet voice" in the hustle and bustle of young adult life, which is about developing intimacy with someone and in finding meaning in a career or in child rearing. Midlife is an inward journey. And the prominent question on the group leader's mind would be, "How can I help the women in this group openly talk about their issues in midlife, grieve or accept what is lost and finally, create a different story for themselves in the second half of their lives?"

The interventions are used to give women a sense of belonging to a world that can be threatening during this vulnerable transition. Positive psychology interventions build resilience and give hope. Mindfulness builds awareness, develops the ability to be in the

present moment and creates an internal quietness essential to the growth of self. Expressive writing and journaling helps bring thoughts and feelings to the surface where they can be experienced and shared with other group members. Guided imagery helps fertilize the imagination with possibilities. The psychoeducational component of the group curriculum helps normalize the midlife turning points, which in turn allows each woman in the group to realize that she is not alone. Through this knowledge, cohesion in the group is built, a key therapeutic factor in group dynamics. Finally, the group process brings all the elements of the inner work out into the open and facilitates discussion about matters that are essential to the growth of each woman in the group.

CHAPTER 3

Methods and Procedures

Introduction

The purpose of this project is to create a culturally sensitive psychoeducational group curriculum for women in midlife that can be replicated by other mental health practitioners. The project will include a therapy group curriculum based on empirically supported literature involving the socio-psychological issues facing women as they transition into and through midlife. By providing members with psycho-education in conjunction with group processing time, this project will achieve the goal of helping the group members develop the essential tools to move through midlife with confidence and awareness and to help them achieve their personal goals for the second half of life. The group curriculum will be unique in that the approach will utilize mindfulness-based meditation technique, journaling and expressive writing, interventions from positive psychology, goal setting and discussion within a narrative framework. This group is focused on the experience of women in midlife and its purpose is to help women to give value to this stage of their lives and to celebrate this stage rather than see midlife as a slow decline to old age and death.

Development of Project

Although women's support groups abound, most groups address a specific issue within a myriad of women's issues, but do not focus on the deliberate goal to enhance midlife for women who are stuck in a conundrum about the next step to take in their life journey. Studies show that many women, as well as men, feel lost and unsupported during these years. As such, the idea surfaced to create a women's midlife group directed

toward generativity and discussion of options. Yalom's group theory (Yalom, 1985) along with Jon Kabat-Zinn's mindfulness-based stress reduction (MBSR), (Kabat-Zinn, 2013), Teasdale , Williams and Segal's mindfulness-based cognitive therapy (MBCT) (Teasdale, Williams, Segal, 2014), and Brehony's growth strategies and creative tools (Brehony, 1996) are referenced in order to create the overall curriculum of the program.

Intended Audience

This program is designed to target women in midlife transition. The approximate age the group is intended for is women between the ages of 40 to 65 years. Although not all women experience depression, meaninglessness, isolation and despair in their middle years, a significant number do. This group curriculum is intended to address women who, while not necessarily suffering from depression, are wrestling with feelings such as those mentioned previously. In addition women whose relationships with their family and friends have suffered would benefit from the support of women who are in a similar stage of development.

Participants must commit to practicing meditation for at least 20 minutes each day, six out of seven days per week.

Qualifications of Providers

The group curriculum for this project is envisioned as taught by licensed mental health therapists, marriage and family therapists, psychologists, or licensed professional counselors who are interested in working with women in midlife and who practice mindfulness-based meditation on a regular basis. This project will supply mental health practitioners with a group curriculum that specifically addresses the needs of midlife women and provides them with an integrative approach to helping women in midlife

raise their self-esteem and their sense of agency in their community. The mental health professional will need to have a mindfulness practice so that she understands what she is requiring of her group members. It is the hope of the author of this curriculum that the group leader will have participated in an 8-week course in either MBSR or MBCT, either alone using a workbook or in a structured group setting with a leader. Furthermore, qualified leaders of this group would need to be in midlife or older.

Environment and Equipment

The location for the group may be a publically accessible community resource such as a community-counseling clinic, church, cultural center, or women's wellness program at a medical facility. The center must be capable of providing privacy for the clients, be free from external distraction and be able to aid in preserving anonymity and confidentiality. The room must be large enough for eight women or less to meditate comfortably. Group leaders must be prepared with the necessary meditation instructions so that the group members can practice in-between the weekly sessions. Additional supplies that may be necessary include a white board, various colors of dry erase markers, journals and loose-leaf binders containing an overview of the curriculum and all the handouts for the class. The leader(s) must purchase a copy of *The Mindful Way Workbook* by John Teasdale, Mark Williams, and Zindel Segal because it contains a detailed description of the mindfulness exercises for this curriculum. It is also highly suggested that each member has her own copy of the workbook as well because an MP3 CD with guided meditations is included. Having the guide will support the member's daily practice. The leader(s) can purchase the books ahead of time and include the cost of the book in the tuition for the course.

Project Outline

The structure of the group is calculated by weekly two-hour sessions. Each session is divided into three sections: 20 minutes for check-in/mindfulness-based meditation, 50 minutes for psychoeducation/interventions, and 50 minutes of group process/closing. The psychoeducation portions of the curriculum have been developed to focus on key psychosocial issues taken from the literature such as:

- Awareness of the inevitability of ones death or the death of loved ones

- Awareness of the death or loss of an important aspect of the self, i.e. the loss of youth, the loss of physical abilities and the loss of dreams and ideals

- Loss of who we were supposed to be because of cultural demands in the first half of life

- The need for intimacy

- Caretaking

- Family dynamics

- Development of life goals which may be a call to adventure and separation from the familiar

- Identifying resources

Group Curriculum Overview

Week 1: Community

- **Part I**: Introduction

Group leader(s) and participants

Review and sign consent form plus intake sheet

Safety concerns/risk assessment

- o   Introduction to Mindfulness-based meditation

- **Part II**: Psychoeducation- Discuss Maslow's (1979) hierarchy of needs.

- **Part III**: Group Process- Discuss ways of developing community—

meaningful, intimate relationships and containment at times of loss or sorrow.

- o   Journaling after discussion: Why did you come to this group?

- o   Closing: Sharing the thoughts from the journaling exercise.

Week 2: Successful Aging

- **Part I:** Introduction

Discuss thoughts from last week's session. Mention to group that they should not

strive to reach the goals, but to accept where they are in their journey.

- o   Mindfulness-based meditation practice: The body scan

- **Part II:** Psychoeducation- Share research about aspects of successful aging.

Rediscovering our body at midlife often requires a new level of love for this tired

animal, recommitment to health, healing, and wholeness—all words derived from

the same root as 'holy' (Brehony, 295-296).

- **Part III:** Group process- Discuss aging and what it means to each group member.

- o   Journaling after discussion

- o   Closing

Week 3: Development of Identity in Adults

- **Part I:** Introduction

Open with thoughts about last session

- o   Mindfulness meditation practice: Sitting meditation- Cultivate acceptance

of who you are and your experience right now.

- **Part II:** Psychoeducation: "Understanding and taking responsibility for our projections is a critical task of self-development" (Brehony, 1996, p. 164). Explain the concept of projections and identity.

- **Part III:** Group Process- Explore what it means to take responsibility for your own process of individuation.

  - Journaling: What changes do you desire to see in yourself by the end of this course? By next year?

  - Closing

Week 4: Intimacy in Midlife

- **Part I:** Introduction

  Open with thoughts about last week's journal topic.

  - Meditation practice

- **Part II:** Psychoeducation- Explain the paradox that "Real intimacy, mature love, is only possible when we withdraw our unconscious projections and allow ourselves to love another without the veil of idealized expectations" (Brehony, 1996, p. 75)

- **Part III:** Group process- Discuss intimacy in all of its guises. Go beyond the traditional forms such as intimacy between husband and wife, children and family members.

  - Journaling: Author your own example of intimacy.

  - Closing

Week 5: Caregivers and Their Well Being

- **Part I:** Introduction

Opening

    o   Meditation: "Loving Kindness"

- **Part II:** Psychoeducation- Talk about the psychological and mental stress of
  being a caregiver for elderly parents, or family members. Talk about self-care
  skills.

- **Part III:** Group process- Discuss the role of caregiver and how it impacts each
  group member's life.

    o   Journaling: List self-care skills. Encourage members to include
  meditation.

    o   Closing

Week 6: The Role of Family in Midlife Development

- **Part I:** Introduction

Opening

    o   Meditation: Loving-Kindness Meditation for Others

- **Part II:** Psychoeducation- Describe how one's family can effect the way a
  woman sees herself in midlife.

- **Part III:** Group process- Discuss 1) identity within the context of the family; 2)
  which values and beliefs remain unquestioned; 3) what you continue to carry with
  you that keeps you from being fully alive and yourself.

    o   Journaling: Write down thoughts from the discussion that pertain to the
  influence your family had on you as a child and later as a women in
  midlife.

- Closing**:** Ask "In a sentence or two, what will you take away from the session today?"

Week 7: Awareness of Death in Midlife

- **Part I:** Introduction

  - Opening: Group members share journal entries from last week.

  - Meditation: Sitting Meditation: Working with difficulties

- **Part II:** Psychoeducation: Increased awareness that life is finite.

- **Part III:** Group process: Discuss 1) what death means; 2) fear of death.

  - Journaling: Thoughts or anxieties that might have been raised.

  - Closing: In a round each member briefly states what she will take away from the session?

Week 8: Career, Work and Identity

- **Part I:** Introduction

  - Opening: Group members share journal entries from last week.

  - Meditation: Sitting Meditation–with a Focus on Relating to Thoughts as Mental Events.

- **Part II:** Psychoeducation- Defining the nature of meaningful work and identity as a result

- **Part III:** Group process- Discuss 1) the kind of work you would do if you could wave a magic wand and create your dream job; 2) what it would look like; 3) where it would be; 4) what you would do.

  - Journaling: Describe the work you would do and its contribution to your identity.

- Closing: Celebrate being together and honoring the dreams of each member.

Week 9: Retirement and the Developmental Tasks of Later Adulthood

- **Part I:** Introduction

    - Opening: Group members share journal entries from last week.

    - Meditation: Sustainable Mindfulness Practice

- **Part II:** Psychoeducation- the nature of retirement within the concept of Eric Ericson's definition of generativity.

    - Read *The Guest House* by Rumi

- **Part III:** Group Process- Discuss generativity and retirement

    - Journaling: Response to the poem and the discussion

    - Closing: Solidify sense of community. Ask what are thoughts about the last week coming up.

Week 10: The rest of your life

- **Part I:** Introduction

    Opening: Group members share journal entries from last week.

    - Meditation: Planning a mindful future

    - Write a few notes in your journal to answer the question: "What is most important to me in my life (what do I most value) that the practice might help with?"

- **Part II:** Psychoeducation- Read poem *The Summer Day* by Mary Oliver

- **Part III:** Group Process- What do you want to do with "your one wild and precious life?"

- Journaling: Journaling: Focus the journaling on the question raised in the discussion

- Rounds: Each member says good-bye in her unique way. Encourage sharing contact information to continue community.

CHAPTER 4

Conclusion

Summary of Project

The purpose of this project was to create a women's group dedicated to the exploration of various midlife issues in a supportive community. The goals are to combat the stigmatism women face as they age, to challenge outdated definitions of midlife, to give women tools to deepen their acceptance of themselves as they encounter the challenges of midlife, and to encourage women to author a new story during their midlife years. It is this new story that will help women emerge with a newfound sense of identity, empowerment, and well-being that will have an impact on their relationships with their partners, children, and parents and on their contribution to the world at large.

Chapter one introduces the problem: Until recently there has been a misconception of midlife. It has been depicted in the literature as a developmentally static period leading to old age and eventually death rather than a dynamic developmental stage that can have an impact on the quality of aging and the acceptance of death. The entrance of the large "Baby Boom" generation into midlife has created a demand for information about midlife as a social and developmental stage (Wethington, Cooper, & Holmes, 1997). The median age of the United States population will increase from 33 years of age in 1990 to 42 years of age in 2050, reflecting the movement of the "baby boomers" through middle age. Optimal physical and psychological well-being in late life will depend largely on the experiences of baby boomers during middle age (Willis & Reid, 1999). Individuals entering midlife in the twenty-first century are vastly different in their resources, expectations, and experiences from those entering midlife in the 1950's or at

the beginning of the twentieth century (Moen & Wethington, 1999). This huge influx of individuals in their 40s, 50s, and 60s will create a need for a radical change in the perception of midlife and in the type of mental and physical care needed. There will also be a need for support through these years in the form of women and men's groups. Traditionally adults in midlife were expected to go about their business as if nothing had changed. The baby boomer cohort is not content with this expectation.

Chapter two supplies the necessary literature review which focuses on the issues that specifically face women during the "middle passage" to coin a phrase from James Hollis. It also covers the type of counseling interventions that are currently in place for women in midlife. The last section of chapter two is a review of the research on mindfulness-based interventions (MBIs), positive psychology and expressive writing. Research does not show a direct correlation between these interventions and greater well-being for women in midlife, however there is a strong correlation between MBIs, positive psychology, expressive writing and the development of well-being in other populations to support the notion that women experiencing midlife turbulence could benefit from these interventions as well. Chapter three details how the group will be implemented and chapter four provides an exploration of the limitations of the curriculum and the need for further research to address those limitations.

Recommendations for Implementation

This curriculum is intended to be the first step in an ongoing life process, which is the mindful and intentional passage through midlife leading to a satisfying aging process. Its purpose is twofold: 1) to encourage a gracious acceptance of the challenges of midlife,

and 2) to empower women to acknowledge and capitalize on this time to rebirth themselves. It is designed for women between the ages of 40 and 65.

It is recommended that the curriculum is taught by a licensed mental health therapist such as marriage and family therapist, psychologist, or licensed professional counselor who is interested in working with women in midlife and who practice mindfulness-based meditation on a regular basis. Trainees and interns may also lead the group, but must be under the guidance of a supervisor with the listed qualifications. This project will supply mental health practitioners with a group curriculum that specifically addresses the needs of midlife women and provides them with an integrative approach to helping women in midlife raise their self-esteem and their sense of agency in their community. The mental health professional will need to have a mindfulness practice so that she understands what she is requiring of her group members. It is necessary that the group leader will have participated in an 8-week course in either MBSR or MBCT, in a structured group setting under the guidance of an experienced teacher. Furthermore, qualified leaders of this group would need to be in midlife or older. It would be beneficial if the facilitator(s) is familiar with positive psychology and narrative therapy and appreciates the existential issues that influence women in midlife.

Recommendations for Future Research

This project focuses on women in transition, the acceptance of loss, and the cultivation of a new perspective on the aging process. The research findings are based for the most part on European /American, well-educated women with fairly high incomes. An important focus for future research is the exploration of possible differences in the midlife experience between ethnic groups. It is vital for the integrity of the research on

midlife that there is further examination of how different ethnic groups perceive midlife and what they think well-being and successful aging entail.

Another avenue for further research is the exploration of how stress in midlife affects those in different socioeconomic populations. Depression and stress, already a factor in midlife across the socioeconomic spectrum, is particularly true for those with financial strain (Lang, Llewellyn, Hubbard, Langa, & Melzer, 2010). The results from this line of research could enhance this group curriculum by making the content more sensitive to the economic barriers that women face in midlife. There is also evidence that suicide rates are increasing over time among those in midlife, although it is not clear if this represents a cohort effect tied to the baby boomers or is a trend that will continue across generations in midlife (Phillips, Robin, Nugent, & Idler, 2010). Researchers that address the well-being and mental health needs of those in midlife, must consider whether suicide rates are universal to the entire midlife population or if they vary based on socioeconomic status, cohort, race, or gender (Lachman, Teshale, & Agrigoroaei, 2015). In other words more international, cross-cultural, and multigenerational perspectives are needed in order to understand the impact of midlife on a diverse population.

The notion that different productive pursuits play an important role between generativity and successful aging (Versey & Newton, 2013) necessitates further research. What are these productive pursuits and are they applicable to a wide range of race and ethnicity? Are these productive pursuits universal to the entire midlife population or specific to certain ethnic groups and cultures? Furthermore would different cultures and ethnic groups favor specific productive pursuits over others? Researchers need to

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examine what midlife well-being and successful aging means in various cultures. Further developmental research would expand the framework of what constitutes positive activities for increasing health, well-being and aging in diverse populations.

Finally further research is needed to define the qualifications for therapists using mindfulness as an intervention. As mindfulness-based interventions grow in popularity there is danger that the qualifications for teaching mindfulness will become so lax that the interventions will lose their effectiveness. Researchers must produce literature specifically describing therapists' training in mindfulness. Brown, Marquis, and Guiffrida (2015) raise important questions regarding this topic: How do we ensure that intervention programs are designed and taught by competent people with an adequate understanding of mindfulness practice? Is there a certain level of mindfulness practice required for clients or counselors to reap substantial benefit? Are certain types of clients more likely to respond positively to mindfulness practices? What is preventing more counseling training programs from implementing mindfulness in their training? What are the best ways to do so (Brown, Marquis, & Guiffrida, 2013)? In order for mindfulness treatments to reach underrepresented groups, training needs to be made more accessible to the service providers who work with the underserved. Sobczak and West (2013) suggest that investigators should consider writing training grants for students from underrepresented backgrounds with interest in dissemination of mindfulness-based treatment for diverse populations. Research in these areas will allow for communities to gain access to treatment information.

Limitations

Although a conscious effort was made to create a curriculum that would be inclusive of all ethnic, cultural, and socioeconomic populations, it remains to be seen. The curriculum design was largely based on research using participants who were predominantly European/American, college educated, and with fairly high incomes. The curriculum will need to be modified based on the findings of additional research on an international, cross-cultural, multigenerational, and socioeconomically diverse populations.

Another limitation to the curriculum is the necessity of member commitment to a daily mindfulness practice. Such a practice requires sustained effort and can have associated discomfort. It takes a skillful leader to convince members of the need to practice mindfulness in spite of their feelings of resistance. The group leaders need to be adequately trained and experienced practitioners who are able to impart careful instruction, training, and follow-up. The most challenging aspect of implementing this curriculum will be finding group leaders who have an adequate understanding of mindfulness practice and can sell the members on the power of a mindfulness practice to promote self-awareness, increased self-compassion, and greater control and choice over one's behavior.

Another possible limitation is the assumption that the use of mindfulness is an effective intervention for women in midlife. This is yet to be supported by empirical research or corroborated by the results of this group curriculum. The use of mindfulness-based interventions (MBI) for various populations is still in its infancy. The evidence that it is a promising strategy for increasing the well-being and positive development of

women in midlife is based on the empirical research that showed that MBIs have benefited populations with anxiety disorders, low self-esteem, eating disorders, and depression. These are issues that can affect women in midlife.

Related to the use of mindfulness-based interventions for women in midlife is the effectiveness of MBIs for an ethnically diverse clientele. The curriculum is designed to be inclusive of all ethnic, racial, and socioeconomic populations, however only one study in a meta-analytical review of 21 MBIs focused on inner-city or Latino populations (Baer, 2003). It may be challenging to recruit members from diverse populations. Members from underrepresented backgrounds (e.g. marginalized racial, religious and socioeconomic groups) may see mindfulness practice and the other interventions as irrelevant to their situations. Individuals from underserved backgrounds who may have endured hardships such as lack of safety, poor health, adequate food and shelter may consider mindfulness a frivolous occupation for those more fortunate than themselves. Sobezak and West (2013) point out that individuals living in adverse conditions may not be aware of the possibility of being able to alter their relationship to their emotions and that mindfulness approaches, because they are aimed at validating discrimination and oppression, can also promote action and self-advocacy (Sobczak &West, 2013).

To be thorough, the group curriculum is limited in that only psychosocial issues are addressed. To do justice to other issues affecting women in midlife a curriculum that focuses on medical issues and hormonal changes needs to be created. Finally the curriculum is only written in English, which limits those who can use it. The curriculum would need to be translated into other languages to make it accessible to a wider audience.

Conclusion

The idea of creating this curriculum came about through my own struggles with finding meaning and growth during my midlife passage. After the death of my mother, letting go of my career as a teacher, and watching the exodus of my children to far-flung places, I succumbed to a deep depression. I questioned every aspect of my life and doubted that I would ever find anything meaningful to do in what I perceived as a dreary and joyless future. Serendipity brought an end to these highly irrational thoughts. First a friend, then my therapist, and finally one of my professors at CSUN suggested I look into mindfulness. Each gave me resources to investigate. I finally spoke with an experienced meditator and teacher of both mindfulness-based stress reduction and mindfulness-based cognitive therapy. Because his classes were held some distance from my home, he recommended, *The Mindful Way Workbook* and suggested that I try going through it on my own. I dedicated myself to practicing mindfulness meditation daily and following the workbook to the letter. It was difficult to make myself practice, but I did and little by little my depression and hopelessness lifted. I began to see midlife as an opportunity to grow in ways that I had not imagined. My change of perspective seemed miraculous and it occurred to me that I would like to create a group curriculum for midlife women that simulated what I experienced. I wanted the curriculum to help women begin the process of consciously seeing their lives through the lens of mindful awareness. By communicating to the members of my group "it's here right now. Whatever it is, it's already here. Let me be open to it" (Williams, Teasdale, Segal, & Kabat-Zinn, 2007, p. 152), the door to their truth would be open to them, the process of self-discovery would start and there would be no turning back.

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MIDLIFE TURNING POINTS

A Group Curriculum For Women Utilizing Mindfulness-Based Interventions, Positive

Psychology, and Expressive Writing to Foster Growth

Created by Margot Parker

wisdomcircle.net/images/medwheel2010.jpg

APPENDIX

TABLE OF CONTENTS

APPENDIX
Structured Group on Transition in Midlife

Statement of Purpose

The group, Change in Midlife, is designed for women between the ages of thirty-five and sixty to author intentional, spirited lives. The group design is based on the assumption that in midlife, the individual is summoned to let the old self die so that the new self might be born, and that it is necessary to go through this process of rebirth to reach a more meaningful and richer second half of life. Both men and women experience midlife transition, but their issues are different. This group will be focused on women in transition. This process of rebirth is best experienced through interactions with other women who are also in the process of transition into midlife. Edelstein (1999) states that transition in midlife is defined as the ability to relinquish old ways, reconnect with ourselves and refocus on the future. Individuals are not born with the blueprint for this kind of change but with the capacity to embrace change or shy away from it. Edelstein (1999) lists three general goals in the transition process:

Goals:

1. To help participants learn to relinquish the old ways by grieving the losses, letting go of regret and allowing the tyranny of the past to fade.

2. To help participants reconnect with the authentic self by looking at the psychological forces that shape women's experiences: separation and connection, relationships with parents, dreams for their daughters, and the social forces that have an impact on women.

3. To develop an understanding of how to solve problems and overcome obstacles to creative growth.

4. To develop an understanding of the richness and diversity of women's developmental paths.

Objectives for Goal 1:

- Participants will learn about Mindfulness Based Cognitive Therapy to practice letting go of the past and accepting where they are in this stage of their life.

- Participants will develop an awareness of the many guises of loss

Objectives for Goal 2:

- Participants will learn about the range and complexity of issues during midlife.

- Participants will be able to define midlife issues for women and identify their own issues.

Objectives for Goal 3:

- Participants will learn specific steps to problem solving.

- Participants will acquire tools to help them overcome obstacles to creative growth.

Objectives for Goal 4:

- Participants will learn about the options open to them for self-development and self-expression.

- Participants will develop a list of actions to take after the course is over.

Theoretical Framework:

Narrative Therapy offers a framework for understanding the complexity of women's developmental paths during the midlife transition. "As a group leader in a narrative style, I seek to discover the history, context, and meaning people give to an issue and to open space for them to story their own strengths and preferred ways of

being" (Silvester, 1997, p. 233). In taking a narrative approach, participants will have knowledge, skills, and expertise in their lived experience that can be shared with the group (Silvester, 1997).

In addition to the overarching narrative framework, interventions taken from positive psychology (Seligman, 2000), mindfulness-based cognitive therapy (Teasdale, Williams, & Segal, 2014), the expressive writing theory (Pennebaker, 1997), and group process (Yalom, 1985) create secondary theories that inform the interventions in the curriculum. Research on mindfulness based cognitive therapy (MBCT) provides the basis for changing self-talk and developing acceptance of the present, which is an important component of this group (Teasdale, Williams, & Segal, 2014).

Positive psychology uses interventions that increase well-being and optimism in individuals. The group curriculum focuses particularly on gratitude exercises. This trait has one of the strongest links to mental health and satisfaction with life of any personality trait: "People who experience gratitude can cope more effectively with everyday stress, show increased resilience in the face of trauma-induced stress, recover more quickly from illness, and enjoy more robust physical health" (Emmons & Stern, 2013). Various gratitude exercises will be used: 1) Writing and delivering a letter of thankfulness to someone who had been especially helpful but had never been properly thanked (Seligman, Steen, Park, & Peterson, 2005).
2) Meditating to promote gratitude as a quality of mindfulness (Shapiro, Schwartz, & Santerre, 2002).

3) Recording blessings in a journal. Writing has been shown to have advantages over just thinking the thoughts. Gratitude journaling can bring a new and redemptive frame of reference to a difficult life situation (Emmons & Stern, 2013).

Journaling and expressive writing encourage members to integrate the group discussion by writing their thoughts and feelings each week. The journaling experience also deepens the therapeutic work that takes place in each group session.

Structure and Content of Each Session:

Each of the ten weeks will be structured in the same manner in order to simplify facilitation for the leader and in order to provide consistency and continuity for group members. Not wondering what to expect in terms of format will allow group members to focus on content. The format is simple, consisting of an opening, middle, and closing section of the session, each of which utilizes activities specific to the function of that section. A goal or goals are listed at the beginning of each session for the leader to use as her guide. They are adapted from Kathleen Brehony's book *Awakening at Midlife.*

- **Opening**
  - Include a brief ice-breaker in the first session. Subsequent sessions might involve a round robin check-in which is up to the leader's discretion. A journal reflection team is used in the curriculum guide.

- **Middle**
  - Practice -Teaches a mindfulness intervention combined with in-session practice. **Please note that all meditation practices are taken from *The Mindful Way Workbook* unless otherwise stated. Only page numbers are listed for each meditation.**

- Allows for time to process the experience with the group.
  - o Psychoeducation –introduces the topic for the week and offers information or a reframe regarding the topic.
    - Utilizes interventions from positive psychology
    - Elicits discussion using process questions.
  - o Group Process: Creates the relationship between individuals who are interacting with one another
    - Group members respond to the session
    - May utilize activity, interactive journaling or sharing of journal entries

- **Closing**
  - Focuses on identifying what members learned from activities and how they can use the knowledge to meet their individual goals.
  - Utilizes journaling to help the members integrate their experience from each session.
  - Remind members of their commitment to practice meditating at least 20 minutes each day, six days out of the week and to record reactions to the meditation through journaling.

Group Selection:

Group members will be recruited through collaboration with medical doctors, advertisement with neighboring counseling centers, recommendations from psychologists, MFT's and other practitioners in the mental health community and through online "Meet-ups" entitled Midlife Transition Group. Women between the ages of 35

through 65 who are experiencing disillusionment, depression, hopelessness or are otherwise experiencing distress regarding the transition into midlife will qualify for the group. Women with serious mental health issues such as severe depression, acute anxiety, or other mental health issues that need individual counseling would not be appropriate for the group. If a woman is in individual counseling and is referred to the group by her therapist, she should be considered. Pre-screening sessions will be conducted by personal interview to determine the woman's fit for the group. The participant must commit to meditating a minimum of 20 minutes each day, six times per week and recording their thoughts, feelings, and sensations related to the experience after each meditation.

Group Curriculum

SESSION 1

Developing Community

Goal- To help women feel a sense of belonging and to introduce mindfulness meditation

Opener-

- Review informed consent

- Review confidentiality

- Discuss group rules

- Member introduction

  o The facilitator should ask each woman to say her name and a little something about herself. Members then divide into pairs and each woman tells the other: 1. What she hopes to get from the workshop; 2. Why she decided to participate; 3. What questions she has about the workshop.

  o The group reconvenes and the pairs introduce one other. The leader records the questions and discussion follows based on the questions.

Practice

Mindfulness-based meditation: Mindfulness-based cognitive therapy is based on the work of Teasdale, Williams and Segal (2014). The group leader will use meditation practices from *The Mindful Way Workbook (2014).*

Estimate the balance between doing and being in your everyday experience.

  o Members turn to pp. 22-23 in the workbook and complete the activity on being and doing.

- o Waking up from autopilot: An Eating Meditation. Moving from living on "automatic pilot" to living with awareness and conscious choice, p. 42-44, *The Mindful Way Workbook.*

Psychoeducation- Discuss Maslow's (1962) hierarchy of needs. Provide members with a copy of the handout.

- Provide context for the hierarchy of needs concept: Abraham Maslow, in his early work, discussed a hierarchy of human needs. To Maslow, after our most basic needs are met—food and shelter, protection from wild animals and the environment—human beings must satisfy their need for love, affiliation, acceptance, and belonging (Maslow, 1962).

- Introduce Maslow's idea that human beings must satisfy their needs for love, affiliation, acceptance, and belonging and that this sense of belonging is not about "fitting in" or conforming; it is instead the sense that we are part of a group that surrounds us and holds us with love. Without it, we wander and question our own sense of identity and worth" (Brehony, 1996, p.156).

- **Note to leader(s)-** *The psychotherapeutic usefulness of group therapy is the creation of belonging. Yalom places the creation of belonging squarely on the leader's shoulders. He writes that "the leader, by modeling an empathic, nonjudgmental style, help[s] to establish a gentle, accepting group culture (1985, p. 122).*

Group Process- Discuss ways of developing community.

- Consider using some of these questions to stimulate discussion about community:
  - o How would you define community?

- o Who would you describe as part of your community?

- o How do you nurture your friendships?

- o What attitudes and beliefs reflect themselves in your values and behaviors?

- o What are your prejudices and judgments about people different from you?

- o What could you do to create community?

Closing

- Journaling for ten minutes. *Assigning a short journaling time period reduces anxiety about writing.* (In general members supply their own journals, but have some on hand for those who cannot.) Topic: What gives you a sense of belonging?

- Ask women to hold hands for a minute before you leave, as a celebration of their being together and as a promise of sharing and confidentiality in the sessions to come.

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Ageism and Aging

Goal- To help women become aware of ageism in society and its affect on their relationship to their own process of aging

Opener

- Check-in: Invite group members to share journal entries from last week.

- Three Exercises: Taken from *Older Women: Surviving and Thriving* by Harriet Jacobs

    o Pass out an index card to each participant and ask her to write on the card what comes to mind when you say the following words: "older woman." Explain that the cards will be collected and shuffled by the best card player in the group and that each woman will read someone else's card. Ask that each woman write the first thing that comes to mind. It could be a word or two, a sentence, or a paragraph.

    o After all the women have finished, collect these cards and have them shuffled by another group member. Ask this member to hold on to them for a little while. Next, give out another index card and tell the women to write the answer to the question, "Who are you?", but tell them that they cannot write their names. They can write a word, a sentence, or a paragraph. Explain that these cards will be collected and mixed up and that everyone will read someone else's card.

o Pass out the first set of cards being held by a group member. Moving around the circle ask each woman read the card she received. Then have the group discuss what was written. Ask all those holding positive cards to raise their hands, then all those holding negative cards, and then those holding neutral cards. Point out that in beginning this exercise you said the words, "older woman." Older is simply a chronological fact, not a negative term. Ask why they wrote what they did. This should lead to a discussion of the ageism, the sources of it, and the double standard of aging for women as compared to men. **Note to group leader(s):** Robert Butler, the first director of the National Institute of Aging, coined *Ageism* in 1969. He defined it as discrimination against people because they are old. Today the term is more broadly defined as "the belief in the intrinsic superiority of people within a certain age range, often accompanied by prejudice, stereotyping and discrimination on the basis of age (Colman, 2015).

o After a reasonable amount of discussion, suggest that it is time to read the second set of cards, the one on which they answered the question, "Who are you?" Pass these cards back and ask each woman to read her card aloud.

o Generally the group will conclude that many interesting people are present. You can ask, "What are some common themes? What are the differences between card one, which was based on age alone and card two which showed the women as interesting, multidimensional people.

Practice

Mindfulness-based meditation–"Moving from relating to experience through thinking to directly sensing" (Teasdale, Williams, Segal, p. 36).

- Body Scan Meditation. For script see pp. 47-48 in the workbook.

    o Ask members to write in their journal. Use the following questions: 1. What were you thinking? 2. What sensations did you feel in your body? 3. What emotions or feelings did you experience?

Psychoeducation- Create the context for a new image of aging possibly using this quote for inspiration: "The 'bodymind' intelligence flowing through the body is part of what must be reclaimed at midlife and brought to consciousness. It can be found in listening carefully to the language of our body and in hearing and trusting our instincts. Rediscovering our body at midlife often requires a new level of love for this tired animal, recommitment to health, healing, and wholeness—all words derived from the same root as 'holy' (Brehony, 1996, pp. 295-296).

Group Process

- What does aging mean?

    o Menopause, wrinkles, loss of muscle tone, weight gain, not feeling sexy, illness, and loss of spouse or partner. On the other hand. "some women have begun to welcome and celebrate their movement toward the 'wisdom of the crone,' the leaving of their fertile, childbearing years behind as they travel toward 'holding the wise blood inside" (Brehony, 306).

Closing

- Journaling: Focus the journaling on the discussion about the pros and cons of aging. Ask the women to create a new story for themselves about aging. What does it look like?

- Ask women to hold hands for a minute before you leave, as a celebration of their being together and as a promise of sharing and confidentiality in the sessions to come.

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Identity

Goals

1. To understand that letting go is inherent in certain midlife tasks and allows old aspects of life to be relinquished

2. To help the women in the group become aware that we are free to create the rest of our lives centered on who we are if we can let go of old aspects of our life

3. To learn to be in the present rather than paying attention only to the endless tasks that have gone before in our lives

Opener

- Check-in: Journal entries from last week's session. Invite members to read a sentence or paragraph from their journal entries.

- Encourage other members to reflect aloud (as in a reflecting team) on what was read.

Practice

Mindfulness-based meditation–"Moving from dwelling in the past and future to being fully in the present moment" (Teasdale, Williams, Segal, p. 36).

- Teach the 10-Minute Mindfulness of Breathing (Sitting) Meditation. For script see pg. 73 in the workbook.

  - Write about your experience during the meditation by responding to the following questions: 1. What were you thinking? 2. What sensations in

your body did you notice? 3. What emotions or feelings did you experience?

Psychoeducation- Introduce the concept of identity in midlife by sharing these quotes:

- *"Eventually we must own the dreams our parents had for us as belonging to us, or give them up if they are not dreams we can accept and live. Knowing all this, our childhoods end and we become the generation in charge"* (Edelstein, 1999, p. 91).

- "*At midlife, if we are truly seeking a greater wisdom, a more authentic sense of who we are, a deeper sense of our spiritual connection, and we are listening to the promptings of the Self, it is necessary to live in the moment in which we are existing. Like the space between thoughts, or a rest between two notes of music, it is in being that we, perhaps for the first time, can hear our inner rhythm and see our own clear reflection*" (Brehony, 275).

Group Process- Encourage the members to discuss the thoughts these quote evoke for them.

If desired, include the activity described below to stimulate additional thinking about identity:

- What does finding one's identity mean in the middle years? Use *Activities-After-Youth Checkerboard* to generate ideas. This idea was developed by Ruth Harriet Jacobs in *Older Women: Surviving and Thriving* (pp. 32-36).
    - Pass out the *Activities-After-Youth Checkerboard.* Allow fifteen minutes for group members to fill out the form. (Form on page)
    - Discuss what the women have put on the checkerboard.

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Closing

- Journaling after discussion. Focus the journaling by asking women to write about their sense of identity.

- Ask women to hold hands for a minute before they leave as a celebration of being together.

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SESSION 4

Intimacy in Midlife

Goals

1. For women to look honestly at their relationship with their spouse, partner, significant other

2. For women to find ways to get to know your partner anew

3. For women to ask what changes need to be made to make the relationship healthy and authentic

4. For women to surrender a close bond if the relationship cannot serve as a container for the individuation of the partners

Opener

- Check-in by using the journal entries from last week's session. Invite members to read a sentence or paragraph from their journals

- Encourage other members to reflect aloud (as in a reflecting team) on what was read.

Practice

Mindfulness-based meditation–"Moving from trying to avoid, escape, or get rid of unpleasant experience to approaching it with interest." (Teasdale, Williams, & Segal, p. 36).

- Sitting Meditation: Mindfulness of Breath, Body, Sound, Thoughts, and Choiceless Awareness. For script see pp. 115-116 in the workbook.

- Write a few notes in your journal in response to the questions: 1.When you encountered unpleasant thoughts, feelings, or sensations, where were the sensations most intense in the body? 2. What else did you notice in the sitting? 3. When you became aware of aversion, how did you respond to it?

Psychoeducation

- Introduction to intimacy in midlife: "Real intimacy, mature love, is only possible when we withdraw our unconscious projections and allow ourselves to love another without the veil of idealized expectations" (Brehony, 1996, p. 75).

- Introduce theories from *The Seven Principles for Making Marriage Work* by John Gottman to provide background for a discussion about intimacy. Note to Leader(s): Go online to www.gottman.com for information about "The Four Horsemen of the Apocalypse" – Criticism, Contempt, Defensiveness, and Stonewalling.

Group Process- Discuss the nature of intimate relationships in midlife. How do you know when a relationship is sustaining growth and when it is stifling growth? Pose questions such as the following to stimulate the creation of an alternative story for each woman in the group:

- What changes need to be made to make the relationship healthy and authentic? Are those changes possible for both partners?

- Is the partner basing her decision to leave the relationship on refusal to work on her inner life?

- What is an alternate story to the problem story surrounding the current relationship? (These questions are adapted from *Awakening at Midlife,* p. 192.)

Closing

- Journaling to give members opportunity to integrate the thoughts and insights generated during the group process.

- Ask women to hold hands before they leave as a celebration of being together.

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Caregivers and Their Well Being

Goals

1. To understand the role of women as caregivers for aging parents

2. To explore ways for women to care for themselves as they care for their parents

3. To consider how our relationship to our parents has changed

Opener

- Check-in by sharing journal entries from last week's session. Invite members to read a sentence or paragraph from their journal entries.

- Encourage other members to reflect aloud (as in a reflecting team) on what was read.

Practice

- Loving-Kindness Meditation from *The Mindful Path to Self-Compassion* by Chris Germer. See pp. 134-135 in *The Mindful Path to Self-Compassion* or you can go online to www.MindfulSelfCompassion.org for guided self-compassion meditations.

- Ask members to briefly record the experience in their journals.

Psychoeducation- Explore the role of caregiver for midlife women. Invite women to respond to the following information: Providing care for family members and other relatives such as ailing husbands, dependent parents or disabled family members is an increasingly likely role for midlife women (Moen, 1994). Also juxtapose this information with the concept of self-care as an act of compassion for **the one being**

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cared for as well as for the one providing the care. If time permits consider sharing the following quotes:

> "*One of the most complex changes in the midlife years involves the shift in responsibilities from our parents and their generation to us and our generation. Our parents, having had a lifetime before we arrived, will forever be the 'real grown-ups' somewhere in our minds. Their aging and death profoundly affect us, whether we are twenty or forty (or sixty) whether the relationship has been nourishing or tortured. As they age or fail, we begin to assume responsibility for their care*" (Edelstein, 1999, p. 91).

> "*Keeping ourselves in the picture in the midst of emotional chaos is the first step toward finding a solution*" (Germer, 2009, p. 93).

Group Process- Allow time for the members to discuss the thoughts and feelings the information (and quotes) evoke in them. Some questions may prompt discussion:

- What role does caregiving and gender play in shaping the behavior of women during midlife? Why are women expected to be the caregivers? Is that dominant discourse changing?

- What are women's concepts of nurturing and self-care in midlife?

- **If desired and based on the amount of time left**, invite the group members to participate in an activity: **My Schemas** outlined in books *The Mindful Path to Self Compassion* by Christopher Germer and *Emotional Alchemy* by Tara Bennett-Goleman. See the directions and handout in the Handouts section. Briefly explain that this activity allows each participant to identify her vulnerable areas from a list of schemas and to "get a fix on self-destructive

thinking—identify the mental themes that lead to bad feelings" (Germer, 2009, pg. 96). In so doing and being kind to herself in the midst of her active schema she deepens the capacity to be compassionate to others. Allow for discussion.

Closing

- Journaling to give members opportunity to integrate the thoughts and insights generated during the group process.

- Ask women to hold hands for a minute before they leave as a celebration of being together.

~~

The Role of Family in Midlife Development

Goals

1. For women to understand their role in their families

2. For women to learn to connect with their families in new ways

3. For women to explore the idea that families can be a collection of people who love and support each other and are not necessarily connected by blood

Opener

- Check-in by sharing journal entries from last week's session. Invite members to read a sentence or paragraph from their journal entries.

- Encourage other members to reflect aloud (as in a reflecting team) on what was read.

Practice

- Loving-Kindness Meditation for Others from *The Mindful Path to Self Compassion* by Chris Germer. See p. 169 in the book for the script or go online to www.MindfulSelfCompassion.org.

- Ask members to briefly record the experience in their journals.

Psychoeducation

Begin the discussion with the following quotes:

- *"At midlife, regardless of the relative health of our family of origin, there is a need to look back, to understand where we came from and how our family contains us. We ask the questions: Who is or was my family? What kind of*

container does this family provide in my life? What did I learn about the world and myself as I grew up? Am I a different person from the one who raised me?" (Brehony, 1996, p. 168).

- "*The soul needs a felt experience of family, whether we are children getting most of our family experience at home, or adults looking for a family in the workplace or neighborhood"* (Moore, 1994, p. 71).

Group Process

Allow time for the members to discuss the thoughts and feelings these quotes evoke in them. Some of the following questions may prompt discussion:

- Which values and beliefs does each woman carry from her family of origin* that continue to keep her from being herself and fully living her life?

  * This is defined as the family in which the member grew up.

- If each member wrote a letter to her inner child that travels with her, what would she write? What does her inner child need?

- If some of the women have children of their own, what expectations do they have for their children? Are they unconsciously expecting their children to live out their own unlived life?

Closing

- Journaling to give members opportunity to integrate the thoughts and insights generated during the group process.

  o Perhaps structure the journaling by asking each member to take 15 minutes to write a letter to the inner child that travels with her. Learn what the inner child needs.

- Invite each member to share what she will take away from the session today?

- Ask women to hold hands before they leave as a celebration of being together.

~

SESSION 7

Awareness of Death in Middle Life

Goals

1. For women to confront death in all of its guises

2. For women to think about death and come to terms with it

Opener

- Check-in: Invite group members to share journal entries from last week.

- Encourage other members to reflect aloud (as in a reflecting team) on what was read.

Practice

Mindfulness-based meditation–"Moving from needing things to be different to allowing them to be just as they already are." (Teasdale, Williams, & Segal, p. 36).

- Sitting Meditation: Working with Difficulties. For script see pp. 136-138 in the workbook.

- Ask the members to record their response to meditation in their journals. As prompts write the following questions on a white board: 1. Where in your body did you sense any difficulty? 2. Where in your body did you notice any aversion, not wanting or resistance? 3. What, if anything happened to the difficulty and the aversion?

Psychoeducation

Facing the finiteness of one's own life can have different results. It can cause anxiety, depression, and stagnation or it can ignite energy, confidence and motivation to live fully

and to cherish life. After introducing the topic of death, begin the discussion with the following quotes:

- *"Central to all midlife tasks, perhaps at the source, is an increased awareness of life as finite"* (Jaques, 1981).

- "*Generativity in the deepest sense comes to the fore in the middle years because we have become aware of limited time to live"* (Edelstein, 1999, p. 44).

- "*The days are not squandered, so we develop an increased awareness of the preciousness of the moment, an ability to live in the present, and a willingness to overcome vulnerability and take risks"* (Edelstein, 1999, p.44).

Group Process

Allow time for the members to discuss the thoughts and feelings these quotes evoke in them. Some of the following questions may prompt discussion:

- What does confronting the inevitability of death mean?

- How would facing the finiteness of life motivate a creative approach to living?

- Given a finite amount of time raises questions of ultimate values. Ask the member to think about what their ultimate values are.

Closing

- Journaling to give members opportunity to integrate the thoughts and insights generated during the group process.

- Ask women to hold hands for a minute before they leave as a celebration of being together.

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SESSION 8

Career, Work, and Individuality

Goals

1. For women to explore the meaning of work as expression of the self

2. For to create space for group members to think expansively about work

3. For women to expand their idea of work beyond their current definition

Opener

- Check-in: Journal entries from last week's session. Ask for volunteers to read a sentence or paragraph from their journal entries.

- Encourage other members to reflect aloud (as in a reflecting team) on what was read.

Practice

Mindfulness-based Meditation–"Moving from seeing thoughts as true and real to seeing them as mental events that may not correspond to reality" (Teasdale, Williams, & Segal, p. 36).

- Sitting Meditation–with a Focus on Relating to Thoughts as Mental Events. For script see p. 153 in the workbook.

- Ask the members to record their response to meditation in their journals. As prompts write the following questions on a white board: 1. What were you thinking? 2. What sensations in your body did you notice? 3. What emotions or feelings did you experience?

Psychoeducation

A job and even a career are different from vocation. In midlife individuals ask themselves the question: What is my calling? In midlife the answer may have little to do with money or prestige, even for people who do not have the financial resources to act on the answer. What is important is the willingness to contemplate it.

> "*The vocatus is to become ourselves as fully as we are able; the task is to find out how. We are judged not only by the goodness of our heart, but also by the fullness of our courage*" (Hollis, 1993, p. 74).

> "*Particularly at midlife, women turn their increasing capacities for creativity and assertiveness into their work…The choices we make at work are similar to other decisions. Preferences depend on who we are, what we need and want, and where we are in our lives. These directions are not right or wrong, but they are acutely personal* (Edelstein, 1999, pp. 181 & 188).

Group Process

Allow time for the members to discuss the thoughts and feelings these quotes evoke in them. The sacrifice of security and comfort is painful, but not as painful as the regret. Use specific questions to prompt discussion. These questions may be written on the white board or distributed as a handout:

- What are you called to do?

- What would your calling look like? Where would you be? What specifically would you do?

- Is it worth the sacrifice of security and comfort to pursue your calling?

Closing

- Journaling to give members opportunity to integrate the thoughts and insights generated during the group process.

- Ask the members to select adjectives that best describe them and record them in their journals. These adjectives will be used in the opening of next week's session.

- Invite women to hold hands for a minute before they leave as a celebration of their being together and honoring their dreams.

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<div align="center">

SESSION 9

Retirement: Developmental Tasks of Later Adulthood

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Goals:

1. To think about life beyond career as defined in earlier years

2. To explore the meaning of ego integrity

3. To discuss the meaning of psychological well-being in later life

Opener

- Discuss the adjectives that each member used to describe herself. Then invite members to give each other feedback on these adjectives. Journal entries from last week's session.

- Allow time for members to raise questions, thoughts or feelings about last week's interactions.

Practice

- Mindfulness-based meditation–"Moving from treating yourself harshly to taking care of yourself with kindness and compassion." (Teasdale, Williams, & Segal, p. 36).

  - Walking Meditation. See pp. 126-127 in the workbook for the script. Add that mindfulness meditation is effective in increasing one's awareness and appreciation for the simple blessings of life.

    - Sustainable Mindfulness Practice. For script see pp. 201-202 in the workbook.

- o Write a few notes in your journal about 1. What you were thinking? 2. What sensations in your body did you notice? 3. "What emotions or feelings did you experience?

Psychoeducation

Discuss ego integrity which, according to Erikson, (1963), is seen in individuals who are concerned with issues of aging, with integrating their life experiences, with making sense of life and death, and who are preoccupied with the specifics of those tasks (James & Zarret, 2006).

In addition introduce the definition of psychological well-being, which Santor and Zuroff (1994) define as meeting certain challenges as the individual ages. These challenges include: "(a) adapting to triumphs and disappointments, (b) spirituality, (c) acceptance of the course of one's life as necessary, (d) tolerance or acceptance of other, (e) acceptance of one's place in history, (f) absence of death anxiety, (g) freedom from feeling that time is running out, (h) emotional integration, and (i) satisfaction with life " (Santor & Zuroff, 1994, p. 295).

Finally discuss the concepts of gratitude and acceptance. Gratitude practice is intentionally shifting attention from the negative to the positive. It is acknowledging that even difficult and painful moments are teachers and that individuals can be grateful for them (Emmons & Stern, 2013).

- o Read *The Guest House*

    THE GUEST HOUSE
This being human is a guest house.
Every morning a new arrival.

A joy, a depression, a meanness,
Some momentary awareness comes
as an unexpected visitor.
Welcome and entertain them all!
Even if they're a crowd of sorrows,
who violently sweep your house
empty of its furniture.

still, treat each guest honorably.
He may be clearing you out
for some new delight.

The dark thought, the shame, the malice,
meet them at the door laughing,
and invite them in.

Be grateful for whoever comes,
Because each has been sent
as a guide from beyond.

<div align="center">Rumi</div>

Group Process

Allow time for the members to discuss the thoughts and feelings the quotes evoke in them.

Write questions on the white board to prompt discussion:

- After retirement how will you structure a day?

- How do you maintain your identity outside your career or child rearing?

- How will you maintain social connections and develop new ones away from the workplace or the need to raise children?

Closing

- Journaling to give members opportunity to integrate the thoughts and insights generated during the group process.

- Homework

  o Invite members to start a gratitude journal. Ask the members to focus for a moment on their blessings. Those blessings could be simple everyday pleasures, people in your life, personal strengths, moments of beauty, or gestures of kindness from others. Explain that the act of systematically recording blessings helps a person pay attention to the gifts in their life that get taken for granted. Encourage members to write something they are grateful for each night before going to sleep. This exercise is credited to Emmons and McCullough, 2003.

  o Positive psychology intervention empirically shown to increase happiness for six months (Seligman & Steen, 2005).

    ▪ **Using signature strengths in a new way.** Members take the inventory of character strengths online at www.authentichappiness.org to receive individualized feedback about their top five ("signature") strengths (Peterson, C., Park, N., & Seligman, M. (2005a). They then use one of their top strengths in a new and different way every day for one week. [The leader(s) should take the test online before this session so she can provide

an example for the group. A sample of the questions used in the

online test is provided in the handout section of this curriculum.

- Ask women to hold hands for a minute to reaffirm their connection with one

    another.

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<p style="text-align: center;">**SESSION 10**</p>

<p style="text-align: center;">**The rest of your life**</p>

Goals

1. To help the members find a positive reason to sustain mindfulness practice

2. To explore something about which each woman cares deeply to empower each to sustain the practices of the last nine weeks

3. For women to consciously cultivate gratitude

Opener

- Check-in by sharing journal entries from last week's session. Invite members to read a sentence or paragraph from their journal entries.

- Encourage other members to reflect aloud (as in a reflecting team) on what was read.

Practice

Mindfulness-based meditation–"Planning a mindful future." (Teasdale, Williams, & Segal, 2014, p. 36).

- Identifying a Heartfelt Intention to Sustain Mindfulness Practice. See pp. 201-202 in the workbook for the script. Emphasize the quote in the workbook on p. 203 that, *"Every time we are truly mindful, we nourish the precious intention to care for ourselves and for other people" (Teasdale, Williams & Segal, 2014).*

- o Ask each member to write a few notes in their journal to answer the question: "What is most important to me in my life (what do I most value) that the practice might help with?"

Psychoeducation

Read the poem, *The Summer Day*.

THE SUMMER DAY

Who made the world?
Who made the swan, and the black bear?
Who made the grasshopper?
This grasshopper, I mean—
the one who has flung herself out of the grass,
the one who is eating sugar out of my hand,
who is moving her jaws back and forth instead of up and down—
who is gazing around with her enormous and complicated eyes.
Now she lifts her pale forearms and thoroughly washes her face.
Now she snaps her wings open, and floats away.
I don't know exactly what a prayer is.
I do know how to pay attention, how to fall down
into the grass, how to kneel down in the grass,
how to be idle and blessed, how to stroll through fields,
which is what I have been doing all day.
Tell me, what else should I have done?
Doesn't everything die at last, and too soon?
Tell me, what is it you plan to do
with your one wild and precious life?

Mary Oliver

Group Process

Allow time for the members to discuss the thoughts and feelings the poem evokes in them.

Write the question on the white board to prompt discussion:

- What do you want to do with "your one wild and precious life?"

Closing

- Journaling to give members opportunity to integrate their thoughts generated during the group process.

- Summarize the sessions and ask members to express their feeling and give feedback on what they learned.

- Give each member a stone with her top strength written on it.

- Create circle and invite members to hold hands to say good-bye. Remind them that this is the beginning of their "one wild precious life."

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Client Contract and Consent to Treatment

Confidentiality- The group leader(s) adhere to the confidentiality standards of ethical counseling, which means the leader(s) will not divulge information to anyone about any group member.
There are exceptions to confidentiality, however, which arise from certain California legal mandates meaning that confidentiality can be broken in the case of three situations:

- When it appears evident that the member intends to make a suicide attempt
- When there is suspicion of child abuse or elder abuse
- When it appears evident that the member or a person known to the member intends to hurt another person

Members of the group are not under the same ethical standards as the group leaders, however it is extremely important for the sense of safety and growth of trust that members do not discuss group material outside of the group setting.

Attendance- If you need to miss a session, please let a group leader know so that arrangements can be made.

Closed group- This means that no one can join after the first session. There are ten sessions in all.

Punctuality- This group runs for **two** hours every session. There is a lot of material to cover, so be on time.

Commitment- This group may be quite uncomfortable at times. Remember that many times in therapy, it gets worse before it gets better. Please let the group leader(s) know if you are feeling upset or overwhelmed.

Respect- You will each benefit most if everyone gets time to share their thoughts and feelings. If you are having an issue with a member or leader, please let the group leader(s) know.

_____
Print Member's Name

_____
Member's Signature   Date

_____
Leader(s)'s Signature   Date

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MINDFULNESS PRACTICES USED IN THIS CURRICULUM

Refer to *The Mindful Way Workbook: An 8-Week Program to Free Yourself from Depression and Emotional Distress* by John Teasdale, Mark Williams, and Zindel Segal.

Abraham Maslow's Hierarchy of Needs

Physiological Needs
- These are the strongest needs because if a person were deprived of all needs, the physiological ones would come first in the person's search for satisfaction.

Safety Needs
- When all physiological needs are satisfied and are no longer controlling thoughts and behaviors, the need for security emerges.

Needs of Love, Affection and Belongingness
- If and only if the need for safety and for physiological well-being is satisfied, the need for love, affection and belonging emerges.

Needs for Esteem
- When the need for belonging, love and affection is satisfied, the person feels self-confident and valuable as a person in the world. When these needs are frustrated, the person feels inferior, weak, helpless, and worthless.

Needs for Self-Actualization
- If all of the foregoing needs are satisfied, then and only then does the need for self-actualization arise? Maslow describes self-actualization as an individual's need to be and do that which they were "born to do."
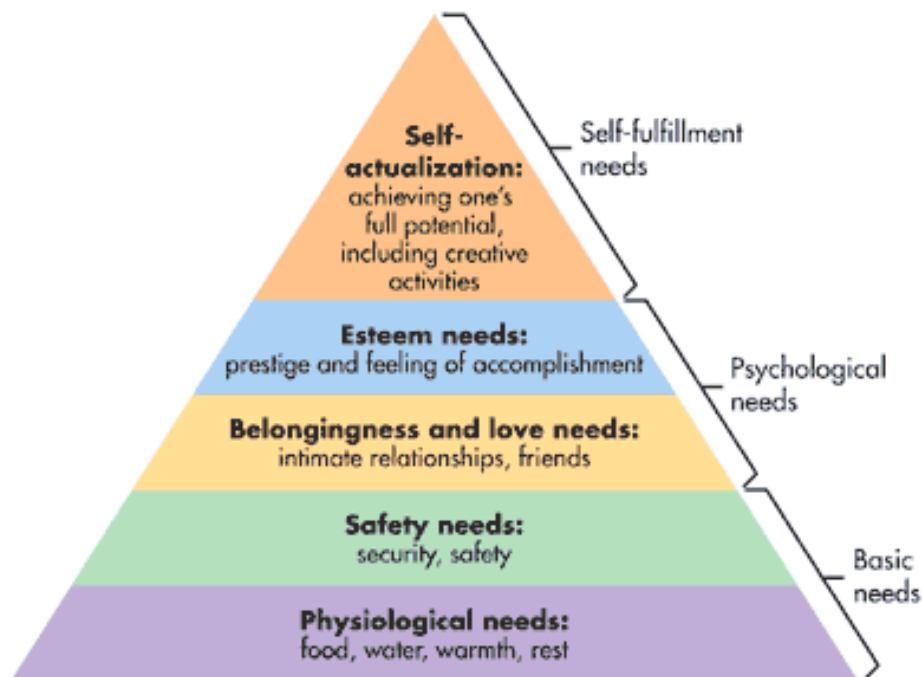
www.teach-nology.com/tutorials/teaching/maslow.gif

Basic Strengths Test

This is a sample of some of the questions that you will be asked in the *Inventory of Character Strengths* created by Peterson, Park and Seligman. This survey must be done online at www.authentichappiness.org to receive individualized feedback about your top five ("signature") strengths (Peterson, C., Park, N., & Seligman, M. (2005a).

Sample Questions:

- Think of actual situations in which you had the opportunity to do something that was novel or innovative. How frequently did you show CREATIVITY or INGENUITY in these situations?

- Think of actual situations in you had the opportunity to learn more about some topic, in or out of school. How frequently did you show LOVE OF LEARNING in these situations?

- Think of your everyday life. How frequently did you show ZEST or ENTHUSIASM when it was possible to do so?

- Think of your everyday life. How frequently did you show KINDNESS or GENEROSITY to others when it was possible to do so?

- Think of actual situations in which someone else had hurt you. How frequently did you show FORGIVENESS or MERCY in these situations?

- Think of actual situations in which someone else helped or benefited you. How frequently did you show GRATITUDE or THANKFULNESS?

- Think of your everyday life. How frequently did you show PLAYFULNESS or HUMOR when it was possible to do so?

- Think of your everyday life. How frequently did you show RELIGIOUSNESS or SPIRITUALITY when it was possible to do so?

Activities-After-Youth Checkerboard

Activities enjoyed in younger years	Family	Work	Self

How can the essence of these be adapted in later years?	Family	Work	Self

Resources

Further Reading

Brehony, K. (1996). *Awakening at midlife: A guide to reviving your spirit, recreating your life, and returning to your truest self.* New York: Riverhead Books.

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     C.R. Snyder & S. Lopez (Eds.), *Handbook of positive psychology* (pp. 632-645).

     London, UK: Oxford University Press.

Sivester, Glen. (1997). Appreciating indigenous knowledge in groups. In G. Monk, J.

     Winslade, K. Crocket, & D. Epston (Eds.), *Narrative therapy in practice: The*

     archaeology of hope (pp. 233-251). San Francisco: Jossey-Bass.

Teasdale, J., Williams, M. & Segal, Z. (2014). *The mindful way workbook: An 8-week*

     program to free yourself from depression and emotional distress, New York: The

     Guilford Press.

Online Resources

www.guilford.com/teasdale-materials
Purchasers of *The Mindful Way Workbook* may download audio files and select practical
Tools from the book.

www.stressreductiontapes.com
For CDs/MP3s of meditation practices recorded by Jon Kabat-Zinn.

www.dianegehart.com
Guided meditations, client handouts and educational materials

www.marc.ucla.edu
Mindful awareness research center at UCLA

groups.yahoo.com/group/giftoflovingkindness
Online group on loving-kindness

www.MindfulSelfCompassion.org
Guided self-compassion meditations

http://www.positivepsychology.org/learn-more/readings-and-videos
This page has links to a variety of resources where you can learn about the diverse
research and applications in Positive Psychology.