MANAGING PARALLEL LIFE STAGES:
A QUANTITATIVE STUDY OF
PSYCHOLOGICAL WELLBEING, SATISFACTION WITH LIFE, AND
PARENTAL SENSE OF COMPETENCE
IN PARENTS AT MIDLIFE

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"If you could see your life's shape, you would find its features to be, like those on your

face, universally human yet completely unique."

Rainer, 1998

Abstract

Being a parent at midlife often entails the management of significant biological, cognitive, emotive, and psychosocial changes. This is often accompanied by increased responsibility in the home and work domains. Those who are parents at midlife will often have a child in adolescence, whose cognitive maturation may pose additional challenges to the status quo of an established family system. For twenty years, researchers have recognised the potential interaction of midlife themes in the parent with the challenges of parenting an adolescent. However, no studies to date have explicitly investigated the presence of these midlife themes, their possible interaction with the parent-child relationship, and the effects on parental wellbeing.

89 participants: 72 mothers and 17 fathers, completed an online questionnaire, comprised of measures of depression, anxiety, stress, self-esteem and satisfaction with life. The questionnaire also included devised questions on two key themes of midlife: *growth and decline*, and *facing one's own mortality*, along with questions identifying the presence of *protection and resilience factors*, and the quality of the parent-child relationship. It was hypothesised that a) there would be differences in psychological wellbeing between parents parenting a firstborn child in adolescence, as opposed to a different life stage b) that mothers would score lower in psychological wellbeing than fathers, and c) that those parenting a child in the adolescent transition would show lower levels of parental sense of competence than those parenting a child at a different life stage.

Psychological wellbeing scores were largely within an average range, but significant differences were found in depression and stress: the MLA group (16-22 years) reported significantly less depression than the IEC group (0-8 years), the AT group (9-15 years)

and the AD group (23+ years). They also reported lower levels of anxiety and stress, and higher levels of self-esteem and satisfaction with life than the other three groups, but these differences were non-significant. The IEC group reported significantly more stress than the other three groups. They also reported lower levels of self-esteem and satisfaction with life than most other groups. These differences were non-significant, however. No significant differences in wellbeing were found between mothers and fathers. Across all age categories, parental sense of competence was within an average range and no significant differences were found across child ages. Medium to strong agreement was found for the majority of the questions relating to midlife themes, and the parent-child relationship was found to be largely rewarding, but also less fulfilling in some aspects.

The study provides an indication of differences in parental psychological wellbeing, according to the age of the firstborn child. It also shows similarities of experience with regard to midlife themes, and areas for further investigation in the nature of the parent-child relationship. This has implications for counselling psychologists working with midlife parents, as it reveals the complexities of parenting at this life stage, and the need to consider developmental issues regarding the life stage of the parent and child simultaneously. Suggestions are made for further research.

Degree Declaration

The work contained in this thesis is submitted in partial fulfilment of the requirements for the degree of Doctor of Counselling Psychology and represents an individual contribution by the author.

None of this work has been previously submitted by the author for a degree of this or any other university.

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List of Terminology and Abbreviations

Counselling

References are included which mention 'counselling'; however, having come from texts particular to counselling psychology, they also refer to the latter, and have been quoted as such to stay true to the reference. The term 'counselling' is used interchangeably with counselling psychology.

Flourishing

This is a term borrowed from positive psychology (Seligman, 2002), referring to the presence of indicators of psychological wellbeing. This is often related in psychological literature to aspects of Jahoda's (1958) elements of ideal mental health, namely positive view of self, positive relationships, environmental mastery, accurate perception of reality/fantasy, self-actualisation, and a sense of autonomy.

Languishing

Borrowed from positive psychology (Seligman, 2002), this term refers to the absence of indicators of psychological wellbeing. See above description.

Midlife

For the purpose of this study, and in order to define the parameters of the inclusion criteria for the sample, midlife refers to the chronological ages of 40-65. The way in which these ages have been arrived at is discussed fully in Chapter 2. In addition, the theoretical and social implications and assumptions associated with this life stage are a driving force behind the research, and so a full review of this term is discussed in Chapter 2.

Midlifers

There are few succinct words to describe someone in middle age; therefore, the term 'midlifers' has been adopted from Sheehy (1996) from time to time, in order to avoid repetition of longer, clumsier phrases. As the term 'middle-aged' often has unnecessarily negative connotations, this term is deliberately avoided in this thesis.

Parenting and Parental Sense of Competence

In this study, parenthood is used to describe an ongoing role whereby an adult has sole or joint responsibility for a child or dependant, to include biological, as well as stepchildren, fostered and adopted children. Parenting refers to the daily and occasional functions required in that role.

Parental sense of competence is defined in Chapter 2. It is measured quantitatively in this study, through the use of the Parental Sense of Competence Scale (PSOC, Johnston and Mash, 1989). The abbreviation PSOC is used to refer to this measure.

Psychological Wellbeing

In this study, psychological wellbeing is measured through standardised, quantitative measures of depression, anxiety, and stress (DASS-21, Lovibond and Lovibond, 1995), self-esteem (RSE, Rosenberg, 1979) and satisfaction with life (SWLS, Diener et al, 1985). Chapter 3 discusses the implications of choosing these measurements. The abbreviations for these measures are also used throughout.

Child Life Stages

In order to examine differences in wellbeing across parents parenting children at different life stages, in this study, the parents were divided into categories according to the age of the firstborn child, namely Infancy and Early Childhood (IEC, 0-8 years), Adolescent Transition (AT, 9-15 years), Mid to Late Adolescence (MLA, 16-22 years) and Adulthood (AD, 23+ years).

Wellbeing

Where the term 'wellbeing' is used, this refers to psychological wellbeing only. Where wellbeing might be used to refer to other types of wellbeing, it is labelled accordingly, e.g. 'general wellbeing'.

Acknowledgements

This thesis has been a long time in the making – much longer than the six years I have spent on this Doctorate course - and I am truly thankful for the journey. I would like to thank every person who has given me advice throughout this time and who has kept me on the right path when my slightly manic tendencies would send me hurtling enthusiastically in the wrong direction. This includes my supervisors, Meredith Terlecki and Mary Spiller, and tutors at UEL, who encouraged me to keep going. I would also like to thank God, fate, the universe, and whatever celestial being that has allowed me to stay healthy throughout this time; my dear friends, who celebrated with me every small triumph; my clients, whose stories have inspired me to choose this topic; my Bengal cat, Neo, who kept me company day and night throughout the process, and most importantly, my daughter, Angelina, who inspired this research, encouraged me throughout, and made this journey all the more purposeful.

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Chapter 1. Introduction

1.1 Origins of the Research

In the Preface to Daniel Levinson's 'Seasons of a Man's Life' (1978), he states that his study into adult development began with the combination of 'an intellectual interest in … adult development' alongside 'a personal concern … to study the transition into middle age … and cast light on my own experience' (1978, x).

This study began in much the same way. Coming from a developmental psychology perspective, the researcher was interested in the life stage of midlife, with its plethora of key biological and psychosocial changes; for example, midlife is the first time since puberty that one becomes aware of the signs of ageing. This can express itself in external factors, such as changes in outward appearance, as well as internal factors, namely an increase in health-related issues. The menopause in women can also bring tiredness and hair loss, and an awareness of the end of reproductive potential. For some, these signs of ageing serve as constant reminders of the possible physical decline ahead into old age, and so can encourage both cognitive and emotional responses.

Conversely, research has also highlighted more positive aspects of midlife, such as improved mental health (Steinberg and Steinberg, 1994), 'power and fulfilment' (Biggs, 2010, p.356), and a sense of life satisfaction and optimism for achieving goals, growth or improvement (Lachman, Rocke, Rosnick, & Ryff, 2008). This positivity effect also aids in emotion regulation (Carstensen & Mikels, 2005; Stone, Schwartz, Broderick, & Deaton, 2010). A key finding is that midlife has generally been associated with reappraisal and questioning of one's life situation, life choices,

and oneself (Bolger, Delongis, Kessler, & Wethington,1989; Silverberg & Steinberg, 1990.) Midlife thus presents a complex fusion of physical changes, personal growth, and psychosocial readjustment, and although it is the longest period of adulthood, cognition and affect at this life stage been relatively understudied in psychological research.

For those who are parents at midlife, of particular interest is how the unique characteristics of this life stage might interact with the life stages of other family members, particularly the firstborn child. Of even more significance is if the firstborn child is an adolescent. Much research across the years has highlighted the challenges of midlife parenting of an adolescent child; for example, Silverberg and Steinberg (1990) highlighted the need for 'psychological protection' against the negative effects of parenting an adolescent; Larson and Richards (1994) showed how emotions are transmitted within the family of an adolescent child, and its differential effects across family members. Similarly, Martire, Stephens and Townsend (1998) found that having the support of family and significant others in family roles makes an important contribution to the psychological wellbeing of midlife mothers when parenting children of different ages, including adolescents.

In these studies, the fact that the parents were at midlife was incidental, as the studies included adolescent children; however, researchers (e.g. Dekovic, 1999; Silverberg & Steinberg, 1990) have consistently suggested that, given that the parents were at midlife and the children were in adolescence, interacting developmental factors in the parent and child could be influencing the nature of the parent-child relationship and affecting parental wellbeing. An example of this was highlighted by Silverberg (1996) who found that pubertal development was a 'prime candidate for provoking

midlife concerns and dissatisfactions among [midlife] parents' (p.219). No study to date has explicitly explored the interaction of midlife factors when parenting an adolescent child.

1.2 Relevance and Contribution to Counselling Psychology

According to the Office for National Statistics, as of mid-June last year, 26.7% of the population were aged 40-59 in the UK (ONS, 2016). Although this figure represents just over a quarter of the population, the wellbeing of those at midlife also has a direct impact on the rest of the community, due to increased familial and work responsibilities at this life stage. It is important, therefore, that the particular needs and concerns of those at midlife are understood in relation to their various roles.

The consideration of developmental themes when working with a midlife client is directly relevant to our work as counselling psychologists as it reinforces one of the tenets of the profession, which is to de-pathologise emotional difficulties and instead to view them within the context of normative human experiences. As research into counselling with midlife clients is limited (Biggs, 2010) it is important for counselling psychologists to gain a deeper understanding of this multi-faceted life stage. Clients in midlife typically arrive for therapy with an interest in 'resolving family conflict, or in feeling more creative' (Kleinberg, 1995, p.207), which they hope might lead to greater life satisfaction. By being cognisant of the possible presence of midlife themes in the client, and their interplay in family relationships, the counselling psychologist can better support the client in exploring the significance of midlife in their everyday experiences.

While counselling psychologists will be familiar with the demands of parenting, themes of midlife, and demands of children at different ages, they may not have considered how these three topics might uniquely interact at midlife, to make this period of parenting the most poignant (Carolan, 2005), particularly for women. The study urges counselling psychologists to delve deeper with their midlife clients, and ask pertinent questions regarding these midlife themes and their possible interaction in the parent-child relationship. Being aware of midlife themes and their possible interaction in parenting and wellbeing will enable the counselling psychologist to work with the client to identify and explore ambivalent feelings, improve their positive mental health, and look forward to the integration and authenticity this life stage can bring.

1.3 Organisation of the Thesis

The next chapter sets the study within the context of previous psychological literature, by examining developmental theories and key themes drawn from these, as well as modern definitions of midlife itself. Psychological studies into the parent-child relationship and parental wellbeing are then discussed and set within the context of a life course framework, with its strengths and limitations. The chapter ends with a reminder of how the study addresses the gap in the literature, and the presentation of the research questions.

Chapter 3 addresses the epistemological and theoretical underpinnings of the study, with its strengths and limitations, and how these relate to the methodology, including the design. The choice of a quantitative methodology is discussed and its relevance and appropriateness to the research questions.

Chapter 4 presents the results of the study, providing both descriptive and inferential statistics, and how these relate to the hypotheses. Chapter 5 discusses these findings with relevance to previous psychological literature, and the implications in terms of counselling psychology practice, research, curriculum and training, bearing in mind counselling psychology ethos and values. Contraindications of the approach and methodology are also considered. The chapter ends with the contribution made by this study to extending and deepening the knowledge base underpinning counselling psychology practice, the relevance of findings to a range of healthcare and education professionals, and how dissemination of this research has already made an impact in the field.

Chapter 2 Literature Review

2.1 Overview of the Chapter

This chapter addresses the background to the study and places it within the context of relevant literature and research findings. Given the broad complexity of the three key areas investigated in this thesis, namely midlife, wellbeing, and parenting, after the method of literature review has been explained, the boundaries of the research are then outlined.

The literature review begins by addressing the first key area of midlife. Firstly, the theoretical background to the study is presented, covering early developmental theorists who first provided a template for studying the life course and developmental transitions within it. From these theories, overarching themes of midlife can be identified, which also find support in more recent psychological literature. As researchers have approached this life stage in various ways, including chronological age, as well as life events, or the age of one's children, Section 2.4 defines its usage in the present study.

Next, the chapter turns to the second key area of psychological wellbeing. Firstly, the term, as it is used in the present study, is defined. Then, research relating to the effect of age on wellbeing is presented, showing that the findings into midlife do not necessarily support the stereotype of a midlifer 'in crisis'.

Section 2.6 focuses on the third key area of the study, namely parenting. As competence in the parenting role has been linked to wellbeing, this section begins with looking at how parental sense of competence has been defined in psychological literature. It then focuses on a key study whose findings showed variations in

parental competence across different child ages. This section ends with consideration of the findings regarding competence when parenting an adolescent and its possible effects on parental wellbeing.

The next section (Section 2.7) turns to empirical evidence on the effects of midlife parenting, with a focus on the midlife parent/ adolescent child relationship and the factors affecting parental wellbeing. Gender differences in midlife parenting are then explored in Section 2.7.2, showing the differential findings in midlife concerns for mothers and fathers, with an emphasis on the more negative associations with homelife for mothers. Studies have also found that there are certain protection and resilience factors that aid the transition to midlife and improve wellbeing. These are addressed in Section 2.7.3.

The Literature Review ends by introducing the current study, beginning with its positioning within the theoretical framework of the life course, with its assumptions, strengths and limitations. Finally, the study's contribution to the present gap in the literature is explained, and its relevance to counselling psychology theory and practice: for the past twenty years, authors have consistently suggested that midlife issues may be interacting with parenting and affecting the wellbeing of the parent, yet only one Croatian study has addressed this directly. The present study is not only the second study to explicitly identify the presence of midlife themes and relate them to parenting, but it is the first to address this within a UK population. Linked to this, this section ends with the rationale for the current study's aims and research questions.

2.2 Method of Literature Review

A literature search was conducted with papers related to the key terms, midlife, mid-life, parenting, parenthood, and psychological wellbeing. Only peer-reviewed papers in the English language were considered. The search terms were (MIDLIFE or MID-LIFE) and (PARENTING), and peer-reviewed articles were consulted in the areas of psychology, sociology, gerontology, and anthropology. Journals consulted were those related to developmental psychology, marriage and family life, adolescence, ageing, and adulthood. Scopus was used with the key words 'midlife' and 'parenting' to check for the most cited publications in this area. This provided 53 papers, which were then checked for relevance to this study in terms of mentioning the wellbeing of parents. The authors with the most relevant research were also entered into a separate search to view their latest publications.

This resulted in seven key studies which involved midlife parents and parental wellbeing to varying degrees: Dekovic (1999), Luthar and Ciciolla (2016), Nomaguchi (2012), and Silverberg and Steinberg (1990), all include midlife parents, their adolescent children, and the parent-child relationship in their studies, but the authors only suggest in the limitations of these studies that midlife issues may have contributed to the effects in parental wellbeing observed; two studies mention midlife mothers/ women in their titles (Martire, Stephens, & Townsend, 1998; Morgan, Merrell, & Rentschler, 2015), however, neglect to address cognitive elements and themes of midlife itself. One particular study, however, (Kerestes, Brkovic, & Jagodic, 2012), although midlife is not mentioned in the title, addresses midlife concerns, the parent-child relationship, and parental wellbeing. As the findings of these seven studies are relevant to various sections of the literature

review, they are referred to, as appropriate, throughout this chapter, but particularly in Section 2.7.

Various ongoing longitudinal projects that focus on midlife were also key to this research: The MIDMAC (MacArthur Research Network on Successful Midlife Development) Project website was a starting point for this study and led to several associated publications; for example, the book, 'The Parental Experience in Midlife' (Ryff & Seltzer, 1996) was of particular relevance. In addition, the MIDMUS (Midlife in the United States) project website provided a list of researchers from various associated disciplines who have been involved with the study and their associated publications. A scroll through these lists of publications, plus the website links to other research, provided various papers on midlife, which are referred to, as appropriate, in this chapter. The last updated search was in October 2017. Other databases used included PsycINFO, EBSCO Academic Search Complete and Google Scholar.

2.3 Boundaries of the Research

While there exists a variety of theories on midlife, (e.g. Erikson, 1980, Levinson, 1978), the framework to this study is one of the life course and so theories relevant to this framework have been mentioned. As the key focus is on parenting at midlife, the research addresses relevant literature in this domain, and does not include literature in other aspects of the midlife experience, such as personality factors, relationships with family members other than the firstborn child, partners, friendships, or work relationships. (The latter three are mentioned as protection and resilience factors, but are not elaborated on in this study, as the focus is on the parent-child relationship.) Neither does it address research on the effects of parenting

on the adolescent, but only addresses the effects on the parent, which has so far been less explored. As the focus of this study is to look for commonalities in the midlife parenting experience that transcend cultural differences, every effort has been made to examine global studies on midlife parenting, but very few were encountered that did not take part in the U.S. Those that were found, inside and outside of the U.S., and were of relevance, are mentioned in the chapter. (See Section 2.2 for the seven key studies.) For this reason, a UK sample was used to address this gap in the literature, and derive direct relevance to counselling psychologists working in the UK.

2.4 Midlife

2.4.1 Theoretical Perspectives on Midlife

Across the years, various theories have been put forward to describe the themes and characteristics associated with each developmental stage across the life course, and the developmental transition into and through midlife. This section of the chapter will provide an overview of some key developmental theories which could be said to still hold contemporary relevance, and how the themes they highlight have led to the two key themes (*growth and decline,* and *facing one's own mortality*) that were explored in this current study of midlife wellbeing.

Erik Erikson (1902-1994)

A developmental psychologist and psychoanalyst who studied midlife and highlighted the propensity for both positive as well as negative aspects of this life stage was Erik Erikson. In his (1963) theory of psychosocial development, midlife is linked to the stage of generativity versus stagnation, where interests turn towards the passing on of knowledge to younger generations. Erikson proposed (1980) that

between the ages of 30 and 60, a key psychosocial 'crisis' of 'generativity versus stagnation' has to be resolved. 'Generativity' refers to the focus on future generations and offering one's services for the benefit of others. In contrast, 'stagnation' refers to the lack of purpose and a self-absorption that are experienced when generativity is lacking. Interestingly, and in line with this thesis, Erikson saw the middle years as a direct contrast and expansion of adolescent themes: while adolescence was composed of an exploration of one's own identity, the middle years were about the sharing of this consolidated identity with future generations. Maturity and mental health were seen to constitute successful negotiation of these crises. McAdams and St. Aubin (1993) expanded our understanding of generativity and presented it as multi-dimensional, incorporating cultural demands, inner desires, commitment, and belief in oneself and one's species. Erikson summarised the theme of inner desires as 'the need to be needed' (1963). These themes present midlife as a complex fusion of themes of loss, realisation, changing perspectives and creativity, all within a social context. Erikson was not the only theorist to consider the social context of midlife, however. The next section will address the work of a prolific developmental psychologist who broadened perspectives on aging and whose concern for the perception of aging within society influenced public policy.

Bernice Neugarten (1916-2001)

In the book, 'The Meanings of Age', Bernice Neugarten describes midlife as 'the neglected territory of the second half of life' and 'qualitatively different from other age periods' (Neugarten, 1988, p.10). One of the themes highlighted in her work is the theme of time in the midlife experience. She describes its finiteness, as 'time left to live rather than time since birth' (p.146), and a 'two-edged sword' (p.146), emphasising the duality of experience mentioned by Erikson (1980). As stated

previously in the Introduction, when defining midlife, Neugarten (1988) highlights a key feature of this life stage as being that midlifers 'clock themselves' (p.140) in various salient contexts; for example, midlife is often associated with being at the peak of one's career, and one's timing with regard to career goals 'adds to the heightened awareness of age' (p.144). Linked to the idea of time, Neugarten views death as 'personalized' and 'inevitable' (1988, p.146) because it is more frequently faced at midlife, either through personal health concerns, or those of ageing family and friends. She states that this idea needs acceptance for successful psychological adjustment.

Like Erikson, Neugarten's (1988) depiction of midlife also incorporates a relationship to the younger generation. Comparing midlife to adolescence in terms of similar themes (e.g. identity, fertility), but contrasting outcomes, Neugarten states that the midlifer feels 'distanced' (1988, p.141) from the adolescent in many respects, but at the same time, can also identify with the adolescent same-sex child. Not only this, but in line with other researchers (Bengtson & Lowenstein, 2003; Davis, 1981; Miller, 1981), she also comments upon the 'sandwiching' between two generations, but in a more encouraging light, sees this as bringing 'dramatic insights... and revelations' (1988, p.148). The midlife woman, states Neugarten (1988), can uniquely identify with both one's mother and daughter, which places her in an interesting position with regard to the meaning of ageing.

Like Erikson, Neugarten also highlights the benefits of this life stage: she describes greater freedom to devote time to oneself, and 'a satisfying change in self-concept' (1988, p.143). This includes being at one's peak in terms of discernment, and skilled in handling, but also sensitive to, the complexities of one's social environment

(p.140), as well as the complexities of oneself. The reoccurring evaluative theme associated with midlife is seen in Neugarten's conception of such, where she sees it as a time for self -assessment (p.140), which involves a period of 'stocktaking' and 'heightened introspection' (p.148), where the midlifer gains more control over impulses. In summary, the new demands of ageing and life experiences allow for 'an enriched sense of self' (p.155) to be demonstrated. Some of these themes of midlife, particularly the association with mortality, were also incorporated into Elliott Jaques' (1965) paper, and will be discussed below.

Elliott Jaques (1917-2003)

One of the first researchers to coin the term 'midlife crisis' was the psychoanalyst and social researcher, Elliott Jaques, in his (1965) paper, 'Death and the Midlife Crisis'. Jaques refers to a 'midlife crisis' occurring at the early age of 35, with another crisis occurring when one reaches 'full maturity' at 65. With rather a sombre look at midlife, he describes a sense of loss emanating from the realisation that one is no longer 'growing up', but has 'begun to grow old' (1965, p.4). and the poignant realisation of being in 'the prime of life, the stage of fulfillment' (1965, p.506), yet knowing that this is time-limited. According to Jaques, one, therefore, enters into a state of mourning for the childhood lost and the presumed decline ahead; in so doing, one faces one's own mortality and the realisation that all goals will not be achieved. Jaques refers to Freud's (1915) metaphor of death having been 'shelved' until midlife. He illustrates this sense of finality by referring to a 36 year-old patient of his:

"He began his adjustment to the fact that he would not be able to accomplish in the span of a single lifetime everything he had desired… Much would have to remain unfinished and unrealized."   *(Jaques, 1965, p.4)*

Jaques also uses the interesting metaphor of entering a 'cul-de-sac' which forces the individual to look back on the past and assimilate it with the present and a time-limited future. However, Jaques also acknowledged the more positive aspects of midlife in terms of a renewed sense of creativity and serenity which ensues, with which one accepts the inevitability of death, 'resigned but not defeated' (1965, p.9). Jaques presents a full and rich description of midlife, encompassing themes of growth, fulfilment, evaluation, but also loss, ageing and time. He poignantly illustrates the dichotomous nature of this life stage – the idea of having reached a peak in one's sense of growth and fulfillment, while also recognising the possible decline ahead as one enters old age. He also highlights the recognition that one's time is limited to achieve one's goals, and that death is inevitable. This profound duality of the midlife experience re-occurs in the theories of Erikson (1980) and Neugarten (1988) described above, and also Levinson's (1978), which will be discussed below.

Daniel Levinson (1920-1994)

Another researcher who also refers to a midlife crisis is Daniel Levinson. In 1969, Levinson conducted a seminal study based on interviews with 40 male participants, aged 35-45, entitled, 'Seasons of a Man's Life'. In this, he identifies various 'structure building' and 'structure changing' phases that constitute universal preoccupations governing the individual across the lifespan; for example, Levinson found that 80% of his sample seemed to have experienced a 'midlife crisis', which he defines as the individual's realisation of and last attempt at addressing the incongruence between life ambitions and present reality. Levinson describes four polarities that occur around this time and form the midlife individuation process: the Young/Old polarity refers to the need to integrate aspects of the young self and

relinquish others in order to create a mature "older" individual (1978, 210); the Destruction/ Creativity polarity concerns a preoccupation with death, prompted by the death of close family members and friends, or one's own ailments. The opposite side of this is a sense of creativity, which is akin to Jaques' (1965) view of a surge of creativity during the middle years. The Masculine/ Feminine polarity refers to the acceptance of both gendered parts of self, and the Attachment/ Separation polarity regards the need to strengthen attachments with others and the environment, while at the same time exploring one's inner world of imagination and reflection. By focusing on the self, one builds one's connections to the world, in the same sense of Erikson's (1980) idea of generativity and using one's own talents and skills for the development of others.

In agreement with Jaques, Levinson also presents midlife as being a complex period during which various realisations concerning ageing and the limitations of time have to be reconciled; however, unlike Jaques, Levinson appears to highlight a more positive picture of this life stage, with the idea of integration of the different aspects of self, and that the young self does not have to be completely relinquished.

Levinson was one of the first researchers to consider sociocultural and historical influences on one's experience of the developmental process. This lay the foundations for future developments of life span theories. Of particular interest is that Levinson believed that the majority of women and men, regardless of culture, transition through these developmental stages at the same time. This view of universality of certain experiences is inherent in any developmental theory and is typically accused of ethno- and eurocentrism. However, while the external validity of Levinson's work can be questioned, evidence in support of aspects of these theories continues to be found. An interesting example of sociocultural influences on

what is perceived as 'success' in midlife was a qualitative study by DeVries, Kerrick and Oetlinger (2007), which took place in the U.S. They found that the midlife parent's wellbeing was moderated by the extent to which their children had met societal expectations, as they saw it as indicative of their own capabilities as parents. It can be seen, therefore, that while developmental theories can be critiqued on their normative assumptions across culture and time, there are elements of these theories that find contemporary relevance. The next section describes common themes of midlife emanating from these theories, the presence of which are measured in the present study.

2.4.2 Themes Associated with Midlife

Growth and Decline

One predominant theme that emerges from the above-named theories is one of *growth and decline*: Erikson's (1980) idea of generativity emphasises the psychological development (or growth) achieved through sharing one's knowledge and experience with a younger generation. In so doing, one avoids the disconnection and decline associated with the inactivity of stagnation. Similarly, Neugarten's (1988) description of midlife could be said to present growth, as this life stage brings 'increased freedom' and a 'satisfying change in self-concept' (p.143). In the same way, Jaques (1965) describes midlife as 'the prime of life, the stage of fulfillment' (p.506). However, decline is also anticipated: Jaques (1965) reminds us that this fulfillment is time-limited and Levinson's (1969) 'midlife crisis' is about the realisation and acceptance that not all of life's goals will be achieved, as the opportunities for such decline with increasing age. Gail Sheehy (1996) also describes being on the 'precipice' of life, where the view can be 'panoramic' and

'breathtaking', but also having to face the inevitable decline on the other side (1996, p.165). Evidence for this theme of growth and decline can also be gained from empirical studies, which are referred to in Section 2.6.2.

Facing One's Own Mortality

A second theme that emerges from the above developmental theories is *facing one's own mortality,* and linked to this, the passing of time. This can be seen in Neugarten's (1988) 'time left to live' (p.146); Jaques' (1965) 'shelving' of death until Midlife, where one enters a 'cul-de-sac', and Levinson's (1978) Destruction/Creativity polarity, whereby, by creating, something is given life. In a similar way, Erikson's (1980) idea of generativity could be said to represent the passing on of a legacy to the younger generation, so as to be symbolically immortalised.

The passing of time is also more obviously noted through the observation of the aging of those around us; for example, Cartensen, Isaacowitz and Charles (1999) note how discrete events, such as christenings, weddings, and funerals unconsciously prime us for our own ageing. However, it is at midlife that we typically encounter 'life accident[s]' (Sheehy, 1996, p.165), such as the death of loved ones, or health issues, which serve as reminders of one's own mortality, and might make one feel unsettled and unprepared for death.

Midlife can thus be seen as a complex fusion of internal themes and external events, which, it is argued in this thesis, interact with key familial relationships, and have an effect on parental psychological wellbeing. As midlife has been identified in various

ways in psychological literature – from chronological age to the age of one's children, or the experience of certain events, the next section explores these definitions and defines its usage in this present study.

2.4.3 Defining the Age of Midlife

The authors mentioned above have typically defined midlife in terms of chronological age. Other authors have done the same, showing general overlap, but also slight variation in the ages used to define this life stage; e.g. Colarusso and Nemiroff (1985) borrowed from Erikson's (1963) conceptualisation of three stages of adulthood, starting with the midlife transition at ages 40-45, and ending with the late adulthood transition from 60-65. In the MIDUS (Midlife in the United States) national longitudinal study (Brim, Ryff, & Kessler, 2004), participants thought midlife to be between the ages of 44 ($SD = 6.15$) and 59 ($SD = 7.46$), which is consistent with other definitions of midlife being conceived of as between 40 and 60 (Lachman, 2004).

More recently, the age range for midlife research has started to increase, possibly reflecting the increase in life expectancy, which has led to later childbirth and the postponement and reconfiguration of events such as marriage and retirement. Midlife in parents often considers the age of the firstborn child, typically at adolescence; for example, Meyer (1996) defines midlife parenthood as the ages of 35-64 in the parent, and a child under 18 living at home. Similarly, Fadjukoff, Pulkkinen, Lyyra, and Kokko (2016) in their longitudinal study of parental identity and its relation to parenting and psychological functioning in middle age had a sample of 162 Finnish participants aged 36-50, with a child in the adolescent

transition at first assessment. A slightly longer age range was used by Marks (1996) in her study of American midlife parents. She regarded middle age as 35-64 year olds, with the majority (73.8%) of fathers and (60.8%) of mothers in the 35-44 age range category having an eldest child 18 years and under.

A different definition is provided by Neugarten (1968), who found that people judge the timing of midlife according to socio-culturally timed life events. Those who are 'on time' with 'age-appropriate' behaviour are less likely to suffer from stress than those who are 'off time', according to socio-cultural expectations. Neugarten thus defines midlife in terms of the timing of expected life events within a given society, rather than chronological age. Midlife may, therefore, be defined in various ways, namely in terms of familial roles, co-occurrence of life events, and life experience (Lachman, 2004), or can be based on the age of the parent, the age of the child, or the age of the parent and child simultaneously (Ryff and Seltzer, 1996).

A key methodological and conceptual issue in this research, therefore, was how to define midlife in the present study. For practical purposes, an age range for participants had to be decided upon. According to the latest report from the Office for National Statistics (ONS, 2016), life spans have generally been increasing over the last thirty years, with the average life expectancy in the UK from 2013-2015 being 85 for men and 89 for women (ONS, 2016), which would suggest that midlife is from around 40 years. The extant literature typically defines this period as between 40-60 years. Taking these two points into account, this present study defines midlife as being between 40-65 years.

However, in addition to the numerical definition of midlife in terms of age, this present study also defines midlife in terms of 'a state of mind' (Neugarten, 1988, p.136), which affects the person's self-perception and management strategies. Various questions have thus been included in the design of the study regarding the meaning of midlife, based on the two key themes of *growth and decline*, and *facing one's own mortality*, as described in Section 2.4.2, which add depth to the standardised measures of wellbeing used.

2.5 Psychological Wellbeing

2.5.1 Defining Psychological Wellbeing

The other major concept that is explored in this thesis is that of psychological wellbeing. As mentioned on page xii, while wellbeing can also constitute physical elements, only psychological aspects (including emotive and cognitive elements) are referred to in this thesis. Wellbeing has been defined in numerous ways in the literature; for example, Mitchell (2010) and Galambos, Fang, Krahn, Johnson, and Lachman (2015) included midlifers in their samples and operationalised wellbeing in terms of just one item, namely 'happiness'. Keyes (2002) used a wider definition of wellbeing in his study of 'languishing' and 'flourishing' in non-clinical samples of midlifers, which included measures of self- esteem (RSE, Rosenberg, 1979) and satisfaction with life (SWLS, Diener et al, 1985), as well depression, anxiety, and stress (DASS-21, Lovibond & Lovibond, 1995). A still wider definition of midlife was used in Luthar and Ciciolla's (2016) investigation of wellbeing in mothers of children at different developmental stages. They incorporated feelings in the parental role as well as personal wellbeing into the definition and used various measures of 'maternal adjustment', 'parenting experiences' and 'perceptions of child'; for example, maternal adjustment was made up of measures of anxiety, depression,

emptiness, fulfillment, loneliness, and life satisfaction; 'parenting experiences' included satisfaction with parenting, parenting guilt, parenting role overload, and rejection of the child, and 'perceptions of child' included measures of the child's maladjustment. These broader definitions allow for a fuller description of wellbeing, incorporating both cognitive and emotive elements, as well as contextual features; when using a sample consisting of parents, they also recognise the contribution of feelings within one's parental role to overall wellbeing. Both cognitive and emotive elements of wellbeing are particularly applicable to midlife, as this life stage has often been associated with reappraisal of oneself and one's life choices (DeVries et al, 2007), the pondering of which can have affective consequences. For this reason, in the current study, the same five measures of wellbeing as Keyes (2002) are used, in order to provide a more comprehensive measure than the one-item component used by the authors previously mentioned. In addition, as in Luthar and Ciciolla's (2016) study of wellbeing in mothers of differing (firstborn or exclusive) child ages, questions with regard to satisfaction in the parenting role and the parent-child relationship are also included, to ascertain their relevance to wellbeing.

Wellbeing has been used throughout this thesis to describe one's psychological state, with both emotional as well as cognitive components. In line with Johnstone's (2016) critique of the term, 'mental illness', a medical definition of psychological functioning has sought to be avoided, and where necessary, the word 'distress', rather than 'illness' has been used to connote less than optimal functioning. Wellbeing in this thesis is viewed on a continuum between subjective feelings of heightened wellness at one end, and extreme distress at the other. Importantly, however, within counselling psychology, it is recognised that the client themselves is being treated, in adherence to their own unique experience of the world, rather than a

label that has been imposed upon them. In keeping with this philosophy, while quantitative, standardised measures have been used, their numerical value is used only as a guideline to the degree of wellbeing or distress experienced, allowing a useful means of comparison across the sample. The category labels associated with these measures that have been applied to functioning, namely 'normal', 'severe', etc. have therefore been purposefully omitted. This is because it is recognised in this thesis that the boundaries of 'normality' and 'illness', as imposed by the medical profession, are not supported by robust scientific evidence. Instead, it is argued that wellbeing in any given person, at any given time, is subject to 'normal individual variation' (Jarrett, 2011). One of the factors affecting variation in wellbeing, often in conjunction with other variables, is age, which will be discussed in the following section.

2.5.2 Psychological Wellbeing and Age

The effects of ageing on psychological wellbeing have been measured in various ways. One of the few studies to investigate the relationship of age to positive affect, which included people in midlife, was conducted by Galambos et al (2015). They used a longitudinal study to track happiness trajectories in a high school graduate sample of 18-43 year olds and 23-37 year old university graduates. They took measures of happiness from questionnaires and telephone surveys across seven waves (varying in time intervals) over 25 years and found that in the 18-43 year old high school sample, happiness increased from age 18 to the early 30s and then lowered slightly by the early 40s. In the university sample, happiness increased to age 37. Women were also found to be happier than men in both samples, which supported the findings from a previous sample of 24,118 U.S. residents (Subramanian, Kim, & Kawachi, 2005).

Galambos et al's (2015) study painted a relatively positive picture of midlife, showing an upward trend of happiness into midlife years, consistent with Lachman, Teshale and Agrigoroaei's (2015) positive findings. This was in contrast to previous research (Blanchflower & Oswald, 2008) which showed that happiness peaks in the late teens and early 20s and then reaches its lowest point at midlife. The authors (Lachman et al, 2015) attribute the difference in findings to the use of longitudinal as opposed to cross-sectional designs. Both designs are a useful means of investigating particular behaviours: cross-sectional designs provide a snapshot of behaviour at any given time and place, thus forming a valuable basis for further research; while longitudinal designs are more sensitive to intraindividual changes, which accounted for two-thirds of the variation in happiness levels in Galambos et al's (2015) study. What these longitudinal studies into midlife have revealed, as pointed out by Lachman et al (2015), is that the relationship between affect and age is complex, as there are a multitude of interacting sociodemographic and contextual factors that can have an effect on wellbeing as one ages. One such factor that has been linked to parental wellbeing and child age is parental sense of competence, which will be turned to in the following section.

2.6 Parenting and Psychological Wellbeing

2.6.1 Parental Sense of Competence

Parental sense of competence (PSOC) has been found to be indirectly associated with parental wellbeing; for example, Mitchell (2010) showed that how a child 'turns out' can be seen as a reflection of the parent's own ability to fulfil their parenting role and, therefore, a predictor of happiness. From the research mentioned several times in this thesis on the self-evaluative themes of midlife, it can be seen how a

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sense of competence in one's parenting role might be of particular relevance at midlife. This is especially so if one's firstborn is in adolescence, as their identity as an emerging adult, to which the parent has knowingly contributed, is being formulated. How they are 'turning out' (Mitchell, 2010) is therefore becoming more prevalent.

Various definitions of PSOC exist in psychological literature. Sabatelli and Waldron (1995) include both objective and subjective elements in their definition: the objective definition relates to judgements made by external sources as to whether a parent meets societal norms for expected parental behaviour; the subjective element relates to a parent's own assessment of their performance, relative to their expectations. The authors state, 'Competent parents are those who favourably evaluate their performance' (p.978). A later definition by Sanders, Markie-Dadds and Turner (2003) mentions more specific aspects of the parenting role, based around the ability to self-regulate, monitor their own and their child's behaviour, select goals, implement strategies and evaluate the effectiveness of their parenting behaviours. A slightly later definition by De Montigny and Lacharite (2005) uses objective measurement and defines it as 'judgements that others hold about the parent's abilities' (p.391), while attention turns back to the child in Jones and Prinz's (2005) more general approach, where they refer to 'parenting behaviours, skills and strategies that have been considered to promote positive and adaptive child development outcomes' (p.346). Thus, it can be seen, that parental competence can refer to appraisal of one's own parenting abilities, appraisal in relation to effects on the child, and also appraisal by others, which are shaped by societal and cultural norms. It is argued in this thesis that these themes of appraisal, with their personal and social aspects, interact uniquely with the personal and social aspects of appraisal

associated with midlife, carrying increased significance at this life stage. Furthermore, given the significance of a parenting role amongst other roles played, the results of this appraisal have an impact on wellbeing.

A study which addressed PSOC when parenting an adolescent (as well as children of other ages) was conducted by Ballenski and Cook (1982). They studied 157 mothers with a firstborn child either in infancy, toddlerhood, preschool, school-age, or adolescence. (The age ranges of the mothers were not stated.) Through the use of questionnaires, participants were asked to rate their degree of comfort (from 1 - "always comfortable" to 6 – "never comfortable") with performing developmental tasks associated with each life stage. They found that mean ratings for mothers of infants all fell within the 'often', 'usually comfortable', or 'always comfortable' categories, and these tasks centred around physical care of the child. Mothers of toddlers showed more diversity in their responses, which ranged from 1.3 ("helping your child learn to talk") at the top end of the scale, to 3.0 ("accomplishing toilet training"). Mothers of pre-schoolers felt the most competent in their roles out of all the groups, with ratings from 1.4 ("helping your children learn numbers and letters") to 2.5 ("finding a comfortable method of disciplining your child"). Mothers of adolescents, however, had the largest percentage of responses in the less comfortable half of the response spectrum. Key areas that caused discomfort among mothers of this age group were to do with moodiness (47% felt discomfort) and discipline (40% felt discomfort).

One aspect of PSOC that has been widely researched is self-efficacy. Bandura (1982,1997) first coined the term, and describes it as the belief that one has the ability to achieve successful outcomes in a certain area of one's life (Bandura, 1982).

In relation to parental self-efficacy (PSE), as the name implies, this relates to a parent's perception of their ability to parent successfully (Jones & Prinz, 2005). In a Dutch longitudinal study of first-time mothers, Kunseler, Willemen, Oosterman, and Schuengel (2014) showed the relationship of PSE to parental mental health. They found that self-efficacy was both the result of parental mental health, and also predicted the development of mental health across the first year of motherhood. This finding was supported in a more recent study by Glatz and Buchanan (2015). They conducted a three-wave longitudinal study of 398 parents of children spanning early (11-12 years) to middle adolescence (14-15 years of age). Although parental self-efficacy (PSE) was generally high overall, PSE declined over the duration of the study. Of particular interest was that the quality of parent-child communication was a key predictor of PSE. What these studies demonstrate is that adolescent development can bring discomfort and a lowered sense of competence within the parent. Although the sample size in Ballenski and Cook's (1982) study was fairly small, the authors highlight the need for more support for parents of adolescent children in managing the effects of increased autonomy over this developmental period, the latter of which Wray-Lake et al (2010) highlight as a normative developmental process. The ages of the mothers are not specified in Ballenski and Cook's (1982) study; however, the mean age of the mothers in Glatz and Buchanan's (2015) study was 39.2 years ($SD = 5.5$) and 41.4 ($SD = 6.0$) for the fathers. Given that mothers of adolescents are often at midlife, these studies offer direct implications for the wellbeing of the parent: it is argued that, given the centrality of the parenting role in forming one's identity (Callero, 1985; Thoits, 1992), and the specific identity and appraisal issues of midlife, that the comfort or discomfort felt in the parent-child relationship will have an effect on parental wellbeing, and that the quality of the parent-child relationship will partly rest on the competence felt within

that role. The next section explores in more detail how the developmental themes of midlife might interact with those of adolescence.

2.6.2 Midlife Parenting and Psychological Wellbeing

2.6.2.1 The Midlife Parent/Adolescent Child Relationship

As mentioned in the Introduction, midlife is often the first time one becomes more consciously aware of the ageing process and the threat of physical decline. In contrast, adolescence is a time of both physical and intellectual growth. It is this coexistence and yet inbalance between adolescence and senescence, which Levinson (1978) describes as being at opposite ends of the growth and fertility cycle. While the physical signs of puberty are obvious and more temporally defined, those of middle age, e.g. menopause, can last up to ten years, and vary in their expression and severity, thus making these changes difficult to identify. In the same way, men at midlife can also experience changes in their reproductive potential, as, although not solely biologically determined, middle age is a time with increased risk of impotence (National Health Service [NHS], 2016). For mothers and fathers at this life stage, it may be difficult to reconcile the uncertainty surrounding these changes when faced with opposing, but more defined, similar changes in the adolescent child. Mercer, Nichols, and Doyle (1989) describe this interaction as the triggering of unresolved adolescent themes in the midlife parent, which come to a peak when parenting an adolescent. This unacknowledged contradiction may lead to increased rumination and have a more profound effect at midlife, possibly affecting the parent's overall wellbeing.

In addition to biological changes, Marks (1996) points out that, at midlife, there are certain life events concerning the adolescent child that typically occur and can affect

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parental wellbeing; for example, Chang (2012) investigated parenting satisfaction in midlife mothers, who were either Chinese-American or European-American, and had a college-enrolled child who was leaving home. Chang found that, for both cultures, when these life events are perceived as stressful, they have an impact on the quality of the relationship between midlife parents and their children and can have a detrimental effect on parental wellbeing.

Within adolescence, there could be said to be heightened consequences with the life events that typically occur at this life stage, compared to late childhood; for example, beginning secondary school, entering puberty, embarking on romantic relationships, and public examinations. The perceived 'success' of the child as the family navigates its way through these transitions has been shown to affect parental wellbeing (DeVries et al, 2007) and is a predictor of happiness (Mitchell, 2010). Not only that, but the adolescent child emerges into adulthood at a time associated with reappraisal and questioning of one's life situation, life choices, and oneself (Bolger et al, 1989; Silverberg & Steinberg, 1990). It is understandable, therefore, that the perceived 'success' of the child and the quality of the parent-child relationship may play a key part in the wellbeing of the parent. It is this kind of interaction between parent and child, fuelled by the life stage of each, that is the focus of this study.

Several authors (e.g. Baruch, Barnett, & Rivers, 1983; Farrell & Rosenberg, 1981) have suggested an important interaction between the increased psychological concerns and reappraisals significant of midlife with the presence in the home of adolescent children. The majority of the literature in this area has focused particularly on the challenges associated with the adolescent transition, typically 10-14 year olds (e.g. Silverberg & Steinberg, 1987, 1990). Steinberg and Steinberg

(1994) found that around 40% of parents studied had experienced at least two of the following over the family's transition into adolescence: lowered self-esteem, diminished life satisfaction, increased anxiety and depression, and more frequent rumination about midlife. However, the authors also found that one-fifth of their sample reported an improvement in their mental health at midlife. While there are a multitude of factors that could have affected the parents' wellbeing in this sample, what the findings illustrate is the significance of midlife parenting in terms of parental wellbeing, particularly when parenting a child in the adolescent transition.

The interplay between developmental factors in both the parent and child which affect parental wellbeing was also outlined in an earlier study by Silverberg & Steinberg (1990) when investigating psychological wellbeing in parents of early adolescent children. The authors used interviews and questionnaires to study psychological wellbeing among 129 families from the U.S. with a firstborn child between the ages of 10 and 15. Average age of mothers was 38 years (*SD*=4), and 40 years in fathers (*SD*=5). They found that for parents with a weak work-role orientation, (as measured by 7 and 8 item Likert-type questions, for men and women respectively, regarding attitudes to work), signs of adolescent development, (pubertal maturation, heterosocial involvement, and social-cognitive development), were negatively associated with wellbeing. For parents with a relatively strong work-role orientation, signs of adolescent development were positively related to wellbeing. Parents fared worse in terms of psychological adjustment when their firstborn child was of the same sex; i.e. fathers and sons, and mothers and daughters. Also, mothers reported higher midlife identity concerns when their daughters were more physically developed. One reason for the lowered wellbeing in parents identified by the authors

in their book, 'Crossing Paths' (1994), which brings together findings from their various studies (Steinberg, 1981, 1987, 1990) was that of comparison: parents who felt their child was more like them, especially in terms of reminding them of their own "failures" when they were of the same age, (1994, p.229) tended to experience the most conflict in the parent-child relationship.

One parent in the same (1994) book stated, "My 'fun line' is heading downward,…And his [adolescent son] is heading up" (1994, p.89). Here we see the comparative feeling of decline previously mentioned, in contrast to the positive growth perceived in the adolescent son. This feeling of comparative decline is reiterated by another of Steinberg & Steinberg's (1994) participants: "It was difficult enough to face middle age and all its attendant side effects. But to face them alongside Adonis or Venus was absolutely excruciating" (1994, p.51). It appeared that as men and women became increasingly aware of their own insecurities in these areas, they also had to witness the contrary blossoming of these same areas in their own children. It was the negotiation of these feelings that was proving the most difficult. Themes such as suffocation versus neglect and loss versus freedom were also emerging, where the varying and sometimes clashing needs of adolescence and middle adulthood were being highlighted.

A more recent key study which investigated the role of child age and parent-child relationship quality on parental wellbeing was conducted by Nomaguchi (2012). 6228 participants completed a survey measuring depression, global happiness, self-esteem, self-efficacy, and parental satisfaction with the oldest child. The survey included questions on parents' experiences of the relationship with each of their children. Nomaguchi found that parents reported higher levels of satisfaction in their parent-child relationship and higher levels of self-esteem when the oldest child was

aged under five, as opposed to school age (5-11 years), adolescent (12-17 years), or young adult (18-22 years). Interestingly, a relationship was found between satisfaction and self-efficacy, and higher levels of depression were found in parents with an oldest child of school age or adolescence. A negative relationship was found between levels of parental satisfaction in the relationship with the oldest child and levels of depression. When parenting satisfaction was controlled for, however, no differences were found in parental depression, self-esteem, or self-efficacy between the different child ages, showing that parental satisfaction in the relationship was a key determiner of wellbeing. Although the age range of parents in this study was very wide (16-76 years), the average age of participants was 37.81 ($SD = 9.89$), thus being close to the age range used in the present study.

Similarly, the parent-child relationship and its effects on parental wellbeing was also investigated by Luthar and Ciciolla (2016). The researchers were interested in whether the infancy and middle school years were especially challenging compared to adult years, as measured by negative and positive indices of mothers' personal adjustment, feelings in the parenting role, and perceptions of their children. A sample of 2,247 American women completed an online questionnaire which measured maternal adjustment, defined by measures of anxiety, depression, stress, emptiness, fulfilment, and life satisfaction. The women were aged 21-61+ years (no *Ms* or *SD*s were provided). Through multivariate analyses, the authors found that parents with children in middle school (11-14 years) showed the highest levels of maternal distress and lowest levels of maternal wellbeing across the different child developmental stages. Interestingly, these differences were only significant for the measure of parenting satisfaction, showing again the importance of parental satisfaction in parental wellbeing. It must be borne in mind, however, that there was

a wide range of sample sizes in each child age group (64-456), with the lowest sample size (64) being the parents with a child in middle school; therefore, the findings might not be representative of other parents with a child of this age. The findings do support, however, those of previous research (Glatz & Buchanan, 2015; Nomaguchi, 2012; Silverberg & Steinberg, 1990) where the adolescent transition has been shown to be particularly demanding for parents. What the above studies all reinforce is Umberson et al's (2010) finding of the need to consider the psychological consequences of parenting on the parent.

On the other hand, midlife has also been associated with an improvement in mental health (Steinberg and Steinberg, 1994), and a sense of life satisfaction and optimism for achieving goals, growth or improvement (Lachman et al, 2008). This positivity effect aids in emotion regulation (Carstensen & Mikels, 2005; Stone, Schwartz, Broderick, & Deaton, 2010) and so may mitigate the stresses of parenting at this life stage. It is this combination of increased strengths, as well as vulnerabilities, at midlife that make this a pivotal time for development, especially in the key role of parent.

As many of the studies mentioned in this section have taken place in the U.S., it is questionable whether the same findings would be found elsewhere. European studies appear to paint a different picture: a Dutch quantitative study by Dekovic (1999) into conflict in the parent-child relationship found low levels of conflict overall between midlife parents and their adolescent sons and daughters, and no differences between early, middle and late adolescence. The amount of conflict, and also the quality of the parent-adolescent relationship, predicted PSOC (from the parent's perspective).

Furthermore, a negative relationship was found between level of conflict and parental wellbeing. One reason suggested by the authors for the relatively low level of conflict was that the sample were Dutch, and from a mixture of socio-economic and educational backgrounds, unlike previous studies which had consisted of White, middle-class Americans. The results may be indicative, therefore, of cultural differences in child-rearing practices, possibly involving higher levels of tolerance among Dutch parents. If this is the case, then further research is needed to compare the socio-cultural and economic factors affecting the parent-child relationship cross-culturally, and their effects on parental wellbeing. Additionally, the author suggests that the effect of parent-child conflict on parental wellbeing may be due to the finding that parents of adolescents view the developing independence of the child as a threat to the family system (Smetana, 1991) and may experience a sense of loss and lowered importance when their child challenges their views. Also, Dekovic (1999) acknowledges that parental wellbeing may also be affected by other issues, namely the life stage of midlife, as this has been associated with reappraisal and questioning of life choices, and oneself (Bolger, Delongis, Kessler, and Wethington, 1989; Silverberg and Steinberg, 1990).

Another European study of midlife parents and adolescent children which addressed similar areas and was key to the present study was conducted by Kerestes, Brkovic, and Jagodic (2012). They studied 321 couples from Zagreb, Croatia, with adolescent children. Participants completed questionnaires measuring psychological wellbeing, self-perceived changes related to middle age, marital (partnership) satisfaction, parent-child conflict, parents' general life stress, and perceived social support. Mothers' mean age was 40.66 years and fathers was 43.72 years (*SD*s were not stated.) Overall, for both mothers and fathers, lower estimations of physical and

cognitive functioning related to midlife changes were significant predictors of psychological wellbeing. Mothers reported lower levels of marital satisfaction and perceived their lives to be less purposeful than fathers. They also had higher levels of stress and frequency of conflict with the target child, but also higher levels of support. Overall, mothers and fathers who perceived higher levels of stress and lower social support reported lower levels of psychological wellbeing. In addition, higher levels of perceived midlife changes were related to lower levels of wellbeing, including poorer relations with others and less favourable evaluations of themselves and their lives.

Both studies (Dekovic, 1999, and Kerestes et al, 2012) show the importance of considering personal adjustments to midlife alongside the demands of parenting, and how these factors may interact with the parent's perceived coping strategies. The authors suggest that parents' perceptions of the physical and cognitive changes associated with midlife had a direct impact on their perceptions of other aspects of their lives, including their relationships with their children, their partners and work relationships, as well as their own feelings of personal fulfillment. The authors go on to highlight the particular relevance when parenting an adolescent, as the latter life stage could be said to be opposite in cognitive, physical and emotional changes to those experienced at midlife; for example, as work and relationship opportunities for the adolescent increase, opportunities for such may be regarded as more tentative as one ages. These findings lend support to the concept that perceptions of developmental changes associated with midlife and their contrary presentation at adolescence may be key to a parent's wellbeing at this life stage, and so warrant further investigation (Freund and Ritter, 2009; Lachman, 2004; Steinberg and Silk, 2002).

The significance of these findings shows that sensitive issues relevant to the field of counselling psychology, such as the impact of physical, emotional, cognitive and social changes associated with midlife, can be effectively explored using a quantitative methodology. The particular interaction of midlife with adolescence was also highlighted by the authors, and the need for further exploration.

It appears, therefore, that midlife concerns in parents, such as (un)conscious comparison between their own physical decline and the contrary physical blossoming of their pubertal child, may be affecting the wellbeing of the parent. While midlife appears to bring concerns for both men and women in terms of the ageing process, there also appear to be subtle differences between the sexes, which may have differential effects on how mothers and fathers respond to their developing adolescent child. The next section will explore the evidence for this in more detail.

2.6.2.2 Psychological Wellbeing in Midlife Parents: Gender Differences

Over twenty years ago, Levinson (1996) described the differential impact of societal expectations as 'gender splitting'. He summarised it as, 'Working mothers are doing it all but not having it all.' (Levinson, 1996, p.417). This still appears to be relevant to the modern day midlife mother, given the multiple demands put upon her by family responsibilities and biological changes, in addition to any work outside of the home. In the Kerestes et al (2012) study mentioned above, gender differences in parents were also found, with mothers reporting concern over decline in physical looks, while fathers were more concerned with the quality of their marital relationship. Mothers also felt that their lives were less purposeful than fathers, and that they experienced higher stress, higher conflict, but increased support.

This dissatisfaction in midlife mothers was also shown in a study by Larson and Richards (1994). In their study, mothers of adolescent children reported more positive states when at work compared to the home, for home was associated with feeling less interest, less skill and less absorbed attention, and this low affect spread to other activities in the home, including leisure activities. Those women who were full-time homemakers showed the lowest emotional states overall, which was consistent with previous findings where women were found to be more depressed at home (Repetti, Matthews, & Waldron, 1989). In contrast, fathers reported more positive states when at home than at work, as they viewed home as a place of relaxation. The authors state that these differences may have been due to perceived inequality in division of household chores, due to the many demands of midlife parenting on the working mother.

The importance of support in mitigating the demands put upon midlife mothers was also demonstrated in a recent qualitative study by Morgan, Merrell, and Rentschler, (2015). They used a hermeneutic phenomenological method to explore the experiences of first-time mothers aged 45-56 years in the U.S. Thirteen women, aged 39-47 when they had their first child, took part in two in-depth interviews which asked mothers open-ended questions about their experiences as first-time mothers, and also their experiences of transitioning to menopause. Four key themes emerged from the data: First-Time Motherhood at Midlife; Intensive Mothering; Out of Sync, and Perimenopause as a State of Uncertainty. The study highlighted the discrepancy between mothers' expectations prenatally and the realities of motherhood. Having successfully navigated the challenges of work and built successful careers, even planning motherhood within a certain timeframe, the majority of the women felt 'unprepared' for the uncontrollability of motherhood, and the personal, practical and

inter-relational changes that ensued. This issue was raised in a paper by Carolan (2005) where she describes the "anxieties and struggles" of older first time mothers as "unusually poignant" (p.781), which demonstrates the need for further research into parents of this age group, particularly those who are first-time mothers.

While this study (Morgan et al, 2015) provides useful insight into the lived experience of mothering for older first-time mothers, what is not considered by the authors is that the malaise experienced by the mothers, which the authors attribute to unmet expectations of motherhood, may actually be fuelled by the midlife themes mentioned in this thesis. These might be interacting with the mothers' sense of accomplishment and fulfillment; for example, re-appraisal of oneself and one's situation, the 'time-left-to-live' (Neugarten, 1968, 97) and the need to 'do things properly' (Carolan, 2005). Further exploration is needed to throw more light into the interaction of these midlife themes with parenting.

Another difference between men and women at midlife is the possible effect of the menopause. Much research has highlighted the link made in society between fertility and female attractiveness. Examples of this come from anthropological studies: diverse cultural perspectives on midlife women are described in Virginia Kern's and Judith Brown's (1991) book, 'In Her Prime: New Views of Middle-Aged Women'. In the Introduction, Karen Sacks describes how 'Age bias combined with male bias has left women little space between youth and uselessness' (p.1). This concept could be linked to the feeling of social 'invisibility' experienced by the European-American women in Kawaga-Singer et al's (2002) U.S. study of 80 women aged 40 to 70. In contrast, the Japanese-American women (in the same study) felt more positive about reaching menopause than the European-Americans, as they felt

relieved at having "graduated from womanhood", and so enjoyed a higher social status. All women in the study viewed menopause as signalling major changes in their lives, physically and emotionally, which reminded them of their own mortality. However, while all women shared ambivalent feelings about ageing, overall, they also felt an increased sense of self-worth, and generally better than they had ever felt before.

While Kawaga- Singer et al's (2002) study only addressed two ethnic groups within the U.S. and had a small sample size for each, it highlighted the similarities of experience in the transition to midlife, namely the presence of positive factors (deeper sense of self and self-worth) as well as negative associations (heightened sense of one's own mortality and possible physical decline), but also the interaction of social and cultural attitudes that shape its interpretation. Kaufert and Lock (1997) also noted the importance of fertility in certain cultures and how cultural expectations and perceptions of fertile versus aged women can mediate midlife experiences. While this research has shown the effect of the menopause on women from various cultures, it is also important to explore the influence this might have on wellbeing, and what factors might mediate the midlife experience for men.

Certain studies above mention unequal division of household chores as being directly related to wellbeing in midlife mothers. It is also possible, however, in line with this thesis, that the driver for feelings of malaise might be the influence of midlife concerns that interact with significant relationships and make interactions that much more meaningful than at previous life stages, thus affecting wellbeing. At a time when one is more reflective of one's accomplishments and what lies ahead, this might have particular meaning for the midlife parent, particularly mothers, who, as the authors acknowledge, still tend to spend more time with their child than

fathers. Further research is needed to unravel the nuances of midlife concerns and how these interact with the parent-child relationship.

Another point to consider with all the above studies is their cultural validity: the majority of studies took place in the U.S., and so their findings and implications regarding the midlife parent-adolescent child relationship may not be applicable to other countries. It is interesting to note, therefore, the more recent Kerestes et al (2012) study mentioned above, which took place in Europe (Croatia), and concluded that individual differences in psychological wellbeing of adolescents' parents may be more attributable to self-perceived midlife changes (mothers) and marital satisfaction (fathers) than to perceived level of parent-adolescent conflict. It appears, therefore, that the changes associated with midlife may be different for mothers than for fathers, and that some may be of universal concern, at least among Western cultures. More research is needed, therefore, to investigate the role these concerns may play in the parent-child relationship, and their consequent effect on parental wellbeing.

Given that gender differences in midlife experiences and their possible effects on wellbeing is an area that has consistently raised questions in psychological research (e.g. Carr, 2004; Dekovic, 1999; Gersick and Kram, 2002; Silverberg and Steinberg, 1990; Smith and Howard, 2008), it has received little relative attention since. This may be due to the fact that when mothers and fathers are directly compared on various factors at midlife, differences are found, but these have often been non-significant, and so it is difficult to ascertain the exact nature of the interaction; for example, research has shown fathers to be in their prime at midlife, playing a more prominent role in adolescence than mothers, with their importance to their children being at a peak (Nydegger and Mitteness, 1996). This suggests that the father-child

relationship may also be at a peak at this time. The extent to which this would affect wellbeing may be related to the centrality of the parent-child relationship to the father's life. Another interesting finding by Schmutte and Ryff (1994) was that wellbeing in midlife mothers was closely linked to daughters' attainment, but wellbeing in midlife fathers showed no child gender differences. This may be due to the triggering of unresolved adolescent themes, as noted above (Mercer, Nichols, and Doyle, 1989), as the mother may be identifying with the daughter. While gender differences between parenting daughters as opposed to sons will not be explored in this thesis, research suggests the need to explore in more detail the significance of midlife concerns and the role they may be playing in the parent-child relationship. More research is also needed on how the nuances of midlife parenting may be affecting mothers and fathers differently.

The above research, both in terms of older developmental theories, and also more recent empirical studies, demonstrates various factors that affect the wellbeing of those at midlife, particularly midlife parents. They also show the need for more heightened awareness of the role of midlife, as a developmental stage, in interactions with key family relationships. While various factors have been identified that can affect parental wellbeing, other factors have been shown to provide protection and resilience against stresses in the midlife experience. It is these protective factors that will be turned to next.

2.6.2.3 Protection and Resilience Factors in Midlife Parenting

While midlife has been associated with increased awareness of ageing, mortality and time (Kleinberg, 1995), certain factors have been identified which provide protection and promote resilience against the challenges of this life stage; for example, social

support, physical exercise, positive beliefs, an engaged lifestyle, and a strong work-role identity (Kremen, Lachman, Pruessner, Sliwinski, & Wilson, 2012).

Martire et al (1998) found evidence for the significance of social support in increasing psychological wellbeing and a sense of competence in midlife mothers. Through the use of questionnaires, they found that emotional support from key partner/s in the role of wife, mother, parent care provider or employee was related to a greater sense of mastery in that role. This was particularly the case for the roles of wife and mother, supporting findings mentioned previously of the significance of family interactions on the wellbeing of midlife parents, notably the mother. Interestingly, women who received the most emotional support from their husband or children experienced the highest levels of mastery in the relevant role, which had a direct effect on psychological wellbeing, including life satisfaction.

While it could be argued that emotional support in one's key roles is likely to have a positive effect on wellbeing at any age, this thesis posits that the role of support, and its relation to mastery and psychological wellbeing, is particularly salient at midlife. This is due to the self-reflection and reappraisal of oneself and one's life choices (DeVries et al, 2007), that have been found to permeate this life stage. The study made use of cross-sectional data. While this cannot account for individual differences within a relationship, or how a relationship changes over time, the findings of this study support those from longitudinal studies showing how emotional support is associated with lower levels of depressive symptoms (Pearlin, Lieberman, Menaghan, & Mullan, 1981). Therefore, while longitudinal studies are regarded as the sine qua non of experimental design for their ability to better account

for cause and effect, cross-sectional data provides a valid means of investigating factors affecting relationships within a family environment at any given time.

The study focused on women in the roles of wife, mother, daughter and employee, which were assumed to be common amongst the majority of midlife women. While this may be commonly the case in Western society, these findings may not be relevant to mothers who occupy fewer roles, and therefore whose psychosocial resources may be more limited (Baruch & Barnett, 1986; Thoits, 1983). In addition, 87% of the sample were Caucasian, lived with their husbands, and had an average of 14.6 years of education. They also had one child 25 years or younger living at home. These findings may not be generalisable, therefore, to fathers, non-White women, single mothers, or those with lower levels of education. Further research is needed that will extend the sample to include fathers as well as mothers, and parents who come from a range of ethnic, social and educational backgrounds.

Silverberg and Steinberg (1990) showed the importance of a strong work-role orientation in parents aged in their 30s-40s, to buffer the effects of parenting an adolescent. They concluded that having a commitment to activities outside of the home may serve as psychological protection against the tensions of a waning parental role, which had previously served greater significance in the family system. The role of work in promoting wellbeing in midlife parents was also supported by Larson and Richards (1994), mentioned previously, who found that mothers reported more positive states when at work than at home, with the opposite finding for men.

Both Silverberg and Steinberg's (1990) and Larson and Richards' (1994) studies used correlational data, and so the authors acknowledge that other factors may be at

play in affecting wellbeing, apart from the effects of a strong work-role itself; for example, in Larson and Richard's (1994) study, the authors suggest that the more beneficial outcomes of a strong work-role in terms of wellbeing for women could be due to perceived inequality in division of household chores. It is also possible, however, in line with this thesis, that homelife had less favourable outcomes for women than worklife due to the midlife themes triggered by interactions with the adolescent child, as the authors acknowledge that mothers tend to spend more time with their children than fathers. An example of this might be the increased propensity for debate over previously accepted family roles and routines, now that the cognitive skills of the child are more developed, which might seemingly conflict with the midlife parent's increased awareness of their own values. Having discussed the theoretical and empirical evidence in the background to the current study, the next section will address how the current study sits within a life course framework and the latter's suitability for consideration of a midlife parent-adolescent child investigation.

2.7 The Current Study

2.7.1 The Life Course Framework

Midlife can be viewed from various perspectives, but a life course framework encapsulates the key aspects of this study in that, as the name implies, midlife is related to both what precedes and also what follows this life stage (Neugarten, 1988). In addition, this framework views life stages as multilevel processes, which accommodates the backdrop to this study, namely, the psychosocial, emotional and cognitive themes associated with midlife. Also, the transitional nature of midlife through the life course and the key relationships captured within that transition can be effectively described in the following explanation of the life course as,

'the rhythmic and fluctuating pattern of human life over time, marked out by expected and unexpected life events and by interactions between the self and the environment'

Sugarman, 2010, 280.

Life-span developmental psychology came into its own in 1980 with a paper by Baltes, Reese, and Lipsitt. In the paper, this area of study was defined as 'concerned with the description, explanation, and modification (optimization) of developmental processes in the human life course from conception to death' (Baltes et al, 1980, p.66). Researchers are still developing our understanding of these individual concepts, but the life course perspective has come to be associated with the acknowledgement of the dynamism of the individual as they progress through life, and the intrapersonal and interpersonal factors that mediate their experiences.

Embedded into the work of counselling psychologists is an emphasis on developmental themes that permeate our lives and how the difficulties experienced by clients can often be understood in terms of normative human experiences (Woolfe, Strawbridge, Douglas, & Dryden, 2010). A life course perspective is therefore particularly relevant to a contemporary study of midlife within counselling psychology, as it highlights two opposing tensions that may be witnessed in clinical practice, what Biggs (2006) refers to as the 'mature' self and the 'young' self. The mature self evaluates their present position in terms of life satisfaction and time left for future goals, while the young self refers to how one feels inside, which can be in contrast to one's chronological age and outward appearance. These two selves are sometimes contradictory at midlife, leading to possible tensions within oneself, and the need to reconcile and accommodate the ageing process. The next section

addresses the strengths and limitations of adopting this framework to investigate midlife parenting and wellbeing.

2.7.2 Strengths and Limitations of a Life Course Framework

The life course framework is particularly appropriate for this study, and within the field of counselling psychology, as it provides a 'model of usefulness' (Mahrer, 2004) that can be drawn upon when working with midlife clients. Several authors (Baltes 1987; Elder, Johnson, & Crosnoe, 2003; Rutter, 1989; Shanahan, Hofer, & Miech, 2003) have identified overlapping themes that capture the life course framework and are relevant to the themes inherent in this thesis; for example, by viewing development as a lifelong process, the framework acknowledges that midlife involves both loss and gain. This theme is linked to the idea of *growth and decline* which was described in the earlier sections.

Seeing the individual within the context of their changing social world as a multilevel process (Baltes, 1987; Elder et al, 2003; Rutter, 1989; Shanahan et al, 2003) emphasises the systemic nature of the life course framework. Its focus on intergenerational lives and interdependency lends itself to considering the role of the therapist and the therapeutic relationship in client-therapist encounters. The life course framework also acknowledges that development is historically and culturally embedded and so the midlife themes identified in the literature may or may not be present in a UK sample. Whatever the outcome, the results allow us to gain an insight into which aspects of midlife and the parent-child relationship may be universal and which may be particular to a culture.

In addition, the framework embraces the concept of human agency and the possibility for change, placing it more on the free will side of the determinism debate. This is in keeping with the philosophy of counselling psychology, which encourages client self-empowerment (BPS, 2008). Research based on a life course framework has allowed for the identification of risk and protective factors, the knowledge of which can inform interventions (Hutchison, 2010). The presence of protective and resilience factors was measured in this present study. Lastly, a life course framework has implications for social justice, as it acknowledges the impact of power and privilege in society (Hutchison, 2010) and relates to societal views of midlife, such as the 'invisibility' (e.g. Kagawa-Singer et al, 2002) that Western women are reported to have experienced.

A central argument in this thesis is that midlife carries with it increased introspection surrounding themes of *growth and decline*, and *facing one's own mortality*, which can then interact with feelings in family relationships, particularly the parent-child relationship. (The prevalence of these themes in the current sample is addressed in Chapter 4.) Current psychological literature is only just starting to address this specific interaction (e.g. Lachman et al, 2015; Morgan et al, 2015). The life course framework is endemically linked to this thesis and it is proposed serves as an underlying force to the observations noted. Through its inherently biopsychosocial perspective, it encourages a more holistic view of human behaviour, which acknowledges the multiple levels of functioning that shape individual and social trajectories.

However, much research (e.g. Ryff and Seltzer, 1996) has highlighted the longevity and diversity of the midlife parenting experience and the need for acknowledgement

of the wide range of family constitutions typical of the Western world. With regard to this, the life course framework has been accused of being ethnocentric and only applicable to affluent, late industrial societies (Dannefer, 2003a, 2003b), given that the majority of our 'knowledge' is based on white, more affluent families living in the U.S. However, by being mindful of the different levels of agency (personal, proxy and collective) identified by Bandura (2006), and their differential emphases across cultures, the therapist can allay the concerns of cultural psychologists who question the applicability of the life course framework to collectivist societies (Markus and Kitayawa, 2003).

Some researchers may argue that the life course framework maintains segregation in that it focuses on all-inclusive age-related terminology to categorise people according to pre-conceived ideologies, concerns, or limitations, which goes against counselling psychology principles; for example, a counselling psychologist who advertises themselves as a specialist in adolescence, is assuming 'knowledge' of socially-held vulnerabilities within that age group. However, while the framework does provide theory to guide intervention, it also acknowledges the multidimensionality, multidirectionality, and plasticity (Baltes, 1987; Elder et al, 2003; Rutter, 1989; Shanahan et al, 2003) of human experience. In addition, many public organisations, including those in the healthcare professions, advertise and target their services through the use of life stages, so it might make the dissemination of research more publically accessible by keeping these terms. More recent research has developed the idea of the usefulness of themes rather than life stages to describe the sequential patterning of human experiences (Jacobs, 2006). This present study is an extension of this idea in that life stages are used for practicality, to identify a certain life period; however, the emphasis is on key themes associated with certain

transitions, that might happen to commonly occur within a certain age group in a given society. The continuing development of research from this perspective will allow it to become more fine-tuned to the diversity of experience that makes up parenthood at midlife, and the multitude of situations we may face as counselling psychologists.

2.7.3 Addressing The Gap In The Literature

The current study addresses the gap in the literature by acknowledging the possible impact of midlife issues on wellbeing, and their interaction with parenting, which, although previously suggested, studies have not explicitly addressed. Secondly, it acknowledges the cognitive, psychosocial and biological significance of midlife as a life stage, and its impact on our various roles, particularly its interaction with conflicting demands triggered by the life stage of the firstborn child. While studies have consistently mentioned the possible interaction of developmental themes in the parent with parenting (e.g. Fadjukoff, 2016; Lachman et al, 2015; Luthar & Ciciolla, 2016; Nomaguchi, 2012), this is the first study to ascertain the presence of midlife themes identified in the literature, and to explicitly consider their possible impact on the psychological wellbeing of midlife parents across different child life stages.

Thirdly, this study addresses the need to explore gender differences in the psychological wellbeing of parents, and includes the experiences of both mothers and fathers. Lastly, it investigates parental psychological wellbeing within a UK sample, as the relatively few studies that have been conducted on this topic have taken place largely in the U.S. (e.g. Larson & Richards, 1994; Martire et al, 1998; Morgan et al, 2015; Silverberg & Steinberg, 1990), and very few in Europe, other than Kerestes et al (2012) and Kunseler et al (2014).

In addition, it makes use of quantitative data, to allow for the investigation of commonalities of experience across a more diverse sample, in terms of education, socio-economic status, ethnicity, household setup and education level. In line with previous studies, cross-sectional data is used, as this provides an effective way of gaining a 'snapshot' of psychological functioning at any given time. This then paves the way for further research into a midlife population, which is currently under-studied, yet, due to heightened responsibilities at this life stage, plays a significant role in the family and community.

2.7.4 Aims and Research Questions

In summary, research has shown conflicting findings regarding psychological wellbeing in parents and the age of the child: the middle school age (11-14 years) has generally been shown to be a more challenging time for midlife parents (Glatz & Buchanan, 2015; Luthar & Ciciolla, 2016; Nomaguchi, 2012), with signs of maturational development being associated with poorer wellbeing in mother-daughter dyads (Silverberg & Steinberg, 1990). Other research from Europe, however, has shown there to be low levels of conflict when parenting an adolescent and no difference in wellbeing found between different periods of adolescence (Dekovic, 1999). As the latter study took place in the Netherlands, this may imply cultural differences in the parent-child relationship at midlife between European and U.S. studies, encouraging further investigation.

Conceptually, themes of adolescence appear to be in opposition to those of midlife, and so may constitute the most challenging times in terms of parental psychological wellbeing. However, due to the mixed results between U.S. and European studies,

and the nuances of parenting children at different life stages (Umberson et al, 2010), it was hypothesized that there would be differences in psychological wellbeing (as measured by DASS-21 (Lovibond & Lovibond, 1995); RSE (Rosenberg, 1979) and SWLS (Diener et al, 1985) between midlife parents parenting a firstborn child in adolescence, as opposed to a different life stage.

Research has also consistently shown subtle gender differences in the parenting experience but these have often failed to reach significance. Again, this could be due to cultural differences, as a European study (Dekovic, 1999) showed an effect of maternal strictness on daughters' impulsivity, leading to conflict in the relationship; however, parenting style and adolescent characteristics accounted for very little variance in parent-adolescent conflict in this study. Larson & Richards (1994) showed differences in fathers' and mothers' experiences of homelife versus worklife, while Nydegger and Mitteness (1991) showed how fathers take greater prominence than mothers in the parent-child relationship during the child's adolescent years, with consequent positive effects on wellbeing. Several studies have focused on midlife women's parental experiences (e.g. Kunseler et al, 2014; Luthar & Cicciolla, 2016; Morgan et al, 2015). Whether these same themes of, e.g. "contagion stress", preparedness for parenthood, and self-efficacy, respectively, would be applicable to men is questionable, given the 'gender splitting' (Levinson, 1996) and 'responsibility overload' (Morgan, 2015) noted earlier. De Vries et al (2007) noted distinct differences in mothers' and fathers' anticipation of and preparation for their adult child's departure from the family home, presenting concern for the possible vulnerability of men once the event occurs. Research has called for more investigation of sex differences in the psychological wellbeing of parents, therefore. Due to the greater consistency of more detrimental findings for mothers' wellbeing

at midlife, the second hypothesis was that mothers would score lower on psychological wellbeing than fathers.

Previous studies (as mentioned above) have also shown differences in parental sense of competence across different child ages. Glatz & Buchanan (2015) showed a decrease in parental self-efficacy from early to middle adolescence, although generally high levels of parental self-efficacy were found across the developmental period. Self-efficacy is related to competence in that it includes the comfort/ discomfort felt when undertaking parenting tasks. This was illustrated by Ballenski & Cook (1982) who showed that mothers of pre-schoolers were the most comfortable performing developmental tasks associated with the child's life stage, while mothers of adolescents were the least comfortable. Martire et al (1998) showed the importance of role-specific mastery in establishing a sense of parental competence in mothers with an average age of 44 years, parenting children aged 11-39. Although Martire's study did not investigate differences across child ages, given the midlife themes previously described, a difference is expected in the current study. It was hypothesised, therefore, that those parenting a firstborn child in adolescence would show lower levels of parental sense of competence than those parenting a firstborn child at a different life stage.

The next chapter will present the methodology chosen to answer the research questions above, along with its epistemological and ontological basis.

Chapter 3: Methodology

3.1 Study Aims

The study aims to a) provide a snapshot of psychological wellbeing in UK parents at midlife b) compare differences in psychological wellbeing (in terms of depression, anxiety, stress, self-esteem, and satisfaction with life) between parents parenting children of different ages; c) to investigate differences in psychological wellbeing between mothers and fathers, and d) to test for differences in parental sense of competence between parents parenting children of different ages.

In addition to the above, the study investigates the presence of midlife themes of *growth and decline*, and *facing one's own mortality*, as well as *protection and resilience* factors that have been shown to affect wellbeing at midlife.

Lastly, questions regarding the quality of the parent-child relationship will allow for further investigation of how midlife themes may be interacting with key family relationships.

3.2 Research Design

The study employed a quantitative methodology, through the use of an online questionnaire with non-random samples. Previous studies, as outlined in Chapter 2, that have used qualitative methods to address lived experiences, generally use interviews for data collection, which, although they provide detailed insight into people's experiences, are also time consuming, and by necessity include smaller samples. In addition, the use of interviews can lead to social desirability effects, particularly with studies involving sensitive issues. In contrast, the aim of this study was to explore psychological wellbeing in a representative sample of parents at

midlife in the UK, thereby necessitating a larger sample. In a recent meta-analysis, online questionnaires were shown to have lower social desirability than face to face interviews (Dodou and de Winter, 2014), making this an appropriate method to use, as the questions in the current study are centred around psychological wellbeing and are aimed at a non-clinical sample, who may not have reflected on these issues previously. No difference has been found between online and paper questionnaires in terms of social desirability (Dodou and de Winter, 2014); however, online questionnaires can be seen as more stimulating and interactive (Sax, 2003), and are more flexible in time and place of completion, thus being convenient and also allowing for privacy when responding. These factors can encourage a larger response rate and strengthen the validity of findings. By using quantitative methods, a larger, heterogenous sample of participants can be obtained, where commonalities across gender, subculture, and ethnicity can be examined and tested.

Despite the many influences suggested by child-rearing practices (Whiting and Child, 1953), cultural ethos (Fromm, 1941) and major historical events (Elder, 1974), change in adulthood personality has been found to be similar across different cultures (e.g. McCrae et al, 1999) and cultures and cohorts (Yang et al, 1998), reducing the importance of environmental factors in moulding our experience of the world. An example of this was found in a review of personality studies by Aldwin and Levenson (1994) who found that as people mature from early adulthood to midlife, neuroticism decreases and personality traits reflecting competence increase, supporting an idea of 'intrinsic maturational processes' (McCrae et al, 1999) that can be found across populations.

This raises the question, therefore, as to how themes characteristic of midlife, such as

invisibility (e.g. Kawaga-Singer et al, 2002), or recognition of one's own mortality (e.g. Doka, 2008) might influence affect and consequently psychological wellbeing. Also, in light of such developmental themes, how psychological wellbeing might vary across child age, due to the interaction of such themes with the demands of a child at different developmental stages.

The scales used in this study to measure wellbeing and parental competence had all been previously validated, and were popular choices amongst researchers (see Literature Review for examples). Inspection of these questionnaires confirmed that they were suitable for this study as the questions were directly relevant to the research questions. Also, they provided measures of both distress, as well as psychological wellbeing, which was of importance in this study. More detail on the standardised measures is provided in Section 3.5.

There are various debates surrounding the use of questionnaires to measure psychological wellbeing. One of these debates centres around the controversial concept of 'mental illness', as no robust scientific evidence has, as yet, supported its existence (Johnstone, 2016). Furthermore, the allocation of outcome categories such as 'normal', 'severe', etc., based on numerical qualification alone to diagnose the presence of 'illness', is also problematic. For this reason, while the measures used in this study provide an effective means of gaining a snapshot of wellbeing and parenting competence, and aid in comparison across the sample, the aforementioned categories have been dropped from the analysis.

In addition to the standardised measures, various other questions were asked regarding the parent-child relationship (39 questions), attitudes to work and home life (12), romantic relationship satisfaction (11), and experiences of midlife (32)

[Appendix 7]. The questions were all derived from psychological literature on midlife parenting experiences, mainly coming from the work of Steinberg (1987-1990), but also other studies mentioned in Chapter 2. For the questions on midlife, these were partly formulated from informal discussions with colleagues and friends, who responded to the question, "What does midlife mean to you?" Ages ranged from 35-60, and involved people of both sexes, mixed ethnic backgrounds, religions, and sexual orientations. All responses were included in the survey, as there were significant overlaps with the themes displayed in the literature. So as to include responses that might be particular to gender, men and women first discussed the topic in separate groups, and then came together for an informal sharing of ideas. These responses were then included in the final questionnaire, using the language of discourse, so that the questionnaire would be accessible to a wide range of people. For the purposes of this study, only questions relating specifically to two key themes of midlife, namely *Growth and Decline*, and *Facing One's Own Mortality*, along with measures of *Protective and Resilience Factors*, were analysed, through the use of descriptive statistics, in the form of agreement with each item. This is so that the presence of these midlife themes could be ascertained. The individual questions and percentage agreement are shown in section 4.1.

As these midlife themes are hypothesised to be pervasive throughout midlife to some degree, but possibly interacting differently according to child life stage, the parents were divided into the following groups: Infancy and Early Childhood (IEC, 0-8 years), Adolescent Transition (AT, 9-15 years), Mid to Late Adolescence (MLA,16-22 years) and Adulthood (AD, 23+ years) - according to the age of the firstborn child. As the emergence into adolescence is associated with the onset of puberty, beginning the AT group at the age of 9 reflects the current age range of the onset of

puberty in the UK, which is between 8 and 14, but typically from age 9 (NHS, 2016). While the studies mentioned in Chapter 2 show slight variation in terms of the child ages allocated to these categories, there is general agreement as to how infancy, adolescence, and adulthood, etc. are defined. Age of the firstborn child was used in the current study, as in previous research (e.g. Kerestes et al, 2012; Luthar & Ciciolla, 2016; Nomaguchi, 2012) because this is the first time the parent experiences the challenges of that particular child life stage. This minimises the results being confounded by previous experience of parenting a child at this age.

As a result of choosing a developmental paradigm, if similarities in psychological wellbeing are found in this study, and also in comparison to U.S. findings, in spite of differences in sample, time and culture, this would lend support to the idea of universal developmental processes associated with this life stage, which further research would be able to develop.

3.3 Pilot Study

A pilot study was carried out with 15 participants prior to the main study, who completed the online questionnaire, in response to an online advertisement in social media forums. Anonymous feedback was requested so that amendments could be made to the questionnaire, as necessary. The 15 participants were representative of the target population in that they were aged 45-60, living in the UK, and included both men and women, of various ethnic and cultural backgrounds. Feedback from the pilot study led to the inclusion of transgender options (male to female and female to male) in the demographics sections, and the full-length DASS (Lovibond and Lovibond, 1995) being changed to the DASS-21 to cut down on the length of the questionnaire. As the DASS was developed with non-clinical samples, but still

allows for a measurement of severe distress, it is useful for a non-clinical population, as applicable to this current study. A score was arrived at by doubling the score from the full-length DASS, which has been shown to result in very similar scores to the full-length version (Henry and Crawford, 2005). (Surplus questions when changing from the full-length DASS to the shorter version were deleted from the data base.)

The pilot study revealed a technical difficulty with the Logistic settings: the questionnaire was designed to exclude participants who did not meet the inclusion criteria at the end of the demographic section only (which was strategically placed at the beginning of the questionnaire to avoid the collection of unnecessary data), upon which they would be automatically taken to the debrief. This was so that the participant would not know which question had led to their exclusion, or even that they had been excluded from the study, which would be more ethically sound, given that one of the exclusion criteria was a diagnosis of severe mental disorder in the parent or child. (A 'prefer not to answer' option was included and participants who ticked this option were also excluded.) However, this resulted in previous logistics settings not coming into place and a participant becoming 'stuck'; e.g. skipping the relationship to work section for those who are not working, while at the same time being forced to respond before continuing. The questionnaire, therefore, had to be amended and logistics tightened before the actual study. As no major changes needed to be made to the questionnaire itself, 12 of the pilot study participants who had not experienced difficulties in responding were included in the main study.

Anonymous feedback received was very favourable and no discomfort or further difficulties were reported.

3.4 Ontological, Epistemological and Theoretical Framework

This study sits within a developmental psychology framework, which has seen much progress in its theoretical orientation. Previously concerned with universal explanations of behaviour, it had been accused of being "gendered" and "patriarchal" and therefore lacking relevance to women (Gilligan, 1982). Also, observations are normally from a Western, middle-class, White perspective, and thus may lack significance to other cultures. In more recent years, however, developmental psychology has seen much change in its development, and now describes similarities in transitions across the life course, while recognising individuality of experience due to psycho-social modifications (Sugarman, 2010). When applied to midlife, this constitutes the possible presence of universally experienced changes in biology, cognition and psychological processes, whose timing and expression are modified by society's view of ageing, as well as other social factors.

In this respect, the ontology of developmental psychology has changed over time, as reality is no longer explained as universal truths, but dynamic and inter-relational, involving an interplay of micro, as well as macro influences (Lerner, Easterbrooks, and Mistry, 2016); for example, an individual's behaviour at midlife will be influenced by common biological and psychological forces, but these exist within a diverse cultural, social and historical setting. Methodology within developmental psychology has taken many forms, as different paradigms have adopted its principles to explain various aspects of human behaviour; for example, attachment has been explained in terms of operant and classical conditioning within the behavioural approach (Lerner, Easterbrooks and Mistry, 2016). However, having had its roots in quantitative methodologies, the broadening assumptions of developmental psychology have led to concomitant changes in the methods used: although

previously termed 'naïve' (Ponterotto, 2005) in light of paradigmatic shifts over time, it is through this positivist view of psychology that counselling psychology has emerged, and is now returning, in terms of re-embracing the rigour of quantitative methods for their precision and insight into previously hidden phenomena. However, qualitative methods still very much have their place and are seen as complementing quantitative methods by adding 'descriptive depth' to meaningful events (Cupchik, 2001).

This study is to be seen within this contemporary developmental context. As a study of this kind (psychological wellbeing in a UK sample of midlife parents) has not been previously undertaken, it is to be viewed as a 'jumping-off point – a point of inference' (Overton, 2006) from which the quantitative data provided can inspire further study, which will add lucidity to underlying mental processes that might be representative of midlife. While acknowledging the importance of cultural differences in many aspects of behaviour, (culture being defined in its widest terms, involving age, gender, ethnicity and sexual orientation), the focus of this project, and one that is less well studied in contemporary psychological research, is to investigate commonalities in midlife experiences, and the similarities that unite us as humans. In particular, the interest lies in whether there are common experiences of midlife that trigger similar affect, according to the life stage of the child, particularly with regard to adolescence. Comparison can also be made with findings from the U.S. and the few conducted in Europe. If intrinsic maturational processes (McCrae et al, 1999) are repeatedly found in people of the same life stage, irrespective of (sub)culture, socio-economic and ethnic differences, then this would have significant implications for future research, as well as our practice as counselling psychologists.

Quantitative methods have typically been associated with a positivistic ideology, which states that "there is but one true reality that is apprehendable, identifiable, and measurable" (Ponterotto, 2005, 130). According to this paradigm, psychology is seen as a 'science' with its universal laws and generalisations that are not bound to specific contexts or circumstances. This paradigm entails the role of research as filling a gap in knowledge, derived from past psychological literature, and leading to a hypothesis which is then to be tested and used to predict future behaviour. This study does in part adhere to a positivist paradigm in that hypotheses regarding psychological wellbeing at midlife have been generated from the literature, and variables defined and isolated before the research begins. These hypotheses are then tested empirically so that the findings can be of use in clinical practice (under the assumption that the study uncovers a 'reality' of midlife functioning that clinicians will come across in their practice).

However, this study is also reflective of a post-positivist paradigm. Sitting within the context of counselling psychology, it accepts that objective 'truth' can never be reached, but only aimed at, through critique and development of prior research, in order to test, modify and substantiate theory. It is accepted, therefore, that this study, through its use of quantitative measures and statistical analysis, will only partly tell a story of the experiences of midlife parents in the UK, and will not dictate any one 'true' reality. Statistically significant findings will allow us to view similarities in the psychological wellbeing of midlife parents, and the use of child life stages as an independent variable can extend our understanding by throwing light on the possible interaction of child age with psychological wellbeing and parent life stage. Causation cannot be implied in this study, however, due to the many variables that could also be affecting the relationship. The study does, however, extend and refine our

knowledge by relating the findings to prior research in this area, and brings us closer to an understanding of factors associated with midlife parenthood in the UK. It also raises awareness of a section of the community who have been relatively understudied in psychological literature, and indeed, in society, with its focus on services for adolescence and senescence, but nothing in between.

The research is also post positivist in that it recognizes the fallibility of 'knowledge' and the need to acknowledge its historical and social contexts; for example, much research into midlife (and psychology generally) has historically stemmed from the U.S. and involves mainly white, middle-class samples. The same can be said of the studies from which this present study is derived (Silverberg & Steinberg, 1990; Larson & Richards, 1994, etc.) The ethnocentric bias inherent in psychological research, therefore, needs to be acknowledged. This then leads to a fuller, but inconclusive understanding of reality, which justly accommodates the ideology of counselling psychology, which posits the need to remain curious (Milton, 2016) observers of the human condition. Karl Popper (1968) outlined the post positivist emphasis on theory falsification, rather than theory verification (Lincoln & Guba, 2000). In his (1963) book, Popper describes how falsification of a theory in itself extends knowledge and brings one closer to understanding the 'truth' of human behaviour. This approach is useful to counselling psychology as it encourages an open-mindedness, while holding a hypothesis in mind, (drawn from psychological theory), and rather than look for information that confirms a hypothesis, to also remain open to information that negates it. In this way, the individuality of each client's experience is observed, and prior 'knowledge' broadened.

The contribution of the researcher to the outcomes of the study, whether the contribution is implicit or explicit, also needs to be considered with regard to

psychological research. Both positivist and post positivist standpoints view the researcher as taking an objective, detached role (Ponterotto, 2005) and employing an etic and nomothetic approach to research. This also reflects the therapist's stance in counselling psychology in the sense that one aims to differentiate one's own reality from that of the client's, and to seek to remain objective in interpretations. Objectivity is also aided by engaging in one's own therapy to better understand the schemas and motivations that fuel the therapist's own thought processes and behaviour, and self-reflection allows for the questioning of 'reality' still further. Objectivity is also enhanced by consulting with other professionals through supervision, and the reading of latest research in theory, methodology and treatment, according to the British Psychological Society's (BPS) ethical requirements (2008). However, what is unique to counselling psychology is the aim to balance objectivity with subjectivity by appreciating the importance of the use of self in enhancing the therapeutic relationship.

Cupchik (2001) describes an interesting paradigmatic shift in his view of positivist research having a shared "alternative ontology" with constructivist thinking, whereby both positivist and constructivist paradigms and their associated methodologies are accommodated - a concept he calls 'constructivist realism'. In his (2001) paper, Cupchik refers to Heisenberg's (1927) theory from quantum physics that mere observation of a phenomenon leads to its transformation. Applying this idea to positivism, positivist researchers are aware that their observations cannot be totally devoid of their own influence on the design, method, analysis and interpretation of results. This is addressed in full in 3.5. Cupchik (2001) argues that "the interplay between descriptive richness [qualitative data] and experimental precision [quantitative data] can bring accounts of social phenomena to progressively

greater levels of clarity." His (2001) paper explains this ontology in depth. In relation to this study, as previously mentioned, the quantitative data generated is viewed as highlighting a need for fuller, more descriptive investigation.

These various paradigms, with their inherent emphases, epistemologies and emic/ etic stances, have played a timely role in counselling psychology theory and practice, but they are not without their limitations. The reductionist approach to research in positivist and post-positivist paradigms may be perceived by constructivists and criticalists as "unable to capture … the complex lives of human beings" and some might argue that it actually "distort[s]" it (Ponterotto, 2005, 131). Yet, the close, interpersonal interaction between researcher and participant characteristic of constructivist and critical theory approaches might be termed "enmeshed" (Ponterotto, 2005, 131) and saturated with researcher bias. Thus, each paradigm has its own set of values, assumptions and preferred methodologies, and while researchers endeavour to capture the human experience as they see it, it is important to conduct research cognizant of the epistemological framework/s fuelling one's approach. Given the progressive nature of counselling psychology and psychology in general, research rarely exclusively follows one paradigm, and while it is necessary to consider the epistemological framework of research, the focus on epistemology should never take precedence over interest in psychological phenomena.

According to Ryan (2006, 19), "good research is something that opens up the nature of problems and sticks with hard questions." It is argued here that the aim of this research is to "open up" the idea that being at midlife carries with it a complexity of ambivalent feelings and cognitions, more so than at any other life stage. And it is this complexity that leads to an intensity of emotion that can affect relationships. For those who are parents, the significance of this role, coupled with the significance of

being at midlife, interacts in a unique way with the life stage of the firstborn child, and this interaction will vary according to the demands of each child life stage. This can lead to a direct effect on psychological wellbeing. In this way, the study begins to explore the "hard questions" (Ryan, 2006, 19) of midlife parenting experiences that the literature has so far failed to address.

3.4.1 Personal, Methodological and Epistemological Reflexivity

Although employing an objective methodology, it needs to be recognised that the topic has special significance to the author, being a mother at midlife, and so personal experiences and cognitions will have influenced the design and interpretation of the study; for example, because this life stage is significant to the author, a parallel significance might have been sought within the data. When the topic of parenting at midlife was first entertained, it came at a period when the author's own daughter was going through the adolescent transition. This period was significant in both the mother's and the child's life, as the demands of public examinations were fast approaching, puberty was being negotiated, and the ups and downs of peer relations were taking greater precedence in everyday life. This prompted the author to research parenting an adolescent from the viewpoint of challenges experienced with this life stage, whereupon the first piece of research encountered was the work of Steinberg and Silverberg (1987-2000) who published various articles relating to the interaction of midlife with adolescence. In the majority of studies, the life stage of midlife was seen as incidental to parenting an adolescent; however, the book, '*Crossing Paths: How Your Child's Adolescence Triggers Your Own Crisis*' (Steinberg and Steinberg, 1994) included very descriptive detail on the authors' interviews with different members of a family. The findings were very poignant and insightful and highlighted cognitions and affect, particular to

midlife, that warranted further investigation. Thus, it was from a stance of 'challenge' around life events associated with parenting an adolescent that initial research was undertaken, and which formulated preliminary thoughts regarding the hypothesis.

As the research process developed, however, a different picture was emerging, and more positive findings in the midlife parent/adolescent child relationship were apparent, which led to a change to a two-tailed hypothesis to reflect the mixed findings across different child life stages. Some studies acknowledged the life stage of the parent (midlife) directly, but most only alluded briefly, but consistently, in the discussion to the possibility of midlife issues interacting with the observations found. It became all the more intriguing and compelling, therefore, in light of the author's own experience of midlife, to investigate further into the possible presence of midlife issues and strengthen understanding of their relationship to everyday interactions.

This choice of methodology (quantitative) and its nomothetic emphasis also reflects the author's preference to capture similarity of human experience where it exists, as outlined above, in a bid to maximise understanding of the factors that unite us. Having a multi-cultural, multi-lingual background has played a key role in bridging gaps between cultural differences in the author's experience, and propelled the author's own interest in multi-cultural work. Therefore, the method chosen is in keeping with the author's philosophy, in its more nomothetic methodology. This is relevant to the current political-economic climate both nationally and internationally, where social divisions have been pushed to the forefront. It is also in keeping with the current BPS aim of making psychological research more prominent, relevant and active in the community, and taking a lead in social justice (J. Hacker Hughes, BPS Counselling Psychology Divisional Conference speech, July 10, 2016).

3.5 Participants

Various schools in the London area and parenting organisations (e.g. Parentingplace.co.uk) were approached to take part in the study. An advert was placed on online parenting forums (e.g. Positive Parenting Solutions, netmum.co.uk), online psychology forums (e.g. Counselling Psychologists UK, London Counselling Psychologists), professional websites related to psychology and education (author's own), and social media sites (Facebook, Twitter and LinkedIn). Flyers describing the study were also given to potential participants serendipitously.

The original inclusion criteria were male and female parents and non-parents, aged 40-65, English speaking, who live in the UK. Although the focus of the study was on parenting, both parents and non-parents were included for comparison, but as only 13 non-parents participated, their results were not included in the analyses. All household setups were included; e.g. single parent, step-parent and 'intact' families. 175 participants attempted the questionnaire. 73 were automatically excluded from the survey because either they did not meet the inclusion criteria, or failed to complete the demographic information at the start of the questionnaire. In total, 102 participants' scores were included in the survey. Of those, 89 were parents and 13 were non-parents. It was originally intended to compare the midlife experiences of parents and non-parents, but as only 13 non-parents completed the questionnaire, inferential analyses were not appropriate. Of the parents, the mothers' mean age was 48.85 (SD = 6.19, range = 40 - 63, N = 72). The fathers' mean age was 49.88 (SD = 5.04, range = 43 - 62, N= 17). This resulted in a sample size of 89, with a 70% completion rate.

The participants (89 parents) identified themselves in the following cultural groups: White (n = 73, 82%), Asian (n = 10, 11%), Black (n = 3, 3%), Mixed Backgrounds (n = 2, 2%) and Arab (n = 1, 1%).

There was a wide range in the socio-economic level of the sample, as determined by total household income: £20,000 or less (17%); £21,000-£40,000 (16%); £41,000-£60,000 (18%); £61,000 -£80,000 (18%), £81,000 - £100,000 (12%), and £101,000+ (19%).

Family constitutions were as follows: living with partner or spouse 63 (71%); single parent 18 (20%); living alone 6 (7%); living with relatives or friends 1 (1%), and living in houseshare or other accommodation 1 (1%).

All firstborn children were biological children, but two, which were adopted; however, as the individual wellbeing scores and parental sense of competence scores fell within 2 SDs of the group means for both these parents, they were included in the study.

3.6 Measures

This study partially replicates several studies of parental wellbeing that have utilised quantitative measures, the closest being that of Luthar & Ciciolla (2016). In the same way, this current study uses various measures of psychological wellbeing, including depression, anxiety and stress, satisfaction with life, and parental satisfaction (all measures detailed below) through the use of an online questionnaire. Given the emphasis on parenting experiences, it was felt important to include a measure of such, and so in addition to parental satisfaction, a measure of parental sense of competence is also taken (both a part of the PSOC detailed below). The PSOC is

reported to be the most commonly used tool for measuring parental self-efficacy (Jones and Prinz, 2005). However, the specific measures used in the current study were different to those used by Luthar & Ciciolla (2016). Nomaguchi (2012) used measures of depression, self-esteem, parental satisfaction and self-efficacy (in addition to global happiness) and Silverberg & Steinberg's (1990) study also used measures of self-esteem, life satisfaction and psychological symptoms, including those of depression. Only the RSE (Rosenberg, 1965) was the same tool used in both the aforementioned and the current studies. Using various measures of a construct allows for the reliability of that measurement to be checked.

DASS-21 (Lovibond & Lovibond, 1995) consists of 21 items, separated into three subscales of 14 items each, addressing symptoms of depression, anxiety and stress, such as, "I couldn't seem to experience any positive feeling at all" (depression), "I experienced trembling, e.g. in the hands" (anxiety) and "I found it hard to wind down" (stress). Participants are asked to rate the severity of their symptoms over the last week on a scale from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time). Scores are summed and then multiplied by two for each measure. Lovibond and Lovibond (1995) report high internal consistency with Cronbach's alpha of .91 (depression), .84 (anxiety) and .90 (stress). Cronbach's alpha in this current study was: depression (.86), anxiety (.67) and stress (.87).

In order to measure self-esteem, the Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) was used. This consists of a series of 10 Likert-scale items. Participants rate their agreement to items such as, "I feel I do not have much to be proud of" and "I feel that I have a number of good qualities" on a scale from 1 (strongly agree) to 4 (strongly disagree). Scores can range from 10 to 40, with higher scores indicating higher self-esteem. In a recent study, (Subramanian, 2014), internal consistency, as

measured by Cronbach's alpha, was found to be .85. Cronbach's alpha in this current study was .91.

General life satisfaction was assessed using the Satisfaction with Life Scale (SWLS; Diener et al, 1985), a five-item Likert-scale questionnaire. Respondents state their agreement with the five items on a 7-point scale, where 1 = strongly disagree and 7 = strongly agree; for example, "In most ways my life is close to my ideal." Life satisfaction scores are expressed in terms of average ratings with higher scores indicating greater satisfaction. The internal consistency of this measure repeatedly exceeds .80 (see Pavot & Diener, 1993) with the original (Diener et al, 1985) study reporting a Cronbach alpha coefficient of .87. In the current study, the Cronbach alpha coefficient was .82.

As feelings towards the parenting role would be key to this study, the Parenting Sense of Competence Scale (PSOC; Johnston & Mash, 1989) was used to assess efficacy and satisfaction in this role. It consists of 17 items, such as, "Being a parent makes me tense and anxious" (PSOC-S) and "Being a parent is manageable and any problems are easily solved." (PSOC-E). Parents respond on a 6-point scale (1= strongly agree, 6= strongly disagree.) A high score indicates greater satisfaction and efficacy. The PSOC has been reported to have high internal consistency (.75-.76, Johnston & Mash, 1989; .82, Gibaud-Wallston and Wanderman, 1978,) and high concurrent validity (Coleman & Karraker, 2000.) On Test-Retest measures of reliability, Gibaud-Wallston and Wandersman (1978) report six-week test correlations ranging from .46 to .82. A correlation of at least .80 is suggested for at least one type of reliability; however, standards range from .5 to .9, depending on the intended use and context for the instrument. In this current study, Cronbach's alpha was .78. Johnston and Mash's (1989) version of the above was used in this study,

which had been adapted for parents of older children. (The overall wording remained the same, but the word 'infant' was replaced with 'child'.) This version was more suitable for this current study as child ages of the participants could range from 0-23+ years.

3.7 Procedure

The questionnaire was conducted online (using surveymonkey.com), where responses were stored anonymously and securely using data encryption. Having clicked onto the hyperlink, participants were met with an information sheet (Appendix 1), and consent form (Appendix 2) before proceeding to questions requiring demographic information, such as gender, age, socio-economic status (as determined by employment status and household income), ethnicity, parental status, including number and ages of children and relationship (in terms of whether the child was biological or adopted, etc.), marital status, and household composition. Following the demographics form, participants were met with the PSOC scale (Johnston & Mash, 1989), followed by 39 questions on the parent-child relationship, then the SWLS (Diener et al, 1985), the RSE (Rosenberg, 1965), 12 questions on work/ home life satisfaction, 11 questions on (romantic) relationship satisfaction, 32 questions on experiences of midlife, and finally the DASS-21 (Lovibond & Lovibond, 1995). [Appendix 7.] This took participants on average 15 minutes to complete. The questionnaire ended with a debrief, within which participants were asked to make a note of the time and date at which the questionnaire was completed (should they wish to withhold their responses) and were given contact details should they have questions on the study. They were also directed to organisations for further support, if needed. For the purposes of this study, only the wellbeing scores were analysed inferentially, with descriptive statistics provided on the presence of midlife

themes. Only questions directly relevant to the themes of *growth and decline* and *facing one's own mortality*, as well as *protection and resilience factors* were analysed, in order to focus the research.

3.8 Analytic Strategy

3.8.1 Construction of Data

Scores that were 3 or more standard deviations away from the mean on any measure were deemed outliers and transformed by substituting the extreme score for a score which was one point above or below the next lowest/ highest score. This was relevant to 2 cases, both of which had extreme scores on measures of depression and anxiety. Missing data on any measure was substituted with a group mean based on three variables: age category of the child (Infancy and Early Childhood, Adolescent Transition, Mid to Late Adolescence, or Adulthood), gender of parent (Mother/ Father) and ethnicity (White, Black, Asian, Other). These variables were chosen as they were thought to be particularly relevant to any differences in midlife experience that may be found. They were also more reflective of actual scores than a group mean based on child age category alone, when compared through a preliminary test. This was performed for 5 participants on the wellbeing measures of depression, anxiety, stress, satisfaction with life and self-esteem, and for one participant on the measures of depression, anxiety, and stress. When data was compared with and without these cases, however, no difference was shown in the results. The data was therefore included as, due to the small sample, it was felt important to retain all data, as 'loss of even one case requires adjustment for unequal *n*' (Tabachnick and Fidell, 2014, 100).

By having the questionnaire accessible online, this allowed for a larger multi-cultural community to participate, thus making the results more representative of a wider adult population. Questionnaires were also made available in hard copy for those who did not have access to a computer but wished to participate.

3.8.2 Preparation of Data

As mentioned previously in the thesis, much research has found transitional periods in adolescence as being the most problematic, compared to other child ages (e.g. Silverberg and Steinberg, 1990; Nomaguchi, 2012; Glatz & Buchanan, 2015; Luthar & Ciciolla, 2016). In a similar way, theorists such as Levinson (1978) viewed five year transitional periods in midlife, i.e. 40-45 years (midlife transition) and 60-65 years (late adulthood transition), as being particularly formative. For this reason, as the focus of the study was on investigating differences in parental wellbeing triggered by child life stage, it was important to minimise the possibility that any differences found in wellbeing across the group might be due to transitional periods within the parent. In order to investigate this, participants were initially divided into the following age groups: 40-45, 46-50, 51-55, 56-60, and 61-65. A one-way Analysis of Variance (ANOVA) was then performed on each of the five wellbeing measures (dependent variable) across the parental age groups (independent variable), as above. The ANOVA was suitable for performing this task as it allows for the testing for mean differences on a continuous dependent variable when the independent variable has two or more discrete groups. A two-tailed test was performed, with the probability level set at $p < 0.05$, which gives 95% likelihood that any differences found did not occur by chance. Normality and homogeneity of variance assumptions were assessed and found to be acceptable. No significant difference was found between the groups on the different measures [$p = .63$

(depression); $p = .30$ (anxiety); $p = .36$ (stress); $p = .78$ (RSE); $p = .34$ (SWLS)]; therefore, any differences found in wellbeing across the different child ages could be said to be less likely to be attributable to transitional factors within the parent.

3.8.3 Midlife Themes

As the thesis proposes that the presence of midlife themes, namely *Growth and Decline,* and *Facing One's Own Mortality*, (as well as mediating *protection and resilience factors*) interact with parenting and consequently affect parental wellbeing, it was important to ascertain the presence of these themes within the sample. In order to investigate this, percentage agreement to various items centred on these themes (in terms of responding 'Agree' or Strongly Agree' on each item) were calculated. In this way, the presence (or absence) of these midlife themes could add a further interpretation of the data, which can be developed in future research. By keeping the parents as one group, any normative themes of midlife itself, irrespective of age (e.g. transitional stages) or sex, could be detected. In order to maintain the focus of this study on psychological wellbeing, however, only descriptive statistics were used for the midlife themes, and no further analyses were performed on the midlife themes data.

3.8.4 Inferential Statistics

There were various ways in which inferential testing could be applied to this data: this thesis rests on the premise that there are developmental themes in midlife and adolescence that interact psychologically, affecting parental wellbeing. It was appropriate, therefore, after testing for the presence of possible normative themes in midlife, to categorise the parents according to the life stage of the firstborn child, as per previous research mentioned above, where the relationship with the firstborn was

used for measurement (e.g. Luthar and Ciciolla, 2016.) This would allow for the first hypothesis to be tested, and any differences in parental wellbeing across the different child life stage groups to be detected.

In order to test for the first hypothesis, namely that there will be significant differences in psychological wellbeing between parents parenting a firstborn child in adolescence compared to other child life stages, a multivariate analysis of variance (MANOVA) was planned. This test was appropriate as the five measures of psychological wellbeing were thematically related, and differences were being investigated between different levels of the independent variable (child age). This test allows for the measuring of several dependent variables in one test, lessening the likelihood of a Type I error when conducting multiple ANOVAs with possibly correlated DVs. It can also detect what changes in the DV (psychological wellbeing scores) as a result of different levels of the IV (child life stage) and their interactions.

In order to test the second hypothesis, namely that mothers will score lower on psychological wellbeing than fathers, a MANOVA was planned. This test was again appropriate as differences were being tested across five dependent variables (wellbeing scores) according to different levels (mother/ father) of the IV (sex), using interval level data. As mentioned above, this lessens the likelihood of a Type I error when conducting multiple ANOVAs with possibly correlated DVs. Should there be a significant difference in wellbeing between the sexes, this would suggest the possible splitting of the sample into mothers and fathers, as well as across child life stages.

With regard to the third hypothesis, that parents parenting a firstborn child in the Adolescent Transition will score lower on parental sense of competence than parents

parenting a child in another child life stage, a one-way between groups analysis of variance (ANOVA) was planned. This would test for differences in parental sense of competence (dependent variable), with child life stages (IEC, AT, MLA, AD) as the independent variable. The ANOVA is a suitable test when there is one independent variable with three or more distinct levels, and one dependent continuous variable (PSOC). A significant result would suggest that there is a difference somewhere among the groups. Post hoc tests would then determine which of the groups differ.

3.8.5 Ethical Considerations

Ethical approval was gained from the university Psychology Ethics Committee. An information sheet outlining the background to the research, procedure (with expected duration for completion of questionnaire), advantages and disadvantages of taking part, confidentiality of responses, the right to withdraw and procedure for doing so, plus university contact details for questions relating to the study, were included at the start of the survey. As the questions concerned psychological wellbeing, and the target population was a non-clinical sample, participants may not have reflected on their wellbeing and satisfaction with life in this way previously. It was important, therefore, to include in the debrief a list of relevant organisations where participants would be able to gain more support with these issues if they so wanted. Participants were also encouraged to provide anonymous feedback upon completion of the questionnaire, in both the pilot study and the actual study, through a link to a third party feedback website,'www.get3sixty.com', where participants were met with 5 questions regarding clarity of information sheet, clarity and appropriateness of questions, and an opportunity to provide any other comments. Due to the sensitive topic of this research, it was also important to ensure confidentiality of responses both for the pilot study and the actual study so that participants felt comfortable

about taking part. No names or email addresses were required, preserving anonymity. This was done through disabling IP address collection on the hosting website, Survey Monkey. This was particularly important as the researcher may have known some of the participants professionally or personally, and so participants were assured in the information sheet not only of their anonymity, but that their participation, or lack of, in the study would have no bearing on their professional or personal relationship with the author. No feedback was received for the study itself. Feedback for the pilot study is mentioned in Section 3.3.

The exclusion criteria included parents having been diagnosed with a psychotic disorder such as schizophrenia, bipolar disorder, or borderline personality disorder, and also firstborn children diagnosed with any type of psychological, developmental, behavioural or physical disorder. As these issues were sensitive, the questionnaire was designed in such a way that the automatic exclusion occurred at the end of the demographic section, whereupon participants were then automatically taken to the debrief page, which thanked participants for their contribution and stated that their participation was now complete. In this way, it was hoped that the participants would not realise that a) they had been prematurely excluded from the survey, and b) which questions had led to their exclusion. This was to protect the possible harm this might cause to participants and was ethically more sound. For this reason, the demographic questions appeared first in the questionnaire, to avoid the collection of unnecessary data.

In addition, new guidelines from the BPS with regard to the use of online questionnaires came into usage (BPS, 2013). This meant a requirement to make explicit in the information sheet privacy issues regarding the collection and storage of online data, both on the part of the researcher, as well as the participant. The

necessary amendments were made and approved by the university Ethics Committee prior to the study commencing.

3.9 Summary of the Chapter

The chapter began with the aims of the study, which had been derived from the literature, covered in Chapter 2. The design of the study was then explained: how the standardised measures used were popular and relevant in psychological literature on this topic, and how the non-standardised questions arose from extant literature and informal group discussions with a variety of men and women at midlife. The usefulness of the pilot study was then addressed and how it highlighted technical issues with the online functioning of the questionnaire, plus inclusion issues regarding questions on gender. This was followed by details of the procedure and how it lent itself to the inclusivity of a larger sample. The ontological, epistemological, and theoretical framework behind the project were considered, with their inherent assumptions, and how these affected the design and methodology choices. Lastly, the analytic plan for testing the data was presented.

As the focus of the study is on psychological wellbeing, the usefulness of standardised measures of such was explained, in that it allows for a numerical perspective and ease of comparison across different groups. However, this chapter also pointed out how categories of functioning labelled as 'normal', or 'severe depression' had been dropped from the present study, as they were at odds with the concept of wellbeing being on a continuum, with no scientific basis for the demarcations used to present 'abnormality'. The rationale was then provided for the inclusion of devised, non-standardised questions to test for the possible presence of midlife themes in a UK sample, as identified in the literature. The reflexivity section

addressed how the author's own ethnic background and values may have influenced

the choice of a quantitative methodology and outcomes expected, and the recognition

that alternative methods may have produced conflicting results. It also explained the

positioning of a quantitative methodology within a developmental framework in

counselling psychology: it addressed how a questionnaire can convert theory into

statements, which can then generate data, and how the study, being the first to

explicitly tap into the interaction of midlife with the life stage of one's child, may be

seen as a 'jumping-off point' (Lerner, Easterbrooks and Mistry, 2016, xiii) for

further research that can add depth and richness to the findings uncovered. In this

sense, the research is potentially fertile and directly applicable to healthcare

professionals, including counselling psychologists. The next chapter will present the

results of the study and whether evidence was found for the hypotheses.

Chapter 4. Results

4.1 Descriptive Statistics: Midlife Themes

In order to test for the presence of midlife themes, such as *Growth and Decline*, and

Facing One's Own Mortality, in addition to the presence of *Protection and*

Resilience factors, percentage agreement to these questions (in terms of responding

'Agree' or Strongly Agree' on the items) were calculated. Results are shown in

Tables 1-3, respectively.

4.1.1 Growth and Decline

Table 1

*Percentage Agreement to Questions on the Theme of Growth and Decline, as
Indicated by Responses of 'Agree' or 'Strongly Agree'*

Item	% Agreement (n=84)
I feel like I have grown as a person in the last few years	99
I am becoming increasingly aware of the signs of ageing	85
I feel wiser now than I was ten years ago	79
My perspective on life has changed – I can now look back as well as forward	75
This stage of my life feels good	69
I feel like I am entering a physical decline	55
In many ways I feel ten years younger than my chronological age	52

While only half the participants felt '*ten years younger than [their] chronological*

age' (52%) and that they were '*entering a physical decline*' (55%), most participants

felt they were '*becoming increasingly aware of the signs of ageing*' (85%). Almost

all participants (99%) reported feeling that they had '*grown as a person in the last*

few years'. High agreement was also found for the item, '*I feel wiser now than I was*

ten years ago' (79%) and 75% of participants felt their '*perspective on life [had]*

changed…' The results show the double-sided nature of ageing at this life stage, but

an overall satisfaction, as noted by the final item, '*This stage of my life feels good*'

(69% agreement). These results will be further discussed in the Discussion.

4.1.2 Facing One's Own Mortality

Table 2

Percentage Agreement to Questions on the Theme of Facing One's Own Mortality, as Indicated by Responses of 'Agree' or 'Strongly Agree'

Item	% Agreement (n=84)
There doesn't seem to be enough time to do all that I want to do in my life	70
I often think about my own mortality	52
I feel that this is my last chance to accomplish the things I have wanted to accomplish	37
I often feel afraid of the future	29
Things seem to be changing around me and it is difficult to feel in control	25
I regret the way life has turned out	8

There was less agreement overall for the theme of *Facing One's Own Mortality*,

compared to the previous theme of *Growth and Decline*. The strongest agreement

was with the item, '*There doesn't seem to be enough time to do all that I want to do

in my life'* (70%), while fewer participants (37%) felt that this was their *'last chance

to accomplish the things [they] have wanted to accomplish'.* Half the participants

'*often think about [their] own mortality*' (52%) and only a quarter felt that *'things

seem to be changing around [them] and it is difficult to feel in control' [25%]).* Only

8% of participants '*regret[ted] the way life has turned out'*. See Discussion for a

fuller explanation of these results.

4.1.3 Protection and Resilience Factors

Table 3

Percentage Agreement to Questions on Protection and Resilience Factors, as Indicated by Responses of 'Agree' or 'Strongly Agree'

Item	n	% Agreement
When I am working, I feel good about myself	67	69
I feel emotionally supported by my partner	65	68
My friends are able to support me in facing family challenges	86	67
My relationship with my partner seems to have deteriorated over time	65	46
My relationship with my partner is very strong	65	37

More agreement was found overall for the presence of *Protection and Resilience factors* than for the theme *Facing One's Own Mortality*. With regard to romantic relationships, while most felt emotionally supported by their partners (68%), only 37% felt their relationship was very strong, and 46% felt it had deteriorated over time. Of those who were working, 69% felt that it made them '*feel good about [themselves]*' and the support of friends in facing family challenges also showed fairly large agreement (67%). These results will be expanded upon in the Discussion.

4.1.4 The Parent-Child Relationship

Table 4

Percentage Agreement to Questions on the Parent/Child Relationship, as Indicated by Responses of 'Agree' or 'Strongly Agree'

Item Agreement	% n=87
My relationship with my child is very rewarding	89
Some of my most positive moments are when I am with my child	85
Being a mum/dad is the most fulfilling role I play in my life	64
There are times when my child has made me feel out of touch	52
I sometimes feel criticised by my child	37
I sometimes feel incompetent when I am with my child	32
When we argue, my child seems able to 'move on' quicker than I can	21
I have felt envious of my child	20
I sometimes feel I am in competition with my child over intelligence	12

With regard to questions on the parent/child relationship (with the firstborn child), Table 4 shows a large percentage (89%) felt the relationship was '*very rewarding*' and that it constituted '*some of the most positive moments*' for the parent (85%). Only half of participants felt that their child '*made [them] feel out of touch*' (52%), less felt '*criticised*' (37%), '*incompetent*' (32%), or '*envious*' (20%), or that they were '*competing with [their] child over intelligence*' (12%). In spite of this, not all parents (64%) felt that this role was '*the most fulfilling*' they play in their life. Just under a quarter of parents (21%) indicated possible differences in the significance of arguing between parent and child, which was shown by the item, '*When we argue, my child seems able to 'move on' quicker than I can*'. These results, along with their implications, will be explained further in the Discussion.

4.2 Gender Differences: Mothers and Fathers

In order to establish whether there were gender differences in psychological wellbeing between mothers and fathers overall, means and standard deviations for each measure were first calculated (Table 5).

Table 5

Means and Standard Deviations for DASS-21 Depression, DASS-21 Anxiety, DASS-21 Stress, RSE and SWLS Across Mothers and Fathers

Psychological Wellbeing Measure (Possible Score range)	Fathers n=17	Mothers n=72
Depression (0-21)		
M	5.12	5.81
SD	5.10	6.14
Anxiety (0-21)		
M	1.41	3.36
SD	2.40	4.40
Stress (0-21)		
M	6.71	9.03
SD	5.36	7.12
Self-Esteem (10- 40)		
M	19.53	20.17
SD	4.35	5.38
Satisfaction With Life (5-35)		
M	24.24	23.74
SD	6.02	4.52

Overall, scores were within the average range on measures of depression, anxiety, stress, self-esteem and satisfaction with life. Apart from SWLS, mothers' scores were

higher than fathers, but also showed wider variation. To test whether this difference
was significant, a MANOVA was performed on the wellbeing scores across the two
levels (mother/father). Small to moderate effects were found for anxiety (*Cohen's d*
= -.55) and stress (*Cohen's d* = -.37). However, no statistically significant interaction
of sex on psychological wellbeing was found (p = .48). As there were no differences
between the mothers' and fathers' scores, this result justified the inclusion of
mothers and fathers together across the child life stage groups for the rest of the
testing.

4.3 Descriptive Statistics: Psychological Wellbeing

To test the hypothesis that there would be differences in psychological wellbeing in
parents parenting children at different life stages, mean psychological wellbeing
scores and standard deviations (in parents) were first calculated, using the child life
stage groupings (Table 6).

Table 6

Means and Standard Deviations for DASS-21 Depression, DASS-21 Anxiety, DASS-21 Stress, RSE and SWLS Scores in Parents Across Child Life Stages

Psychological Wellbeing Measure	IEC (n = 7)	AT (n = 24)	MLA (n=32)	AD (n=24)
Depression /42 *M (SD)*	8.14 (3.67)	6.85 (7.23)	3.22 (4.13)	6.96 (6.16)
Anxiety /42 *M (SD)*	3.86 (2.48)	3.96 (5.65)	1.87 (2.60)	3.17 (4.21)
Stress /42 *M (SD)*	14.86 (2.55)	8.77 (8.11)	7.69 (6.32)	7.75 (6.22)
Self-Esteem /30 *M (SD)*	19.00 (5.00)	20.38 (6.27)	20.47 (4.58)	19.42 (4.91)
Satisfaction with Life /30 *M (SD)*	22.86 (3.85)	24.73 (4.42)	24.66 (4.27)	22.04 (5.77)

Note: IEC = Infancy and Early Childhood (0-8 years); AT= Adolescent Transition (9-15 years);
    MLA = Mid to Late Adolescence (16-22 years); AD = Adulthood (23+ Years)

4.3.1 Depression

In all child age categories, mean scores were quite low overall, ranging from 3.22 (MLA) to 8.14 (IEC). The AT and AD group scored similarly, ($M=6.85$ and 6.96, respectively); however, there was particularly wide variation in scores among these two groups (7.23 and 6.16, respectively). The MLA group appeared to score significantly lower ($M=3.22$), and the IEC group significantly higher ($M=8.14$) in depression than the other three groups. These differences were tested inferentially. See Section 4.4 for the results of the inferential tests across all the wellbeing measures.

4.3.2 Anxiety

Mean anxiety scores across all child age categories were low, with the IEC, AT and AD groups scoring similarly ($M=3.86$, 3.96, and 3.17, respectively), while the MLA group scored lower ($M=1.87$) than the other three groups. The highest score was within the AT group (3.96), but this group also showed the largest variation ($SD = 5.65$), followed by the AD group ($SD = 4.21$).

4.3.3 Stress

Mean stress scores in the AT ($M=8.77$), MLA ($M=7.69$) and AD ($M=7.75$) groups were similarly low; however, the IEC group scored almost double that of the other groups ($M=14.86$). The AT group scored higher in stress (8.77), than the MLA (7.69) and AD group (7.75). There was generally wide variation in scores, with the AT group showing the highest variation ($SD=8.11$).

4.3.4 Self-Esteem

As shown in Table 6, all four groups scored similarly highly in self-esteem, with scores ranging from 19 - 20.47 out of a maximum of 30. Parents with a child in adolescence scored higher overall than those with a child in infancy and early childhood, or adulthood. The scores were 20.38 (AT) and 20.47 (MLA), compared with 19.00 (IEC) and 19.42 (AD). More variation was found within each age category, with the AT group having the highest variation in scores (*SD*=6.27).

4.3.5 Satisfaction With Life

Table 6 shows that all four groups scored highly overall in satisfaction with life, with average scores ranging from 22.04 (AD) to 24.73 (AT) out of a maximum of 30. Parents with a child in adolescence scored higher than those with a child in Infancy and Early Childhood, or Adulthood, average scores being 24.73 (AT) and 24.66 (MLA), compared to 22.86 (IEC) and 22.04 (AD). There was some variation in scores, the highest variation being in the AD group (*SD*=5.77).

4.4 Inferential Statistics: Psychological Wellbeing

A one-way between-groups multivariate analysis of variance (MANOVA) using IBM SPSS Version 22, was performed on five dependent variables: DASS-21 Depression, DASS-21 Anxiety, DASS-21 Stress, RSE, and SWLS. The independent variable was the life stage of the firstborn child: Infancy and Early Childhood, Adolescent Transition, Mid to Late Adolescence, and Adulthood. In order to test for the suitability of MANOVA, preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of

variance-covariance matrices, and multicollinearity. All were found acceptable.

Pooled within-cell correlations among DVs are shown in Table 7.

Table 7

Correlation Coefficients for Relations Between Measures of Psychological Wellbeing (DASS-21 Depression, DASS-21 Anxiety, DASS-21 Stress, RSE, and SWLS)

Measure	1	2	3	4	5
1. Depression	1	.622**	.648**	-.565**	.257**
2. Anxiety	-	1	.712**	-.253*	-.159
3. Stress	-	-	1	-.334**	-.162
4. Self-Esteem	-	-	-	1	.481
5. Satisfaction With Life	-	-	-	-	1

Note. Correlations are based on mean scores computed for each individual.
*$p < .05$. **$p < .01$. Two-tailed significance.*

The strongest correlation was between anxiety and stress (0.71). A relationship was expected with these variables, however, due to their co-occurrence in clinical and non-clinical populations. While there appeared to be some multicollinearity statistically, the correlation coefficient was not above 0.8 or below -0.8, as recommended for concern by Pallant (2005), therefore, the variables were retained. Also, the results were qualitatively similar when the model was run after dropping Anxiety, which had the highest correlation. Box's Test of Equality of Covariance Matrices produced a significance level of .02, which, according to Tabachnick and Fidell (2014) is suitable for small sample sizes. The results of the MANOVA are presented in Table 8.

Table 8

Multivariate and Univariate Analyses of Variance for DASS-21 Depression, DASS-21 Anxiety, DASS-21 Stress, RSE, and SWLS Across Child Life Stages

	Univariate																
	Multivariate			Depression			Anxiety			Stress			Self-Esteem			Satisfaction With Life		
Source	F^a	p	η_p^2	F^b	p	η^2	F^b	p	η^2	F^b	p	η^2	F^b	p	η^2	F^b	p	η^2
Child Life Stage	2.2	.01	.12	3.16	.03	.05	1.37	.26	.03	2.37	.08	.03	.31	.82	.00	1.88	.14	.00

Note. Multivariate F ratios were generated from Pillai's statistic. [a]Multivariate $df = 15,249$. [b]Univariate $df = 3,85$.

With the use of Pillai's Trace, as this is more sensitive to smaller samples (Tabachnick and Fidell, 2014), a statistically significant interaction was found between the combined DVs of psychological wellbeing and child age, *F (15, 249) = 2.2, p = .01; Pillai's Trace = .35; η_p^2 = .12.* When the results for the dependent variables were considered separately, there was a significant difference in depression [*F (3,85) = 3.16, p = .03, η_p^2= .10*], showing a moderately large effect. No association was found between child age and self-esteem (*p*= .82, η_p^2 = .01) and although the difference was also non-significant in anxiety (*p*=.26), and satisfaction with life (*p*=.14), anxiety showed a fairly moderate effect (η^2 =.05), and satisfaction with life a moderate effect (η^2 = .06).

An independent samples t-test was then conducted to compare the depression scores across the child ages. Post hoc comparisons showed that the mean depression score for the Mid to Late Adolescence group (*M*=3.22, *SD*=4.13) was significantly lower

than the Infancy and Early Childhood group (M=8.14, SD=3.67, t (9.65) = 3.14, p= .01), showing a large effect (η= .21). This difference also extended to the Adolescent Transition group (M=6.85, SD=7.23, t (56) = 2.4, p=.02, η^2 =.09), showing a moderate effect, and the Adulthood group (M=6.96, SD=6.16, t (54) = -2.72, p= .01), with an effect size of .12 (a moderately large effect).

Although there was a large difference between the mean stress scores in Infancy and Early Childhood (M=14.86, SD=2.55), and the other three groups: Adolescent Transition (M= 8.77, SD=8.11), Mid to Late Adolescence (M=7.69, SD=6.32), and Adulthood (M=7.75, SD=6.22), the differences were statistically non-significant (p=.08); however, the effect size for the interaction was moderately large (partial η^2 = .08). Tests for DASS-21 Anxiety (p=.26, partial η^2 = .05), RSE (p= .82, partial η^2 = .01) and SWLS (p=.14) were also statistically non-significant; however, child age appeared to have a moderate effect on SWLS (η^2_p= .06).

4.5 Parental Sense of Competence

4.5.1 Descriptive Statistics

In order to test for differences in PSOC across child ages, means and standard deviations were calculated. (Table 9)

Table 9

Means and Standard Deviations for Parental Sense of Competence (PSOC) in Parents Across Child Life Stages

PSOC /102	IEC (n = 7)	AT (n = 24)	MLA (n=32)	AD (n=24)
M (SD)	*69.29 (7.16)*	*74.21 (13.05)*	*73.78 (10.65)*	*72.62 (10.83)*

Note: IEC = Infancy and Early Childhood (0-8 years); AT= Adolescent Transition (9-15 years); MLA = Mid to Late Adolescence (16-22 years); AD = Adulthood (23+ Years)

Across all the age categories, mean scores were moderately high, ranging from 69.29 (IEC) to 74.21 (AT) out of a total of 102. Parents parenting an adolescent scored highest overall, with those parenting a child in the Adolescent Transition group scoring marginally higher in parental sense of competence than the other three groups. The Infancy and Early Childhood group scored the lowest on parental sense of competence. In each group, there was a wide variation in scores, however, with the Adolescent Transition group showing the highest variation ($SD = 13.32$).

4.5.2 Inferential Statistics

In order to test for differences in parental sense of competence between the different child life stages, a one-way between groups analysis of variance (ANOVA) was conducted. No significance difference was found between the groups ($F = .32$, $n = 89$, $p = .81$, $\eta^2 = .01$).

Chapter 5. Discussion

5.1 Explanation of Findings

5.1.1 Psychological Wellbeing Across Child Life Stages

The study's first aim was to measure psychological wellbeing in midlife parents in a UK sample. It was hypothesised that there would be differences in psychological wellbeing between parents parenting a firstborn child in adolescence, compared to other child life stages. Significant differences were found in depression and stress: the MLA group (16-22 years) reported significantly less depression than the IEC group (0-8 years), the AT group (9-15 years) and the AD group (23+ years). They also reported lower levels of anxiety and stress, and higher levels of self-esteem and satisfaction with life than the other three groups, but these differences were non-significant. In contrast, the IEC group scored significantly higher in stress than the other three groups. They also reported lower levels of self-esteem and satisfaction with life than most other groups, but these differences were non-significant. No other significant differences in wellbeing were found across child life stage.

This supported Nomaguchi's (2012) study where those with children aged 18-22 showed lower levels of depression than those with children aged 5-11, or 12-17. Although, in Nomaguchi's study, when parental satisfaction was taken into account, the relationship between age of child and depression became non-significant, showing the importance of the relationship in balancing the demands of parenthood.

The more positive findings regarding the AT (9-15) group of the current study go against Luthar & Ciciolla's (2016) study, however, where the middle school group (aged 11-14) scored the highest levels of maternal distress and lowest levels of wellbeing, although the differences were non-significant. The reverse pattern was

found in the current study, as the AT group generally scored the next lowest (after the MLA group) in measures of depression, anxiety and stress and the next highest in measures of self-esteem and satisfaction with life after the MLA (16-22) group. Overall, therefore, the two adolescent groups in the current study showed the lowest levels of distress and the highest levels of wellbeing.

Of interest is that the findings of the current study regarding parenting of an adolescent were more in keeping with those of Dekovic (1999) than the American studies (Silverberg and Steinberg, 1990; Luthar & Ciciolla, 2016; Nomaguchi, 2012). In the current study, responses to the parent-child relationship questions were very positive, and parental wellbeing was in the average range overall. This was similar to Dekovic's (1999) findings which showed low levels of conflict overall, and no differences in frequency of conflict in the parent-child relationship between those children in early, middle and late adolescence. This implies, that, as suggested by the authors in Dekovic's study, there may be differences in child-rearing, or at least in some aspects of the parent-child relationship in adolescence, that is different in European studies to those of the U.S. There are problems with comparing the U.S. and European studies, however, as there are various factors that could have affected this difference. One of these factors is methodological, in that the aspects of the parent-child relationship and wellbeing measured were not exactly the same in both sets of studies. This is a re-occurring difficulty when comparing studies of wellbeing and parenting generally, as there are variations in the ways the variables of wellbeing and parenting have been operationalised, and also, there may be slight variation with the way children are bracketed into different life stage categories.

Another difficulty when comparing results from European and American studies into parental wellbeing is the influence of different socio-economic and cultural factors that impact family life in these countries; for example, Putnam (2015) examined the growing inequality gap in the U.S. and its negative impact on family life. Sparked by these findings, a similar report was issued in the UK and it was found that outcomes in terms of socio-economic influences on children's life chances 'are not as bleak as in the United States' (Social Mobility Commission, 2016), although gaps in certain aspects of family life are widening between families of high and low socio-economic status. Another comparative study into family life between the UK and the U.S. also found 'greater instability and family complexity in the U.S.' compared to the UK (Kiernan, McLanahan, Holmes, & Wright, 2011), although again, certain aspects of family life also showed cause for concern in the UK. These findings suggest that the more positive results in the wellbeing of midlife parents found in this study, particularly those parenting an adolescent, could at least partly be due to comparatively more stable factors in the UK than in the U.S., in areas such as education, employment and health, all of which have an impact on parenting. Further research is needed into the effects of socio-economic factors on family life, so as to inform government social initiatives.

Although not inferentially tested, some evidence was found in the current study for Dekovic's (1999) and Silverberg and Steinberg's (1990) findings about the different meanings given to everyday occurrences between parent and adolescent, and that these affect the midlife parent's wellbeing, more than they do the child. This evidence was provided by the 21% agreement with the statement, "When we argue, my child seems able to 'move on' quicker than I can." Further studies involving interviews with different family members would enhance our understanding of

differential meanings attributed to everyday interactions and their varying effects on wellbeing.

The high variation in wellbeing scores in those parenting a child in adulthood could be due to findings that parental wellbeing with adult children is related to whether they are perceived as having achieved normative signs of 'developmental success' (Mitchell, 2010). In relation to this, Nomaguchi (2012) found that parents who have an adult child living away from home report higher levels of global happiness than those who have a child under school age. This may be because adult children of midlife parents are often of university age, or are just entering the workforce, both of which could be seen as equating normative success. 83% of children in adulthood (23+ years) in the current study were living away from home, which could account for the average levels of wellbeing overall; however, the high variation in scores could be reflective of differing parental perceptions of success. While the psychological wellbeing of those living at home in the AD group was not inferentially tested due to small sample size, the difference in wellbeing between parents who had a child living at home (of all ages) and those living away showed significant differences in stress, although not in other measures. This finding is interesting given that more young people are now living at home due to financial issues. Further research could focus on the different aspects of parenting that are applicable to an adult child and how these interact with particular aspects of parental wellbeing. This follows the suggestions made by Umberson et al in their (2010) review mentioned earlier.

In terms of psychological wellbeing, those with a child in adulthood in the current study showed the same levels of self-esteem and satisfaction with life as those with a

child in infancy and early childhood, which was slightly lower than those with a child in adolescence. Although these differences were non-significant, this ran contrary to Luthar & Ciciolla's (2016) study, which showed higher levels of parental adjustment needed and lower levels of satisfaction in parenting experiences and perception of child in adolescence, compared to infancy and adulthood. Luthar & Ciciolla's findings were also non-significant, however, implying that adolescence may not be as challenging as previous studies (as mentioned above) suggested.

Other differences in the findings may be due to the range of ages classified in these different developmental periods that varied across the studies, as well as the types of measures taken, as some aspects of parenting are more demanding at certain stages (Umberson et al, 2010). Future research using a longitudinal design will be able to focus on particular aspects of parenting and trace intraindividual changes in the parent-child relationship across the life span.

Another significant finding was that the IEC group (0-8 years) scored significantly higher on stress than the other three groups. This group also scored highest on depression, and equally on anxiety, self-esteem and satisfaction with life with the other three groups. The high levels of stress and higher levels of depression in this group went against Nomaguchi's (2012) findings where those parenting an infant (0-4 years) showed higher self-esteem, less depression, and higher self-efficacy than those parenting a firstborn child of school age (5-11) or adolescence (12-17). When parental satisfaction in the parent-child relationship was taken into account (in Nomaguchi's study), these differences disappeared, however. The differences may be due to the wider age range of participants in Nomaguchi's study, which spanned the ages 16-76 (*M*=37.81, *SD*=9.89). Although the wellbeing measures used in the current study were slightly different to those in Nomaguchi's, the current study

showed a less favourable picture of parenting a younger child in terms of demands, but the rewards may have compensated for this, as self-esteem and satisfaction with life were within the average range, and showed no differences with the other groups.

The demands of parenting a young child in the current study showed contrasting results to those of Luthar & Ciciolla (2016) who found that the infancy group (0-3 years) scored significantly lower than most other groups on rejection of child and child negative behaviours and significantly higher in life satisfaction than all other groups. In the current study, it was the adolescent groups who showed the highest life satisfaction, although the differences were non-significant. As the measures were again different to the ones in the current study, however, the more favourable picture of parenting a young child in Luthar & Ciciolla's study could be suggestive of the different demands of this age group, as identified in the Ballenski & Cook (1982) study. More physically orientated tasks, which Ballenski & Cook (1982) identify with young children, may be less demanding cognitively and emotionally for the midlife parent.

The findings with the infants in the current sample may be indicative of the findings from Morgan et al (2015) where mothers felt unprepared for the realities of first-time motherhood, and had unfulfilled expectations of greater partner commitment after the child arrived. The 'dissonance' (Morgan et al, 2015, p.486) created had led to stress and hardship. Also, Reece and Harkless (1996) note an 'overtone of stress' that was unique to older mothers. This is particularly relevant to working women (Lyons, 2002). All the parents in the IEC group were working in this study. However, as there were only four parents with a child five or under in the current study, a larger sample may have shown different results. Although the infancy and

early childhood group was a particularly small sample, the reoccurring findings in this study of lowered wellbeing may be suggestive of an interaction between infancy and early childhood (in the firstborn child) and midlife that requires further study.

It must be noted, however, the difference in ages between Nomaguchi's (2012) infancy group (0-4) and the infancy and early childhood group in the present study (0-8), which merges into Nomaguchi's school age group (5-11 years). Similarly, Luthar & Ciciolla's (2016) Infancy group were aged 0-3 and Preschool were 3-6, which spans across three of the categories in the Infancy sample of the current study. As most people in the Infancy group in the current study were highly satisfied with life and scored in the average range on self-esteem, this suggests that, as Nomaguchi (2012) states, the demands of caring for a young child in midlife may be great, which would account for the higher levels of stress and depression, but the rewards are also high, leading to high satisfaction in the relationship, which in turn affects wellbeing. This is supported by the 89% agreement to the statement, "*My relationship with my child is very rewarding*", and the 85% agreement to the statement, "*Some of my most positive moments are when I am with my child.*" (These statements were not broken down into agreement across the different child categories, however.) It must be taken into account, however, the small sample, which may not be representative of a wider population. Further research into this area would allow for the reliability of these findings to be tested, to shed light on the balance of rewards and demands when parenting a child at midlife.

The widest variation in scores was consistently within the adolescent transition group, apart from in satisfaction with life, where the adulthood group showed the highest variation. The former variation may be due to previous findings where

difficulties in the parent-child relationship have consistently been found with this age group (Luthar and Cicciola, 2016; Nomaguchi, 2012; Lachman, 2004; Steinberg and Silk, 2002). Many factors have been identified as of particular significance with this age group and their effects on parental wellbeing, which may have played a part in the variation in scores; for example, whether the child has entered puberty, (Silverberg and Steinberg, 1990), or the entry to secondary school, where a child's developmental needs may be contrary to the demands of a large school (Eccles et al, 1993). These factors were not investigated in this study. In spite of the variation in scores, this child age group scored within an average range on wellbeing measures but slightly higher in depression, anxiety and stress than the mid to late adolescence group. As these differences were non-significant, however, no evidence of particular parental strain was found for this in the current sample.

Overall, parents were within the average range on measures of depression, anxiety, stress, self-esteem and satisfaction with life, painting a satisfactory picture of wellbeing. If conflict or tension were being experienced, this did not appear to be having a detrimental effect. Responses to the midlife themes of *growth and decline* indicated that the majority of respondents (85%) were increasingly more aware of the signs of ageing, but only half (55%) felt they were entering a physical decline. 99% stated they felt they had grown as a person in the last few years and 79% reported feeling wiser than ten years previously. There was some support (52%) for Sheehy's (1996) finding of feeling ten years younger than chronological age. 69% reported that this life stage 'feels good'.

The theme of *facing one's own mortality* did not have as much support overall: 52% stated that they often think about their own mortality, and 29% stated they often felt

afraid of the future. While 70% agreed with the statement, "There doesn't seem to be enough time to do all that I want to do in my life", less people felt that this was their "last chance" to accomplish their goals (37%). The relatively healthy picture of midlife presented in this study is consistent with that of previous studies (Lachman et al, 2015; Dekovic, 1999). It also supports Nydegger's (1976) finding that midlife is relatively free from psychological upheaval and dramatic crisis.

Although the findings present a positive picture of midlife functioning, it needs to be considered that participants who volunteer to take part in a study about parenting may be those less likely to be experiencing problems in this area. Although feedback from the pilot and the study itself included participants often calling the study, 'thought provoking' and 'interesting', they may still have felt reluctant to admit to difficulties. Another possibility is that, with regard to the questions on the parent-child relationship in particular, some respondents may not have been aware of conflicting, ambivalent or uncomfortable feelings in this relationship, and so would be unable to report them (Luescher and Pillemer, 1998). Also, although anonymity was assured, due to the survey being open to people who the author had a professional relationship with, if these people did take part, they may still have been concerned about being identified.

Another possibility is that parents may be framing everyday conflictual occurrences in the parent-child relationship in a positive light (Silverberg and Steinberg, 1990). While this could be promoting psychological wellbeing in the short-term, daily conflicts in the parent-child relationship that largely go unnoticed by family members could lead to distress for the parent (Steinberg, 2000). In the current study, while 85% reported some of their most positive moments are when they are with

their child, fewer (64%) reported the parental role as being the most fulfilling in their life. 20% stated feeling envious of their child, and 37% felt criticised. These findings demonstrate the ambivalent feelings present in the parent-child relationship, which warrant further investigation in order to better understand their impact on both parents and children. On the other hand, the survey may also attract parents who are experiencing difficulties in parenting, and they may participate as a way of gaining insight or support into their difficulties. This may be the case with the two extreme scores that were substituted, but still remained high, although not high enough to warrant exclusion when compared to trimmed means.

Of note with these findings is that most parents scored in the average range, which suggests there is room for improvement in wellbeing. The wide variation in scores across all measures, which sometimes included some extreme scores both ends of the spectrum, also reflected a diversity of experiences; for example, in satisfaction with life, half the participants scored in the upper end of the spectrum on satisfaction with life, and half in the lower end. These findings suggest that some parents may appear to be functioning on the surface, but there may be deeper issues worth investigating which are affecting wellbeing on a more subtle level. This is of particular relevance to women at midlife, given the 'sandwiching' (Davis, 1981; Miller, 1981; Bengtson & Lowenstein, 2003) described earlier.

With regard to other protection and resilience factors, in the current study, 68% of respondents felt emotionally supported by their partners but only 37% felt their relationship with their partner was very strong. 46% felt the relationship had actually deteriorated over time. 67% felt support from their friends, although, as the sample was heavily female-biased, this may not be reflective of the support felt by fathers.

(These findings were not broken down by gender or age.) Some support was felt from worklife, as 69% of working respondents felt "good about [them]selves" when working. This shows that some protection and resilience factors (as identified by Kremen et al, 2012) were present, which may account for the average levels of wellbeing, but there may be some ambivalent feelings regarding close relationships at work and within friendships that might need addressing. Although this study comprised a small sample, it contributes to knowledge by highlighting the need to delve deeper into the psychological wellbeing of parents at midlife in order to identify the presence of factors that can cause distress at midlife, as well as the presence of protective factors that can mitigate the strains of midlife parenting.

5.1.2 Psychological Wellbeing in Mothers and Fathers

A second aim was to investigate differences in psychological wellbeing between mothers and fathers. Mothers reported higher levels of anxiety and stress than fathers, but these differences were non-significant. This is in line with research by Kerestes et al (2012), where mothers and fathers scored similarly on wellbeing, however, individual differences were attributed to self-perceived midlife changes (mothers) and marital satisfaction (fathers). Diener et al (1999) attributed differences in findings between happiness ratings in men and women to differences in intensity of emotion, rather than levels of happiness itself. This concept could account for other studies where mothers experience a greater intensity in their relationship with their infant than fathers (Leckman, Feldman, Swain, Eicher, Thompson, & Mayes, 2004; Feldman, Weller, Leckman, Kvint, & Eidelman, 1999). The findings of the current study, although non-significant, support previous findings (Dekovic, 1999) that illustrate that subtle differences exist between mothers and fathers at midlife, but more research is needed to elucidate these differences further. Average scores for

both mothers and fathers were at the upper end of the spectrum for satisfaction with life. As the sample included many more women than men, the positive findings overall could be indicative of the life balance described by Gersick and Kram (2002) in women in their 40s, who time and postpone new life events, such as childbirth, according to a personal plan, which may create a sense of satisfaction and control, thus possibly improving overall wellbeing.

The positive results may also be related to total household annual income: 49% of mothers and 53% of fathers in this study earned £61,000 plus per year, while 17% of mothers and 29% of fathers earned £101,000 or more a year. As lower levels of income have been shown to detrimentally affect psychological wellbeing, this could play some part in the relatively positive picture of mental health that was found, although later research has started to investigate the effects on wellbeing of more affluent older mothers, whose unmet expectations can lead to disappointment once parenthood arrives (Morgan et al, 2015).

While the small sample of fathers prevented meaningful inferential analysis on them alone, this study highlighted subtle differences between mothers and fathers across different child life stages; for example, mid to late adolescence appears to be a less challenging time in terms of psychological wellbeing for fathers than mothers in this study, which is in line with Nydegger and Mitteness' (1996) study showing that fathers enjoy a more egalitarian relationship with their maturing adolescent offspring, describing midlife as 'the prime of fathers' (p. 556). Further study can shed light on these gender differences as more research is needed on fathers at midlife and the effects of parenting on wellbeing.

5.2 Parental Sense Of Competence

The third aim of the study was to investigate differences in parental sense of competence across parents parenting children of different ages. Building on previous research (Matire et al, 1998; Ballenski & cook, 1982), it was hypothesised that those parenting a child in the adolescent transition (9-15 years) would show lower levels of parental competence than the other child life stages. Results demonstrated an even spread of moderate to high levels of parental competence across the different child ages. 12% of scores in the Adolescent Transition group were low in parental sense of competence; however, this only constituted three people, so generalisations have to be cautious. Although those in in infancy and early childhood scored lower than the other three groups, this was still within the moderate range, and no significant differences were found across child ages. However, despite these positive findings, 32% of respondents reported feeling incompetent when they were with their child. These results were not broken down by child age, however. Although the study included a small sample size, given that this is in line with previous findings (Martire et al, 1998; Ballenski & Cook, 1992), this would suggest further investigation is needed to check levels of competence and their effects on wellbeing in midlife parents.

5.3 Strengths and Limitations of the Study

This was the first study to test the prevalence of midlife themes in a population of midlife parents and to measure psychological wellbeing concurrently. Also differences in wellbeing according to child life stage were examined. The themes themselves were derived from psychological literature from 1990 to present day. The study also set out to investigate differences in psychological wellbeing between

mothers and fathers, which has also been identified as an area needing further investigation. This was also the first study to do this within a UK population.

The study used a quantitative methodology through the use of an online questionnaire. This method allowed for the possibility of a large sample and objective measurement, to add validity and reliability to the results. Although web-based data collection has been accused of producing a sampling bias (Bethlehem, 2010), measures were taken to encourage as wide a population as possible by providing the possibility of a hard copy of the questionnaire, as well as targeting a wide-range of organisations. Due to the convenience and accessibility of online questionnaires, this method is popular among parenting research (Ashton-James, Kushlev, & Dunn, 2013; Rizzo, Schiffrin, & Liss, 2013). The rigour of scientific methods also adds validity when disseminating the findings in order to inform social policy and practice, and acts as a 'jumping off point' (Overton, 2016) from which qualitative methods can provide further insight.

A variety of measures, including standardised ones used in previous research (Luthar & Ciciolla, 2016; Silverberg & Steinberg, 1990; Kunseler et al, 2014) as well as devised questions particular to themes of midlife and the parent-child relationship, were utilised in the study. This provided a holistic perspective of the midlife experience for parents. Supported by Umberson et al's (2010) findings in their review of the effects of parenting on wellbeing, these measures are useful and appropriate, as they allow for different aspects of wellbeing to be measured. This is useful because being a parent may have different implications for wellbeing at different times of the life course; e.g. self-efficacy may be particularly important when parenting an infant at midlife, due to increased self-expectations from the

parenting role, while parental competence may be more relevant to parenting a teenager, due to the cognitive clashes that can arise between the developing adolescent and the parent whose judgement may be questioned. Therefore, future research should aim to identify and explain the aspects of wellbeing that are most relevant to particular life stages; for example, a strong work-role orientation (a protection and resilience factor) has been shown to balance the challenging aspect of parenting an adolescent (Steinberg and Steinberg, 1994), but may be associated with role conflict when parenting a younger child (Repetti et al, 1989).

The study relies on a self-report method, which has been shown to be high in validity; however, as the results were captured at one time only, the thoughts expressed in this study may have been affected by particular events around the time of responding, which might be different to participants' usual functioning. Reliability could be checked by repeating this study with the same group of participants over time and monitoring changes, or a larger sample to check the consistency of findings.

A methodological limitation of the study is that it did not provide opportunities for parents to elucidate on their parenting experiences outside of the standardised measures or devised questions used. The quantitative measures utilised provided a useful and needed snapshot of functioning within this understudied population, and allowed for comparison across groups. However, in keeping with the tenets of counselling psychology, it is recognised that a client's experience of their everyday functioning is considered more relevant than a quantitative measure. For future research, a mixed methods approach would allow the scientific rigour and experimental precision of quantitative methods to be complemented by the rich,

descriptive detail of qualitative data (Cupchik, 2001). This would deepen our understanding of the nuances of parenting that can affect wellbeing at midlife.

It is also recognised that parental wellbeing can be affected by many other factors, in addition to the age of the firstborn child. While rich demographic information has been collected regarding household set-ups (biological parents, single parents, etc.), socio-economic levels, number of children in household and relationship to parent (biological, adopted, etc.), and education levels, the study did not address health issues in the parent or children, or indeed other family members, which have been shown to significantly affect wellbeing, particularly at this life stage. As parents scored average on almost all measures of wellbeing, this might signify that health was not an issue with this sample, or equally that variations in health accounted for the high variations in scores that were observed.

While this study provides a useful indicator of overall functioning, and a baseline for further research, the cross-sectional design has its limitations and does not allow for the measurement of intraindividual change (Galambos et al, 2015) across the life course. As the age range of participants is 40-65, cohort effects could influence results, which may account for the diversity of scores; although when the data was split into age groups – firstly, 40-52, and 53-65, and then in 5 year intervals (as described in Section 3.8.2), no significant differences were found overall in wellbeing measures. A longitudinal design would accommodate the life course framework and be able to measure subtle changes in parenting transitions for individual parents, providing more information on the plasticity and variability of midlife experiences (Lachman et al, 2015) and allowing for greater confidence with

causal relationships. This would be useful for gaining insight into resilience factors that allow a person to override times of adversity.

Another limitation to the findings of this study is the size and nature of the sample. Although originally 175 participants responded, which would have increased the reliability of the findings, 73 of these had to be excluded for the various reasons mentioned in Chapter 3. Therefore, only tentative findings can be drawn. In addition, 81% of participants identified as White, and 81 % were female, so responses may not be representative of males or non-Whites in the UK population. Also, while three out of four of the child age groups met the required sample size for each cell to ensure robustness when performing a MANOVA, even with unequal n (Mardia, 2014), this requirement was not met for the infancy and early childhood group. As child life stage was a natural variable, the low number of cases in this category was thought to be representative of the wider population, however, and so the group was retained in the analysis.

The study addressed the need to investigate differences between mothers and fathers; however, the small sample of fathers makes it difficult to generalise the results to other fathers in the UK. The sampling bias may be due to the online methods used to recruit participants, which made use of social media, and men may be less likely to engage in social media than women. Further research of this type would broaden knowledge and understanding on gender differences in midlife parenting experiences.

As a wide variety of data was collected in this study, which covered a broad spectrum of the midlife experience, there are many ways in which the data could

have been analysed; for example, the relationship between child age and aspects of wellbeing could have been tested, or a regression model could have been used to see which factors (sex of parent, sex of child, etc.) might have been more predictive of wellbeing. A larger sample would also have provided greater flexibility. The data lends itself to further investigation.

Despite these limitations, the study contributes to psychological knowledge by providing support for the more recent 'progressive narrative' of midlife, rather than the 'decline narrative' (Sheehy, 1996) that previously dominated midlife psychological literature. It is centred on an area of research that has been less well investigated, drawing attention to the psychological wellbeing of parents at a significant and enduring life stage, in the UK. It also lies within the context of current research which highlights the demands of parenting on psychological wellbeing (Luthar and Ciciolla, 2016; Nomaguchi, 2016), the interplay of biopsychosocial factors in midlife (e.g. Galambos, 2016), and psychological effects of midlife parenting (e.g. Morgan et al, 2016; Fadjukoff et al, 2016; Mitchell, 2010), as well as the need to study mothers and fathers (e.g. Fadjukoff, 2016). While generally parents in this study scored 'normal' in levels of depression, anxiety, stress, self-esteem and satisfaction with life, the infancy and early childhood group demonstrated possible tensions in their parenting role, in spite of being generally satisfied with life. In contrast, parenting a child in mid to late adolescence appears to be a prime time for wellbeing and possible parent satisfaction. Some subtle differences between mothers and fathers at different child life stages have also been suggested. While this study provides a relatively healthy picture of midlife, the descriptive data has drawn attention to possible tensions and ambivalent feelings in the parent-child relationship and possibly other key areas of the midlife parent's life.

Given the central role played by midlife parents in family functioning, particularly mothers, further research is needed to elucidate the subtleties of midlife parenting which this study has initiated.

5.4 Further Research

This current study demonstrated that certain themes of midlife were shown to be applicable to a large majority of the sample, with some items finding 99% agreement. Although the sample consisted of midlife parents in the UK, the majority of whom were White and female, the large agreement with certain midlife themes could mean that they are also applicable to a wider population, including both sexes, different ethnic backgrounds, and possibly those who are not parents. Further research could throw more light into these midlife themes and investigate in greater detail how they might be interacting in close relationships. In turn, themes associated with different life stages could also be explored, in order to support people dealing with life-adjustment issues. This research would be particularly useful for counselling psychologists, as these underlying themes might not be at the forefront of clients' minds when coming for therapy, but could be playing a significant role in feelings of congruence and integration as people age.

In addition, little research has directly addressed the interaction of life stage issues in family members and how different intrapsychic and socially-directed values and priorities, associated with each life stage, might be affecting key relationships. This may be due to the reluctance – often appropriate – in research, of assuming that people's experiences are the same; however, this research has shown that there is a place for life course developmental psychology, with its assumptions of similarity of experience, within counselling psychology practice. In the same way, the normative,

nomothetic approach of a quantitative methodology has been useful for highlighting similarities, as well as differences, in midlife experiences. This, therefore, provides a basis for further research into midlife and the effects of the interaction of life stages between close family members.

The particular parenting demands of each child life stage call for psychosocial readjustment, which might be particularly difficult at midlife, due to its association with reappraisal and questioning of life choices and oneself (Silverberg & Steinberg, 1990.) Previous studies have shown the demands of adolescence to be the most contrasting to the themes of midlife (Luthar & Ciciolla, 2016; Morgan et al, 2015: Silverberg & Steinberg, 1990; Larson & Richards, 1994) and so possibly the most challenging. While contrary evidence was found in this sample, further studies will be able to elaborate further on the interaction of these two life stages.

5.5 Clinical Implications and Applications of the Research

This study used a relatively small sample of participants, and so only tentative conclusions can be drawn; however, the results of this study highlight important considerations and implications for healthcare providers and especially counselling psychologists. The latter will be aware that the life stage of the client may well be having some influence on the client's values and expectations, even though clients may not present for therapy with explicitly midlife issues. What counselling psychologists will not necessarily be aware of is how themes of midlife, such as self-evaluation, growth and decline, and facing one's own mortality, might be underlying other issues, and might also be interacting with relationships, and particularly for those who are parents, relationships with children. As mentioned previously in this

paper, being a parent is for many their most salient role (Callero, 1985; Thoits, 1992) and so merits further exploration into its differing effects on psychological wellbeing across different life stages. This salience found some support in this study, as 64% of the sample reported that being a parent was their most fulfilling role they play in their life. However, for 36% of parents, this was not the case, and so counselling psychologists and healthcare providers could draw upon these findings and remain curious with regard to midlife clients' experiences of parenting and the poignant issues these can bring about.

The sample in this present study consisted of parents; however, given the wide agreement with certain statements regarding midlife issues, there are various intervention strategies that counselling psychologists can apply, which may well be applicable to midlife clients in general. This might involve identifying any physical or emotional changes experienced during midlife, and exploring how these might be interacting with key relationships; for example, ruminations around dying might cause the client concern around how their children might cope without them; or a woman whose child has left home might be concerned about the reformulation of her relationship with her partner, now that parenting duties have diminished. The counselling psychologist might also explore perceptions of ageing and challenge any negative assumptions about 'appropriate' behaviour for this life stage. For those experiencing negative consequences of ageing, such as concerns over physical health, the counselling psychologist could help the client to explore the significance of these concerns and to support the client in adjustment through transitional phases. They could also test the applicability of the more positive aspects of ageing identified in this study, such as the feelings of increased growth and wisdom, to help the client accommodate a more rounded view of the life stage.

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Importantly, the midlife client who is also a parent should be provided with a safe space within which to explore difficult experiences and thoughts emanating from parenting issues, so that they may be supported in understanding how midlife themes could be fuelling these exchanges and making parenting at this life stage all the more 'poignant' (Carolan, 2005). Working with the parent on these possibly unspoken feelings can support them in making the necessary adjustment through this life stage and enhance a sense of congruence, which can also improve relationships with other family members.

In addition, although the infancy and early childhood group was a very small sample, the consistency in their results indicates support for previous studies (e.g. Morgan et al, 2015; Reece and Harkless, 1996) which have highlighted the difficulties of first-time mothering in midlife. Given that the number of women aged 45 and over giving birth has steadily increased year on year (ONS, 2015), it seems that attention should be given to the possibility of incongruence between the feelings of growth experienced by 99% of the sample, (which included both mothers and fathers), alongside an ever-increasing awareness of ageing (85% of the sample). Although no significant differences were found between mothers and fathers in this study, it is possible that both sexes, (while qualitatively differently), could experience a sense of uncertainty over this dichotomy and therefore a need to integrate these contrasting aspects of self. Luthar and Ciciolla (2016) highlight highly-educated women as being particularly vulnerable to this incongruence, as their academic and possibly workplace accomplishments might lead them to place overly high expectations on themselves with regard to the mothering role (support for which was found in their study): all but one of the parents with a child in infancy and early childhood in this

study had a university degree; the other participant had gained A Levels or another Further Education qualification, which lends possible support to this.

The findings of this study not only benefit the individual, but also their relationships, and thus are relevant to couples counselling and family work. Although the focus of this research is on the parent-child relationship, the findings regarding the prevalence of certain midlife themes will be helpful to any counselling psychologist working with someone at midlife, or family members who might come for counselling and express tensions within the relationship with a midlife family member.

In the same vein, this study has drawn attention to how midlife issues can affect the parent-child relationship. While parents generally showed low levels of depression, anxiety and stress, and high levels of self esteem and satisfaction with life, some child ages appeared to be more demanding for parents than others. This study is therefore of value to educational psychologists and teachers who work with young people and their families, as it can inform their working relationships and help lend support to parental concerns.

While similarity of experience has been found in this study, there was also variation, and so the possibility of cultural variation in the values, expectations and experiences of midlife has to be acknowledged. In keeping with the values and ethos of counselling psychologists, it is important to 'respect individual, cultural and role differences' (BPS, 2009) in any therapeutic relationship. While various themes of midlife have been presented, an informed but open view of this life stage is useful for a comprehensive development of knowledge and skills in counselling psychologists. The section below demonstrates the relevance of cultural

anthropological studies in widening perspectives on midlife, and which are therefore useful and interesting for inclusion in curriculum design and training.

5.6 Implications for Curriculum Design and Training

Following on from the implications and applications of this research mentioned above, the results of this study also have implications for curriculum and training. As previously mentioned, clients at midlife rarely come to therapy directly with midlife issues, but yet underlying themes regarding ageing and the passing of time are often significant in the client's difficulties, and can affect their relationships (personal clinical experience). This study has highlighted that midlife is a very complex but also rich life stage, in terms of the general experience of growth as well as decline that can be associated with it. While this study has only focused on certain themes within oneself and the parent-child relationship, there are many other areas of functioning at midlife that merit attention, specifically with regard to romantic relationships and the caring of older parents. Given the centrality of the midlifer in the family unit, particularly those who are parents, Counselling Psychology training would thus benefit from including midlife and its various theoretical components, in fact adult development in general, as part of the curriculum.

This focus on midlife would also be beneficial for inclusion in continuous professional development workshops for counselling psychologists, therapists, and other healthcare professionals. Not only would it enrich their understanding of their clients' experiences, but also make them more acutely aware of issues relevant to this age group, such as the need for greater attention to physical health and weight management, and the practical, psychological and social aspects of ageing.

Of note also is that within the culturally-diverse UK population, family life may be constituted quite differently, and so any form of training should be culturally-rich. This might include drawing from the interesting and enriching studies from cultural anthropology, which shed light on the midlife experience and its significance in different cultures. Knowledge of a diversity of cultural experiences would inform practice and enable a more open and informed approach to counselling, particularly if the therapist is at midlife themselves and is of a different culture to the client.

5.7 Important Considerations and Recommendations for Service Delivery

In contrast to services for young people and the elderly, services for midlifers have remained largely invisible within the community. This supports Kawaga-Singer et al's (2002) findings, which highlighted the 'invisibility' felt by midlife women in Western societies. While the societal context of being at midlife has not been explicitly investigated in this study, it should be considered by the counselling psychologist in order to gain a holistic appreciation of the changes experienced. In a similar vein, Kaufert and Lock (1997) describe the relative importance of fertility in different cultures and how cultural expectations and perceptions of older women can mediate midlife experiences. This suggests a need to examine the way our society moulds experiences of midlife and to ensure that this life stage is given a fair representation in the media, where the contribution of midlifers to the community can be recognised. This suits well the ethos of counselling psychology as it 'places a commitment to understanding social context and socio-political processes at the heart of its mission' (Rafalin, 2010, p.49). Counselling psychologists and other healthcare professionals could help raise the profile of midlifers within society and open up discussion of midlife issues, such as health and physical wellbeing, mortality, and the passing of time.

Considerations for older first-time mothers (aged 40 plus) are also implicated. Healthcare providers and counselling psychologists would be well advised to address the realism of expectations prenatally and then to monitor and offer support to the mother postpartum. The comparatively few numbers of first-time midlife mothers in this study showed the possible isolation experienced by this population, and so facilitated group work would allow mothers to benefit from shared experiences and support (Morgan et al, 2015). This would be particularly beneficial for single mothers, who constituted 20% of this sample. The results of this study, supported by Macrae's (2005) research on women and work, could shape community initiatives by informing the content of prenatal classes, so that time can be allowed for the discussion of conflictual relationships, and the teaching of relaxation and stress management techniques, as working women with children and families have been shown to have higher levels of stress (Lyons, 2002).

In this current study, those parenting an adolescent showed the most favourable outcomes in terms of lower levels of distress (depression, anxiety and stress) and higher levels of wellbeing (self- esteem and satisfaction with life). They also scored higher in parental sense of competence, particularly those with a child in the adolescent transition. (These differences were not always significant, however.) This was in contrast to the numerous previous studies highlighted in Chapter 2 where those parenting an adolescent showed the least favourable outcomes. Although the outcomes were more favourable for the adolescent groups, there was still a wide diversity of experiences, and so, as highlighted by Morgan et al (2015), the community would benefit from parenting groups where the focus is on supporting parents through midlife, explicitly recognising the impact of life stage, so that parents can share their experiences.

This thesis has highlighted throughout the view of parenthood being regarded as 'the most salient role' (Callero, 1985; Thoits, 1992) and that midlife has been found to be associated with increased introspection and reappraisal of oneself and one's life choices (DeVries et al, 2007). There are contraindications of this approach to be considered, however, one being that the cultural validity of these findings should be kept in mind, as these ideas stem from largely individualist Western cultures. Although large agreement was found for these views of midlife and parenthood within this study, the majority of the sample (82%) identified as White, so propagating a possibly Western perspective. It must be borne in mind that although people scored similarly in terms of wellbeing overall, and some of the items on the devised questions showed large agreement (up to 99%), there was also large diversity within responses across some of the measures. Due to this, discussion regarding midlife themes and the quality of the parent-child relationship should be handled with sensitivity, taking into account cultural values and expectations of parenthood. The literature discussed in Chapter 2 showed that there may well be cultural variation in expectations of midlife and values in a parent-child relationship between European countries and the U.S., for example. Care should be taken, therefore, when addressing the parent-child relationship, with the counselling psychologist remaining cognisant of the meaning and presentation of this relationship to a client, in light of socio-cultural and religious influences.

There are also contraindications of the methodology to be considered. The quantitative approach used was appropriate and useful for the aims of this study, which was to provide a snapshot of wellbeing in an area previously unexplored, namely midlife wellbeing and the parent-child relationship within the UK. What was the most revealing in this study, however, was the responses to the devised

questions, which arose from hypotheses formulated from psychological literature, as well as informal discussions with people from the target population. These responses ranged from 99% to 8% agreement, both ends of the spectrum paving the way for further research. The findings of this study would now benefit from a more qualitative approach where key findings from this study can be further explored and knowledge and understanding of the nuances of this life stage strengthened. The significance of the responses to the devised questions demonstrates the need for psychologists to remain creative and acute in their methodological approaches and not rely on traditional standardised measures alone.

Lastly, it must be remembered that the parents in this sample showed general wellbeing, particularly those parenting a child in mid to late adolescence. While both negative as well as positive aspects of ageing have been highlighted in this study, it would be ingenuous to assume that all midlifers, and midlife parents, are in search of congruence and integration. Therefore, in keeping with the values of counselling psychology, it is important to view each midlife client as an individual, who may or may not experience the themes and issues highlighted in this study.

5.8 Unique Contribution to the Literature

This study has contributed further to an area that has been less well explored in the literature, but is fundamental to family functioning – that of the psychological wellbeing of the midlife parent. Being often 'sandwiched' (Davis, 1981; Miller, 1981; Bengston & Lowenstein, 2003) between the demands of both a younger as well as an older generation, the midlife parent has to face particular challenges surrounding their family and work responsibilities, while at the same time coping with their own cognitive, psychosocial and physical changes. This study was the first

to directly measure the prevalence of midlife themes (*growth and decline*, and *facing one's own mortality*, alongside the presence of buffering *protection and resilience factors*) and measures of psychological wellbeing, alongside feelings surrounding the parent-child relationship. While past studies have repeatedly mentioned the possible interaction of midlife themes with parenting, other than Kerestes et al (2012), this is the only study to have directly addressed this and explicitly included midlife themes in its design. While the interactions themselves were not tested in this study, by synthesising and highlighting the different possible influences in the midlife parent's experience, and their prevalence in a UK population, the study acts as a springboard for future research, and takes us one step closer to understanding the complexity of these everyday interactions, so they can be more clearly defined.

Although the sample size is limited, and findings were positive overall, the study highlights particular concerns in midlife; for example, the preoccupation with the passing of time, which showed 70% agreement. Likewise, one third of participants did not feel that being a parent was their most fulfilling role. These findings invite further investigation, as the latter finding might go against cultural expectation and may be difficult to accommodate for some parents. This illustrates a core tenet of this thesis - that there are various subtle changes that occur in the parent-child relationship as both parent and child mature in parallel, which affect wellbeing, and so merit further understanding. This is important for counselling psychologists to recognise so that they can enable the client to address possibly hidden, ambivalent feelings regarding their various roles. As familial relationships often entail a multitude of conflicting feelings, being able to accept inherent ambivalence in these relationships is beneficial in forming a sense of identity (Luscher, 2002), which can ultimately improve wellbeing. Given the centrality of the midlife parent, particularly

the mother, to family functioning, not only will this benefit the client, but all those within their care.

The findings have partially supported previous findings, in that the adolescent transition group consistently showed the most variation in scores, followed by the adulthood group, showing a more complicated picture of parenting children at these life stages, although their scores were still within an average range. What was surprising was the healthy picture of those parenting a child in mid to late adolescence, who showed the lowest levels of distress, and the highest levels of wellbeing. The reverse pattern was shown with those parenting a child in infancy and early childhood. These latter findings run contrary to recent research (Luthar & Ciciolla, 2016; Morgan et al, 2015) and so further investigation is needed to understand the nuances of interacting life stages between close family members and how these affect parental wellbeing across the life course.

5.9 Conclusions

The study's aim was to investigate an area of research that has been little addressed in the literature – the co-existence and demands of two life stages, that of the parent and that of the firstborn child - and how this might affect the psychological wellbeing of the parent at midlife. Previous studies (e.g. Luthar & Ciciolla, 2016, Morgan et al, 2015; Kerestes et al, 2012; Silverberg & Steinberg, 1990, Steinberg, 1988) have shown a relationship between psychological wellbeing and the age of the child, with the adolescent transition often seen as the most challenging life stage (Luthar & Ciciolla, 2016; Silverberg and Steinberg, 2000). An interaction of midlife themes with the parenting role has often been highlighted in these same studies, yet the explicit presence of these themes and their possible interaction in the parenting

role had not thus far been examined. The results of this study revealed that overall, parents at midlife in the UK are functioning moderately well in terms of wellbeing, scoring in the average ranges in depression, anxiety, stress, self-esteem, and satisfaction with life. The large majority also feel that their relationship with their firstborn child is very rewarding and positive.

The study is not without its limitations, particularly with respect to sample size, and the cross-sectional design means that no causal relationship can be established between age of child, midlife themes, and parental wellbeing, as other factors would need to be controlled; however, tentative conclusions can be drawn, which can be further developed. Where previous studies have shown the adolescent transition to be particularly challenging for midlife parents, those parenting a child in the adolescent transition in this study scored very similarly to those parenting a child in mid to late adolescence, who scored the most favourably in wellbeing overall. It appears from this study that greater attention should be given to those with a child in infancy and early childhood. Although this was an extremely small sample, it has raised awareness of the possibility that as mothers are now having children later in life, while often caring for older parents, and possibly managing more responsibility at work, the demands of a young child might be particularly taxing when the mother is ageing herself. 85% of respondents in this study stated that they are becoming increasingly aware of the signs of ageing, and 70% felt that there does not seem to be enough time to accomplish all that they want from life. These time pressures and physical demands could represent the 'overtone of stress' that Reece and Harkless (1996) found was unique to older mothers.

In conclusion, parenting at midlife seems to present a relatively positive picture in comparison to the U.S. studies, (Luthar & Ciciolla, 2016; Morgan et al, 2015); however, due to the dearth of literature in this specific interaction, and the nature of this study, it is difficult to ascertain whether these differences are due to cultural differences in differential expectations of and values in parenting and family life. The wide variation in wellbeing scores in this study would indicate that there is as much diversity within a UK culture, as there is between, or maybe there is more to be differentiated between those in early midlife and those in later midlife. Also, as scores were largely in the average range, (apart from the infancy and early childhood group), but there were significant proportions of scores outside the average range, the counselling psychologist would benefit from addressing the parent-child relationship with the midlife client, in order to detect possible ambivalent feelings which may be triggered by underlying midlife themes.

Parenting constitutes the renegotiating of relationships across the child's developmental stages (Silverberg, 2000), in a relationship that often provides 'solidarity' and a unique attachment (Umberson, 1992). The psychological demands of parenting never cease, but modify in nature, according to the life stage of the child (Pearlin, 1983). And at no other time in the life course is the theme of renegotiation – biological and psychosocial - as prevalent as it is in midlife. This study contributes to the literature by highlighting the interaction of linked lives that is central to a life course framework, and the multiple demands and ambivalent feelings that can be present in the midlife parent. It thus helps to address a wide range of mental health, relationship and life-adjustment issues that will benefit not only counselling psychologists, but also health and education professionals who come into contact with midlifers, and those within their care.

5.9.1 Closing Reflections

As mentioned at the beginning of this thesis, and much like Levinson (1978), this study originated from my own intellectual and emotive curiosity about the transitions I was experiencing in the parent-child relationship with my own daughter. Being in my 40s, I found myself curiously entering the unknown domain of midlife and so turned to psychological literature to deepen my understanding of this life stage and how it might affect my relationships with myself and others. Apart from my own biological and psycho-social changes I was experiencing, I noticed a parallel change in my relationship with my daughter: the rewards of the relationship seemed greater, but so were the strains. It was this fascination that prompted me to undertake this research, in an attempt to explore the significant and intriguing interplay of midlife with that of adolescence, and to then test the generalizability of my findings to a wider UK population.

As a multi-lingual, multi-national woman, I have been heavily influenced by differing cultural perspectives, beliefs, and ideologies, which highlight differences among individuals. Coming from a collectivist society into an individualist has also required acculturation and necessary adjustment. However, in the same vein, I have experienced firsthand the many developmental characteristics that make us the same across cultures, and allow us to enjoy a shared humanity. These experiences have undoubtedly reinforced my belief in the existence of shared affective experiences that transcend cultural differences. This philosophy may well have influenced my decision to employ a quantitative methodology in this study, with its inherent nomothetic approach, which looks for generalised theories of behaviour. While I value the usefulness and efficiency of quantitative measurement and its ability to capture trends in behaviour at any particular time, I also recognise that qualitative

methods allow for individuality and diversity, and an elucidation of the uniqueness of each individual. Both methods can work in harmony to enrich the value of the other.

The development of this research has traced my own development as a mother of a child currently in late adolescence. I began with the idea that the adolescent transition period would show the greatest adversity in terms of psychological wellbeing, as this was in line with previous studies from the U.S. and also echoed the emotional challenges I was experiencing in my own parenting trajectory, the intensity of which was difficult to explain. However, as the research developed, the picture of midlife parenting broadened and the interaction of child life stage and midlife parenting became all the more intriguing.

In the early stages of this research, and from what was emerging from the literature, I expected to find similarities in the midlife experience with regard to the themes explored; however, I was met with a complex picture of midlife parenting, which showed strong agreement for certain aspects, but also diversity. In a way, this could be said to reflect clinical practice, where the individual is made up of many layers, each of which has to be respected and explored, in order that the whole person be understood in their entirety.

As I conclude this thesis, I end with a richer, deeper, and respectful appreciation of the life stage of midlife and an enthusiastic commitment to studying it further. I recognise that although we do share similarities of experience in this pivotal and significant life stage, we also bring to it our uniquely individual story, shaped by historical and socio-cultural influences.

Conducting this research has benefitted my clinical practice in that I am acutely aware of the significance of midlife in the parenting experiences of my clients at this life stage, and how the life stage of the child has particular and differing demands on parenting and consequently wellbeing. What is also poignant is the importance of perceived competence in this role and the difference in wellbeing when a client is able to accept the ambivalence present in this relationship, and why 'doing it properly' (Carolan, 2005), particularly for the mother, seems so important right now. While this study has only tapped into the multitude of questions that remain unanswered surrounding parenting at this life stage, through the dissemination of its findings, it has drawn attention to a section of the community that has remained somewhat 'invisible' (Kawaga-Singer et al, 2002) in society, and also less well studied in psychological literature. This thesis has shown me that while there are many physical variations that make up the parenting experience at midlife, from age of firstborn child, through to sex and culture of parents, there are indeed certain human characteristics of parenting at this life stage which many of us share, that are poignant, significant and enduring.

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Appendices

Appendix 1. Information Sheet

<u>**INFORMATION SHEET**</u>

<u>**UNIVERSITY OF EAST LONDON**</u>

The Principal Investigator

Ariana A. Jordan

Email: <u>U1114170@uel.ac.uk</u>

'Parenting Experiences at Midlife'

The purpose of this information sheet is to provide you with the information that you

need to consider when thinking about participating in this research study. The study

is being conducted as part of my Professional Doctorate in Counselling Psychology

degree at the University of East London.

What is this project about?

This project will investigate people's experiences of parenting around midlife, and

the factors which affect that experience. For this reason, I am interested in

comparing the everyday experiences of both parents and non-parents across the full

breadth of this life stage.

What will I be asked to do?

You will need access to a computer in order to complete an online questionnaire. It is

preferable that you should have a quiet space, and be alone, free from distractions,

when completing the survey. The questions are about your relationships and work

experience (where appropriate). You will be asked to answer questions using a rating scale.

How long will it take?

The questionnaire should take about 15 minutes to complete, but it could take up to an hour, depending on your speed of reading. Try not to take long on any one answer.

Are there any risks involved in taking part?

Although highly unlikely, as some questions relate to personal relationships, you may find some of them distressing to think about. If you find the questionnaire particularly difficult to complete, you are free to withdraw from the study altogether by closing down the browser window at any time. Any data collected up to this point will be stored on the computer anonymously and confidentially, as neither your name nor email address will be collected.

Should you have any questions or concerns at the end of the questionnaire, or feel you would like to explore any issues raised, you will be provided with the names of suitable organizations, where appropriate.

Are there any benefits to taking part?

There is no direct benefit for taking part in this research; however, you will be contributing to our knowledge of experiences of parenting across the lifespan, which can then be developed for further use in counselling psychology settings. You may also find yourself thinking more about various aspects of your life, which could have some influence.

Who will see my data?

Research data is private and confidential. That means all of your responses will be anonymous and your name or other identifying information will not be available. Data will be stored securely (using data encryption) on password protected computers on the Survey Monkey website. Full details of Survey Monkey's security policy can be accessed on https://www.Surveymonkey.net/mp/policy/security, where a link to their privacy document can also be found.

Although these measures are taken, there is a small risk of loss of information security and/or privacy due to the nature of internet-based communication. In order to minimise this risk, if you are taking the survey on a public computer, please ensure you close the browser window when you have completed the survey and clear your browser history as an additional security step. Demographic information regarding household details (provided just before the start of the questionnaire itself) will not be published, should this study be developed for publication.

Where will this study take place?

This will be at a computer of your choice, preferably in your own home or somewhere where you can be silent and free from distractions.

Disclaimer

You are not obliged to take part in this study and should not feel coerced. You are free to withdraw at any time. Should you choose to withdraw from the study, you may do so without disadvantage to yourself and without any obligation to give a reason. Should you withdraw, the researcher reserves the right to use your

anonymised data in the write-up of the study and any further analysis that may be conducted by the researcher.

Please feel free to ask the research team any questions prior to participating. If you are happy to continue, you will next see a consent form, which you will need to complete, prior to beginning the questionnaire.

If you have any questions or concerns about how the study has been conducted, please contact the researcher's supervisor: Dr. Meredith Terlecki, School of Psychology, University of East London, Water Lane, London E15 4LZ, (Tel: 020 8223 4463. Email: M.Terlecki@uel.ac.uk) or Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mark Finn, School of Psychology, University of East London, Water Lane, London E15 4LZ (Tel: 020 8223 4493. Email: m.finn@uel.ac.uk).

Thank you in anticipation

Ariana A. Jordan

18th December 2012

Appendix 2. Consent Form

CONSENT FORM

<u>UNIVERSITY OF EAST LONDON</u>

Name of Study: 'A Study of Parenting Experiences Across The Lifespan'

I have read the information sheet relating to the above research study and understand that I may request a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have also been explained.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to the data, which will remain anonymous. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study, which has been fully explained to me. Having given this consent, I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher.

I confirm that I understand the risks and benefits of participating in this study and that some questions might cause me to feel uncomfortable or distressed, but I consent to completing all questions to the best of my ability.

Researcher's Name: ARIANA A. JORDAN

Date: 2nd February 2014

   o I do not wish to participate in this study

   o I confirm agreement with the above and that I am over 16

Appendix 3. Debrief

DEBRIEF

Thank you for participating in this study of parenting experiences at midlife. As mentioned at the beginning of the study, I am interested in comparing the experiences of parents and non-parents across this life stage.

Of particular interest to me is how being at this life stage affects people's experiences of parenting an adolescent child. My hypothesis is that due to the particular demands of these life stages (midlife and adolescence), parenting an adolescent at midlife has particular meaning and significance for the parent, compared to parenting a child of a different age. For this reason, I also expect there to be a difference between the experiences of parents and non-parents across this life stage.

A lot of research has focused on the adolescent's experiences of being parented. In contrast, I am interested in the parent's experiences, and also whether there are differences in these experiences between men and women.

If you have any questions or concerns, or feel you would like to explore any issues raised, below are the links to some organisations you may find helpful:

www.familylives.org.uk
www.parentinguk.org
www.accessiblecountryside.org.uk/family_orgs.html
www.relate.org
www.counselling-directory.org.uk
If you have any other questions on this study, please direct them in the first instance to myself, Ariana Jordan, at U1114170@uel.ac.uk (email). Should you wish your data to be withdrawn from the study, you may email my supervisor, Dr Meredith Terlecki, at m.terlecki@uel.ac.uk, or call 020 8223 4463, providing the day and time at which you completed the survey.
Thank you once again for your participation.

Ariana Jordan

Appendix 4 Ethical Practice Checklist

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ETHICAL PRACTICE CHECKLIST (Professional Doctorates)

</div>

SUPERVISOR: Meredith Terlecki   **ASSESSOR:** Laura McGrath

STUDENT: Ariana Jordan   **DATE (sent to assessor):** 22/02/2013

Proposed research topic: A Study of Parenting Experiences Across the Lifespan

Course: Professional Doctorate in Counselling Psychology

1. Will free and informed consent of participants be obtained?   YES

2. If there is any deception is it justified?   N/A

3. Will information obtained remain confidential?   YES

4. Will participants be made aware of their right to withdraw at any time? YES

5. Will participants be adequately debriefed?   YES

6. If this study involves observation does it respect participants' privacy? N/A

7. If the proposal involves participants whose free and informed
    consent may be in question (e.g. for reasons of age, mental or
    emotional incapacity), are they treated ethically?   N/A

8. Is procedure that might cause distress to participants ethical?   N/A

9. If there are inducements to take part in the project is this ethical?   N/A

10. If there are any other ethical issues involved, are they a problem?   N/A

APPROVED

YES	YES, PENDING MINOR CONDITIONS	NO

MINOR CONDITIONS: It would be a good idea to include some signposting to organisations which support parents, in case filling out the questionnaires raises any issues for participants.

REASONS FOR NON APPROVAL:

Assessor initials: LM   Date: 18/3/2013

Appendix 5 Ethical Approval: Amendment

Name of applicant:	Ariana Jordan
Programme of study:	Professional Doctorate in Counselling Psychology
Title of research:	'A Study of Parenting Experiences Across the Lifespan'
Name of supervisor:	Dr Meredith Terlecki

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
I have designed my own questionnaire – The Midlife Parenting Concerns Scale – to replace the Midlife Concerns Test (adapted from Wolf, 2012) which I originally proposed to use.	The original questionnaire does not address the various areas of midlife that I am interested in for my research and which have been shown to be of significance at this life stage, namely the perception of work versus homelife, the importance of friendships, and how these are impacted upon by the quality of the relationship with a firstborn adolescent child. Silverberg and Steinberg (1990) and Larson and Richard (1994) uncovered various themes in their studies regarding difficult feelings experienced by parents at midlife, which are triggered by their adolescent child, including envy, a sense of incompetence, and feeling in competition with their child.

No current measure of midlife addresses these more difficult and largely unrecognized feelings, and so I hope that my study will allow parents experiencing difficulties in their family relationships and possibly other areas of their life to be able to normalise their experiences and thereby open them up for exploration in therapy, which will benefit the family as a whole. |
| | |

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	X	

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Student's signature (please type your name):   Ariana Jordan

Date: 13.04.2014

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved	YES	
Comments		

Reviewer: M. Finn

Date: 21/04/14

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Appendix 6 Researcher Risk Assessment Checklist

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RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA)

</div>

SUPERVISOR: Meredith Terlecki   **ASSESSOR:** Laura McGrath

STUDENT: Ariana Jordan   **DATE (sent to assessor):** 22/02/2013

Proposed research topic: A Study of Parenting Experiences Across the Lifespan

Course: Professional Doctorate in Counselling Psychology

Would the proposed project expose the <u>researcher</u> to any of the following kinds of

hazard?

1   Emotional   NO

2.   Physical   NO

3.   Other   NO

           (e.g. health & safety issues)

If you've answered YES to any of the above please estimate the chance of the

researcher being harmed as: HIGH / MED / LOW

APPROVED

YES	YES, PENDING MINOR CONDITIONS	NO

MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials:LM   Date: 18/3/2013

For the attention of the assessor: Please return the completed checklists by e-mail to

ethics.applications@uel.ac.uk within 1 week.

School of Psychology

Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee

Appendix 7: Questionnaire