



Case Report

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A Case Study: Psychological Issues in Coping and Wellbeing during Midlife Adulthood

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Abstract

Erikson's Psychosocial Theory of Development through the lifespan informs this discussion of a case study B who is a 46-year-old divorced man. Psychosocial and socioeconomic stressors that impact his development further include loneliness, depression, poor eating habits, lack of physical activity, hypertension, diabetes and finally his recent diagnosis of major depressive episode or major depressive disorder (MDE or MDD). These stressors affect his wellbeing. A well-adjusted midlife adult should be contemplating generativity versus stagnation. This means the adult is satisfied with his career and is looking for ways to contribute to society and promote future generations. As a developmental psychologist, the approach I will take to suggest treatment to B will build on B's resilience or hardiness, teach problem-solving skills and coping strategies with positive emotions. Other therapies I will suggest to B are positive psychology and Cognitive Behavioral Therapy.

KeyWords: Midlife adulthood, Wellbeing, psychosocial, emotion-focused coping, hardiness.

Introduction

The normative events during midlife include choosing a career or work. Another one is marriage and rearing children. The non-normative events include divorce and physical or mental illness. These events are some of the socioeconomic stressors that can impact a person in the stage of life between 40 and 65 years. Successful aging requires resolving these life events and the conflicts it brings [1]. According to Erikson's Psychosocial Theory of development, during midlife, which is around 40-65 years, the individual is in the seventh stage of generativity versus stagnation. In midlife, individuals encounter different stressors and to successfully progress to the next step, they have to solve these psychosocial conflicts. They are concerned with creating things that will outlast them. Some do this by rearing children or creating something that will benefit others. Others find ways to contribute to society and do things that promote future generations [2]. Well-

being is important in adult life. People have a need to be happy. They are settling down with a job, a career, have met their intimacy needs by marriage and are in the process of rearing children, or the children might be in grade school or ready to go to college if not in college already. In the pursuit of happiness and satisfaction in their accomplishment, individuals may consider a second career and have hobbies. Well-being is important in physical, emotional, psychological and other ways. Positive affect, prevention of burnout and healthy living are some of the aspects of well-being [1].

According to [3], depression after a job loss and protracted job search is hard for people who have less education or technical skills to fall back on. The case study is patient B, who is 46 years old. He is a high school dropout. B worked at the Toyota plant for the last 30 years. He was let go following the latest recession brought on by covid-19. Later, B was diagnosed with hypertension in January

2021 and four months later with diabetes. He has not been successful in re-entering the workforce. He has not been able to retrain to another career either. B was not used to going to a doctor before now, but at his recent visit, his blood pressure was found to be high. He has been followed by a family physician quite regularly three monthly until his blood pressure, and blood glucose have stabilized with medications, diet and exercise that his doctor and the diabetes nurse educator prescribed. B is not used to cooking for himself. Living alone has made him not eat healthy homemade foods. Instead, he relies on fast foods from McDonalds and orders pizzas daily. His consumption of sodas and alcoholic beverages has also increased.

These impact B's well-being and contribute to his low mood and sad affect. B is withdrawn and stopped playing with his children at home when they came to visit. He has also not been talking or returning calls from his ex. The ex, though, succeeded in getting him to speak with his family physician about his persistent moodiness and loss of interest in things that once gave him pleasure. The family doctor used the Beck Depression Inventory and PHQ-9 and diagnosed B with major depressive disorder without psychosis or active suicidality. Factors contributing to B's depression are his job loss, protracted inability to reenter the

job market, chronic medical conditions, and divorce. B had classic symptoms of sadness, excessive guilt, psychomotor retardation, lack of energy, appetite loss, insomnia and mental foginess or inability to concentrate. Loneliness and depression are stressors that impact individuals in midlife. [4] researched the mediation of loneliness and depression with hardiness. Hardiness is related to resilience and is the capacity to meet challenges during the lifespan and bounce back successfully. A high perceived feeling of loneliness is associated with low levels of hardiness, which is associated with high levels of reported depressive symptoms.

Treatment for depression includes SSRIs and cognitive Behavior therapy. The cognitive restructuring includes adjusting cognitive fallacies and negative thought patterns. Positive psychology is another approach used in psychotherapy to treat depression and includes Selective Serotonin Reuptake Inhibitors (SSRIs), Selective Norepinephrine Reuptake Inhibitors (SNRIs), cognitive Behavior therapy (CBT) and Electroconvulsive Therapy (ECT) or Transcranial Magnetic Stimulation (TMS) for recalcitrant major depressive disorder. CBT is among the psychological treatments that are used to treat moderate to severe depression. The number needed to treat is 8 to 11, which means it is considered very effective and low risk of harm. Also, psychological treatments and a combination of psychological therapies and antidepressants are more acceptable to patients than antidepressants alone. Cognitive restructuring and behavioral activation are some of the techniques used in CBT [5].

Positive psychology is another approach used in psychotherapy to promote well-being, including positive emotions, engagement, relationships, meaning and accomplishment [6]. [7] performed a meta-analysis of 347 studies involving 72,000 patients. They found a small to medium effect of positive psychology on depression, anxiety and well-being. The effect was sustained after three months of the initial positive psychology intervention, which included enhancing positive relationships, savouring pleasurable moments, showing gratitude and kindness and finding meaning in one's life.

The association of positive psychology and promotion of physical and emotional well-being, coping, managing stress and general wellness is positive in no uncertain terms. [2] researched coping strategies that are used during the lifespan to manage stress and promote positive affect. Coping is the thoughts and actions people use to manage the demands of stressful situations. The researchers described three common strategies used: problem-focused coping, positive emotion-focused, and negative emotion-focused coping strategies. Adults who use problem-focused coping tend to problem solve and come up with solutions and alternative options for a given set of challenges to their well-being. Positive emotion-focused coping brings a positive attitude to their challenges. Rather than be overwhelmed and stay in anxious suspense, these see their proverbial glass as half-full rather than half-empty.

On the other hand, negative emotion-focused coping is, as expected, an unhealthy way of trying to regulate distressing emotions by suppression, transference, denial, and anger rather than acceptance and commitment to control what is in their power to control or change. Thus, negative emotion-focused coping breeds negative affect, sadness, depression, anxiety and traumatic stress. It hinders post-traumatic growth and leads individuals to isolate themselves further, become overwhelmed with anxiety and withdraw from social participation and physical activity that promotes good health and well-being.

Conclusion

Midlife is a stage of life according to Erikson's Psychosocial Theory of Development that is characterized by generativity versus stagnation. Both normative and non-normative events can present psychosocial or socioeconomic challenges to the individual that negatively impact their health and well-being if not resolved successfully. Hardiness, coping and managing stress are some of the ways that mid-life adults who thrive through the aging process face their life events [8]. Broad approaches for treating adults who are stuck in the developmental life span are psychological interventions like cognitive behavioral therapy and positive psychology. The other treatment modalities are pharmacotherapy, electroconvulsive therapy, and transcranial magnetic therapy.

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