

COMMENTARY

“Midlife crisis” on the road to successful workforce aging

Vanessa Burke* and Alicia A. Grandey

Pennsylvania State University

*Corresponding author. Email: vjb5081@psu.edu

The process model of successful workforce aging allows for a more comprehensive understanding of the work experiences and outcomes for those 60+ (Kooij et al., 2019). Clearly the successful aging of older employees is important, as the older demographic is the largest projected growth in the U.S. labor force (Toossi & Torpey, 2017). We propose the need to expand this model to those in the earlier age bracket known as “midlife” (approximately those in their 40s and 50s) for several key reasons. Midlife refers to a developmental life stage “only loosely tied to age boundaries but is defined and characterized by the myriad of social roles (broadly defined) that people take on, occupy, and feel responsible for” (Infurna et al., 2020, p. 473). It is a time of change and transition, including hormonal and physiological changes, societal stigma and stereotypes, and personal identity “crises” that intersect with work experiences (Grandey et al., 2020). At work, midlife is a critical time in career trajectories, as 50 is the average age when employees tend to hold upper leadership positions and acquire valued work resources (Cron & Slocum, 1986; Korn Ferry Institute, 2016, Kooij et al., 2019). Finally, midlife is the only adult demographic age group (45–54) that is projected to have losses in the U.S. labor force, suggesting recruitment or retention issues (Toossi & Torpey, 2017). In brief, midlife is a critical inflection point for later health, productivity, and retention, yet this aging stage is overlooked in the process model and generally in the workforce aging literature (Grandey et al., 2020; Reitz et al., 2020).

In this commentary, we aim to encourage researchers and practitioners to consider how midlife aging is a key juncture on the way to successful aging at work. To do this, we provide a brief review of how midlife aging results in changes in (a) sex hormone levels, (b) stereotypes and stigmas, and (c) personal and social identity, with beneficial and detrimental implications for worker health and retention. Importantly, we encourage an intersectional approach that recognizes how these midlife aging experiences differ for women and men, with ramifications for gender disparities in work resources and retention.

Hormonal changes in workers during midlife

During midlife, the body goes through drastic changes in reproductive hormones that may affect the health and productivity of workers. Though not traditionally the focus of industrial-organizational scholarship, scholars have recently called for research on physiological changes to understand workers’ stress and health (Ganster & Rosen, 2013). In particular, midlife involves objective hormonal changes that are natural for human development but taboo to talk about at work, resulting in a lack of understanding and support during this aging process (Rayner, 2018; Reitz et al., 2020).

About 47% of U.S. workers between 40 and 54 years old are female (Bureau of Labor Statistics, 2019) and facing the midlife hormonal transition, which can last a few months to 10 years. In

women, *perimenopause* tends to start in the mid- to late 40s, with large hormonal fluctuations (e.g., estrogen, progesterone) indicated by unpredictable menstrual periods (Burger et al., 2008). For many women, perimenopause presents highly distressing vasomotor symptoms (hot flashes and night sweats), though there is wide variability in duration, type, and intensity of symptoms (Griffiths et al., 2013; Monteleone et al., 2018). Vasomotor symptoms can disrupt mood, cognition, and sleep with implications for work performance (Burger et al., 1995; Monteleone et al., 2018), though negative attitudes about menopause seem to be a stronger predictor than objective hormone levels (Drogos et al., 2013; Schaafsma et al., 2010). *Menopause* occurs at approximately 50 years of age and denotes a 12-month cessation of menstrual periods indicating that reproduction is no longer possible (Thomas et al., 2001). Recent media stories reveal that women struggle with these symptoms at work (e.g., Brewis et al., 2017; Reitz et al., 2020); however, there is little scholarly work systematically examining menopause in the workplace (for an exception, see Hickey et al., 2017).

Similarly, midlife men experience what is called *andropause*, a widely documented experience referring to the physiological and behavioral changes associated with decline in androgens (male sex hormones, particularly testosterone; Jockenhövel, 2004; Matsumoto, 1993; Morley et al., 1997). Testosterone begins to decrease in men as early as 30 at a rate of ~ 1% per year, with symptoms emerging most dramatically in the midlife years (Feldman et al., 2002; Harman et al., 2001; Morley et al., 1997). Andropause can involve vasomotor symptoms (e.g., hot flashes, night sweats), mood and cognitive impairment, and physical changes that affect strength and stamina (Singh, 2013; Tremblay & Morales, 1998). Men may lack awareness of andropause given it is a gradual and subtle transition over time (Anderson et al., 2002; Singh, 2013). In addition, the masculine norms to avoid sharing or seeking help from other men (Yousaf et al., 2015) or seeking medical treatment for symptoms (Harrison, 2011) make prevalence hard to estimate, though some evidence estimates the prevalence to be as high as affecting 34% of men 45–54 years old (Mulligan et al., 2006). Compared with estrogen, more research has been conducted on testosterone levels and work outcomes. Recent work has shown that higher testosterone means more social conflict and aggression (e.g., Akinola et al., 2018; Bendahan et al., 2015; Kaldewaij et al., 2019; Ronay & Carney, 2013) such that there may be reductions in aggression while aging into midlife, though it is unclear whether that is beneficial or costly to male employees' work status and resources.

Stereotypes about midlife workers

Someone being viewed as midlife or menopausal can evoke strong stereotypical connotations. For women, the stereotype is being emotionally out of control and unpredictable (e.g., Burke, 2016), and for men, the stereotype is acting impulsively in ways that bolster feeling powerful (e.g., buying sports cars, having affairs; Petersen, 2020). Stereotypes about midlife may be particularly harmful for working women (Grandey et al., 2020) but ambivalent for men. Unfortunately, no known empirical work provides direct evidence comparing gender and midlife stereotypes, with most studies focused on “older” individuals age 55 and up or conflating midlife (40+) and older employees (e.g., Finkelstein et al., 1995; Gordon & Arvey, 2004; Ng & Feldman, 2012).

In the media, stereotypes of menopausal women as weak, moody, and unpredictable have been used to undermine women aspiring to join the ranks of leaders or pursuing work opportunities (Burke, 2016; Garber, 2017; Mundy, 2019). Such stereotypes may exist due to the tendency to medicalize menopause and treat it as a problem rather than a natural aging process (Conrad, 1992; Dillaway, 2005; Lock & Kaufert, 2001). The framing of menopause as a “syndrome” with estrogen “deficiency” contributes to stereotypes of older (postmenopausal) women as weak and incompetent (Bariola et al., 2017; Chrisler et al., 2016). These stereotypes of weak, incompetent, and unpredictable are incongruent with the “ideal worker,” which has implications for job opportunities or promotions (Acker, 1990; Duehr & Bono, 2006; Grandey et al., 2020; Griffiths et al.,

2013). Further, menopause is linked to social stigma around bodily function and excretions (e.g., sweat), and thus may evoke coworkers' disgust and avoidance like other female-specific bodily functions (e.g., breast feeding, Sitzmann et al., 2018). To avoid these penalties at work, women may feel the need to hide symptoms out of embarrassment or fear that male decision makers will use their bodily experiences against them (Brewis et al., 2017; Danzebrink, 2020; High & Marcellino, 1994; Vaughn 2020) such that they do not ask for simple accommodations (e.g., cooler air temperature, a fan; Branley, 2019).

Given the lack of awareness of andropause, there is little evidence of the midlife stereotypes or biases for middle aged men. In fact, stereotypes of men in "midlife crisis" may or may not be damaging for men seeking leadership positions: the impulsive and power-seeking midlife crisis stereotype can result in being viewed as too unpredictable or may make midlife men more appealing in firms where risk taking is valued (e.g., innovative culture; O'Reilly et al., 1991). More research is needed to further understand what stereotypes exist for midlife men and what effect they may have on their work experiences.

Identity shifts in midlife workers

Midlife transitions can also present an opportunity for reappraisal and revision of identity and purpose, which can have negative and positive outcomes. On one hand, the "midlife crisis" connotes a purely negative aging experience. Recent evidence shows that midlife is when U.S. and Western society members "bottom out" in terms of their happiness and life satisfaction (Graham & Pozuelo, 2017). Another study reports one in four adults between 49 and 53 report having gone through something they personally would define as midlife crisis (Wethington, 2000). Yet, other evidence points to a peak in generativity in midlife (McAdams et al., 1993) suggesting midlife employees may refocus on their work identity once their reproductive or youthful identity has passed, recognizing their potential to influence a younger generation or develop symbolic immortality through their work (McAdams & de St. Aubin, 1992). Successful resolution of midlife inflection points could be important in getting back on track to healthy well-being, and work experiences may be part of that.

For women, menopause is a natural transition, but the loss of reproductive capability (e.g., no more childbearing) has been assumed to threaten a traditional feminine identity, resulting in depression (Barbre 1993; Dillaway, 2005; Ferguson & Parry, 1998; Winterich & Umberson, 1999). However, this perspective assumes that childbearing is the only valuable identity for a woman. In fact, many women experience relief at no longer having monthly periods and risk of pregnancy (Avis & McKinlay, 1991; Rossi, 2004). Midlife women also report feeling more authentic and focused on other social identities and purposes beyond the home (Borysenko, 1996; Mattern, 2019). Menopause has been theorized to be one of the key adaptations in supporting modern human thriving and presents a positive experience for women (Dillaway, 2005; Mattern, 2019). Thus, midlife can be a time that women feel refocused on their work identities, if their work context supports women to successfully cope with this aging transition.

For men, midlife may not be a loss of reproductive capacity, but may activate shifting one's temporal perspective about age from time since birth to time left to live, suggesting one should have peaked in life (Neugarten, 1968). As such, midlife men may start questioning their legacy with reevaluation and shifting of identities (Lachman, 2004; Levinson et al., 1978; Scase & Goffee, 1989), potentially resulting in seeking more meaningful work. Further, midlife men's dropping testosterone levels, lowered reproductive capability, and loss of physical strength may be felt as threats to masculinity, and in response, men may seek power to reclaim manhood (Vandello & Bosson, 2013). In fact, this shift to being literally "mid-life" may activate awareness of mortality; in response to thinking about their future death, men tend to seek power and status more than women do (Belmi & Pfeffer, 2016), which may emerge as seeking leadership at work.

These gender differences to the “midlife crisis” align with the gender disparity in pay and promotions to leadership positions at this career stage (Joshi et al., 2015). More work is needed to better understand how identities of men and women change during midlife and what implications this has for organizational retention.

Conclusions about expanding successful aging to include midlife

As argued above, midlife changes for men and women may affect health symptoms, social status, and identity; at the same time, the work conditions and experiences also reciprocally affect midlife health. Stressful work conditions increase frequency of hot flashes (Hunter & Rendall, 2007), while work resources (e.g., autonomy, power, status, breaks, etc.) buffer the negative effects of midlife symptoms: employees with higher work status (i.e., managers) reported fewer symptoms than did nonmanagers (High & Marcellino, 1994). Unfortunately, midlife women tend to have less job status and resources than midlife men (see Lyness & Grotto, 2018 for a review), which may create a reciprocal effect: menopausal distress reduces successful attainment of job resources, further exacerbating midlife symptoms, and being ultimately costly for worker health and job retention.

In short, we argue successful midlife transitions are a precursor to successful aging for “older” employees. The midlife hormonal changes—albeit with varying levels of intensity, distress, and types of symptoms—are part of this aging at work experience, but the societal-cultural stereotypes and identity management also determine how midlife employees engage in work, pursue work outcomes (e.g., promotion, better pay, autonomy, flextime), or disengage from work, potentially leaving altogether. Importantly, both men and women face midlife hormonal changes, and the intersection of gender with the aging experience may help to explain disparities that can affect career trajectory and successful aging. To adequately research successful aging at work, we need to acknowledge and examine factors of workplace in this midlife stage for both men and women rather than focusing only on those 60 years or older.

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