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Adapting to Change: A Thematic Review of Resilience in Midlife from 2015 to 2023 Abstract

Abstract: Background: The midlife period is a strongly transitional phase reflecting challenges, stressors, and crisis tasks. Resilience is a concept closely related to this period. Resilience refers to the ability to function and flourish as an individual faces adverse situations while adequately maintaining the well-being of the person during this critical time of transition. This thematic review looks upon the theme of resilience when midlife transitions occur and how it affects an individual during that period.

Method: The review sourced 160 studies from the Scopus database, EBSCO, and Google Scholar. VOSviewer was used to carry out cluster analysis, which revealed four main themes of resilience in midlife. Each theme was further synthesized to discuss theoretical and practical implications.

Results: Four themes emerged from the analysis: Navigating Adversity and Discrimination shows how psychological resilience can be useful in middle-aged people in thriving against the challenges and adversities set forth by society. The impact of adverse childhood experiences sheds light on resilience as a mitigating factor in lifelong health and satisfaction. Life Stressors and Depressive Symptoms demonstrated the role of resilience in mitigating depressive symptoms related to midlife worries. Self-compassion and spirituality in menopause in women and identity crisis in men are related to the development of emotional resilience during crises in both men and women.

Conclusion: Future research in resilience should be directed toward longitudinal studies and interventions tailored to the variety of challenges that midlife may present.

Keywords: *resilience, midlife, ACE, depressive symptoms, self-compassion, spirituality, menopause*

INTRODUCTION

Midlife is often seen as a period when one's goals and responsibilities get in the way of one's dreams and realities. However, resilience is a guiding light that unveils the forward path (Ryff & Singer, 2006). Academic researchers have termed it the "pivot" generation because this group acts as a strength for two generations (Fingerman et al., 2010). University of Michigan psychologist David Gutmann claims that there are three stages of adulthood: young adulthood, which lasts from 21 to 35; mature adulthood/middle age, which extends from 35 to 60; and old age, which continues from 60 to death (Freund and Ritter 2009). Midlife represents complex stressors in

terms of health changes, psychological adjustments, career transition, and duties as a caregiver for aging parents as well as for growing children. These challenges make resilience – defined as being able to adapt positively to adversity – a particularly important factor for successful negotiation of the middle span of life (Masten, 2001).

The unique challenges of midlife

Transition through the middle years is often physically and psychologically meaningful. These transitions can take place in the form of chronic diseases, the onset of menopause and identity crises, and physical decline, which usually erode any sense of vitality and general well-being (Carr, 2012). Existential psychological stressors like being



consumed by thoughts about the eventual inevitability of death, reassessment of one's identity, and stress associated with an attempt to meet unfulfilled life goals generally culminate during this stage of human development (Lachman et al., 2015). Changes in careers, including transition to a different job role, unemployment, or early retirement are also known to boost uncertainty and stress (Aldwin & Levenson, 2004). Lastly, many people have the dual burden of providing care for aging parents and support for adult children, leading to emotional exhaustion (Zautra & Reich, 2015).

Defining Resilience and Its Role in Midlife

According to Masten (2001), resilience is the ability to "maintain or regain mental health despite adversity" In the context of middle age, resilience refers to the psychological mechanisms that allow people to adapt to significant stressors characteristic of this period. Resilience comes in different forms: it is emotional, cognitive, and social. It supports both general and mental well-being. Psychological resilience, that is, the ability to recover from emotional stress, preserves psychological stability, or well-being in a life transition (Ryff & Singer, 2003). Among other aspects, self-acceptance, purpose in life, and autonomy are considered to be the most important elements of Ryff's Model of Psychological Well-being for crossing over the complex landscape of midlife.

The Importance of Studying Resilience in Midlife

It evolved highly in the middle-life understanding of resilience over the past half-century. Initially, most of the early research was based on resilience as an individual personality, focusing on personality and coping styles (e.g., Masten, 2001). However, recent studies define resilience more or less as a multifaceted dynamic process influenced by psychosocial, cultural, and environmental factors. The resilience theory of Masten in 2001 adds more to the point that it is not an inherent character, but rather a dynamic and changing process influenced by various aspects inside the individual, relation, or environment. Moreover, midlife is oriented toward coping with changes in health, working pressures, and caregiving responsibilities, all in the name of psychological well-being.

The intense unique challenges arising in midlife make the stage stand out, and thus understanding resilience becomes a critical element. Some of the life-span developmental theories, for instance, Levinson's stages of adulthood (Levinson, 1986) and Gutmann's adult development model (Gutmann, 1987) consider midlife as the point where individuals assess and restructure their lives. This theory emphasizes adaptive mechanisms, that is, the effect of resilience in successful aging and well-being in this phase.

PURPOSE AND SCOPE

This thematic review aims to present a view of resilience in middle life through four thematic threads on how people navigate the problems of this stage. By

utilizing 160 academic papers gathered through various databases, which were visualized and analyzed with the assistance of the Vos Viewer software, it was possible to create four thematic threads that together represent the complex and dynamic nature of resilience in midlife. This review will thus elaborate on midlife challenges, including the psychological, social, and emotional aspects, and how resilience can be an agent for positive change. We attempted to integrate theory and empirical evidence to enable a unified understanding of the process of resilience in the midlife context. Examining these four thematic threads, this review joins forces with the changing body of knowledge on mid-life resilience by providing a bridge for studies that draw from an individual's experience while merging it into a broader theoretical framework.

Research Questions and Framework

Resilience is very crucial in the better management of transitions in midlife, considering the psychological and social adversities. Masten's Resilience Theory (2001) and Ryff's Psychological Well-being Model (1989) have provided valuable insights into the mechanisms that allow for successful adaptation to adversity. Despite increased research, there are still certain gaps mainly in the understanding of resilience within specific contexts such as gender, adverse childhood experiences (ACEs), and life stressors. The review is guided by four research questions, respectively grounded in theoretical and empirical evidence:

1. In what ways does resilience help middle-aged and older adults with adversity, discrimination, and stressors in life? Grounded in Masten's Resilience Theory, this particular question explores the dynamic role of resilience in mitigating the impact of age and gender-based discrimination
2. Which Adverse Childhood Experiences (ACEs) and lifelong health challenges influence adult life satisfaction and mortality and how does resilience buffer against them? Life Course Theory highlights the long-term impact of childhood adversities. Resilience is a mitigating factor that allows positive trajectories despite early challenges (Felitti, 1998)
3. How does resilience affect and moderate depressive symptoms at middle life transitions to stressors? The Lazarus and Folkman Transactional Model of Stress and Coping views stress as an interactive process between a person and his environment. It postulates that psychological outcomes, such as depression, are determined by how people appraise and respond to stressors.
4. What do self-compassion and spirituality have to do with women's midlife transitions, or menopause, and similarly, what role do these play in men's resilience during identity shifts or retirement?

METHODOLOGY

This review explored resilience in midlife by syncretically synthesizing findings from studies conducted between 2015 and 2023. It adopted a systematic and

thematic approach, with the methodology focusing on data collection, analysis, and thematic synthesis in fully transparent and reproducible ways.

Data Collection

A comprehensive literature search was performed in Scopus, EBSCO, and Google Scholar databases by applying relevant keywords, including resilience, midlife, psychological well-being, adversity, and life stressors. The inclusion criteria are that the selected peer-reviewed articles must be published within the given timeframe and address the concept of resilience during midlife. Articles unrelated to the scope or do not match the quality standards are excluded. 306 records were returned in the first search, and duplicates and studies with irrelevant themes were removed. This eventually led to a final number of 160 articles for further analysis. The articles covered a broad dataset about resilience in the midlife transition and crossed a vast cross-section of cultural, psychological, and social contexts.

Research Strategy

The thematic review was conducted by a systematic search strategy with the application of the PRISMA framework to ensure a rigorous, transparent identification, and selection of literature. The research strategy followed up with a definition of keywords, inclusion and exclusion criteria, and rigorous filtering of results to arrive at an effective final dataset for analysis.

Search Process

Databases Searched: The three major databases accessed are Scopus, EBSCO, and Google Scholar. These databases were used for their strong coverage of peer-reviewed studies in psychology, health, and social sciences. This search examined studies that were published between 2015 and 2023 to ensure the capture of the latest developments in resilience research.

Keyword Selection: Some keywords were selected to reflect the central theme of the literature review. The following were the primary and additional keywords used: Primary keywords were resilience, midlife, psychological well-being, adversity, and stressors also used some extra keywords like adult, social support, depression, and menopause. Boolean operators (AND, OR) and truncation (for example resilience) have been applied to retrieve the maximum number of hits. For instance, the use of the query "resilience AND midlife" ensures that it retrieves studies that are focused on resilience specifically within the midlife context.

Screening and Selection Process: The PRISMA diagram (Figure 1) shows the step-by-step process of identifying, screening, and selecting studies for the review:

Identification: Total records retrieved from the databases were three, including Scopus (137), EBSCO (139), and Google Scholar (30). A total of 306 records were retrieved; through removing duplicate records, a total of 284 unique records were achieved.

Screening: Titles and abstracts of the remaining 284 records were screened to check their relevance for this study. Studies that do not focus on midlife resilience were excluded and we also excluded articles that were not peer-reviewed journal articles (e.g., editorials, book chapters), focused on topics unrelated to the present review, such as resilience in early adulthood or exclusively in older age groups. After this filtering step, 207 records were left.

Eligibility: Full-text articles were evaluated for eligibility against predefined inclusion and exclusion criteria

Inclusion Criteria: Studies published between 2015-2023 that explored resilience in midlife, discussed psychological or social aspects of resilience, and were available in English.

Exclusion criteria: Articles lacking empirical data, review articles, and articles based on theoretical models without implementing them.

The total number of articles excluded in this stage was 47 because they were found to be irrelevant with less quality

Rationale for Inclusion and Exclusion Criteria: The inclusion criteria guaranteed the capturing of recent, high-quality studies with empirical findings on resilience in midlife. It meant that outdated and non-relevant studies on midlife were excluded to provide a review of contemporary and relevant trends as emphasized by the keywords and research questions. Thus, through this detailed approach, which is visualized through the PRISMA framework, it became easier to follow a structured pathway leading to a systematic narrowing down and identification of the studies, ensuring methodological rigor and transparency.

Final Inclusion: The total number of available articles for the final dataset was 160

Scopus-48,
EBSCO-92,
Google Scholar -20.

THEMATIC SYNTHESIS OF THE DATA

We made the text data visualizing the contents through Vos Viewer where headings remain as title, abstract and keywords. The two who came up with the idea to make this software are from the Leiden University which consist of Nees Jan van Eck and Ludo Waltman. It has literature coupling, co-word and co-citation studies which may apply to it. It provides unique advantages, including the integration of technology and map displays, and can visually present study outcomes (van Eck & Waltman, 2009). A significant feature of the analysis is the occurrence metric, which denotes the number of times certain terms appear in the dataset. Term synonyms are represented as nodes, where the size of the node corresponds to the documented frequency of occurrence. This occurrence metric enabled thematic analysis to capture frequent terms and, therefore, allowed the study to identify core topics regarding resilience in midlife. The thematic analysis sought to establish prominent patterns

connected with resilience in terms such as "psychological well-being" "social support" "adult" and "life stressors" These keywords would shape how the study interprets the operation of resilience in midlife as a basis for further investigation and discussion. Each theme has been analyzed and synthesized together with supportive evidence as obtained from the reviewed studies. The theoretical framework for the interpretation of findings is based on Masten's Resilience Theory and Ryff's Model of Psychological Well-being. This ensures that the themes are not only data-driven but also aligned with the available theoretical knowledge.

Cluster Analysis

Another feature that has been utilized with VOS-viewer is co-occurrence analysis, which identifies clusters of terms in a text network. Co-occurrences refer to the occurrences by which particular terms are found together, which means the number of times particular terms appear together, and hence a stronger linkage. Clusters are referred to as "communities of terms" so, therefore, VOSviewer creates them as results emanating from the co-occurrence patterns derived because it is a term that refers to groups or aggregates of ideas or topics (Bukar et al.,2023) For instance, from this map here that visualizes the co-occurrence analysis, five clusters were realized with

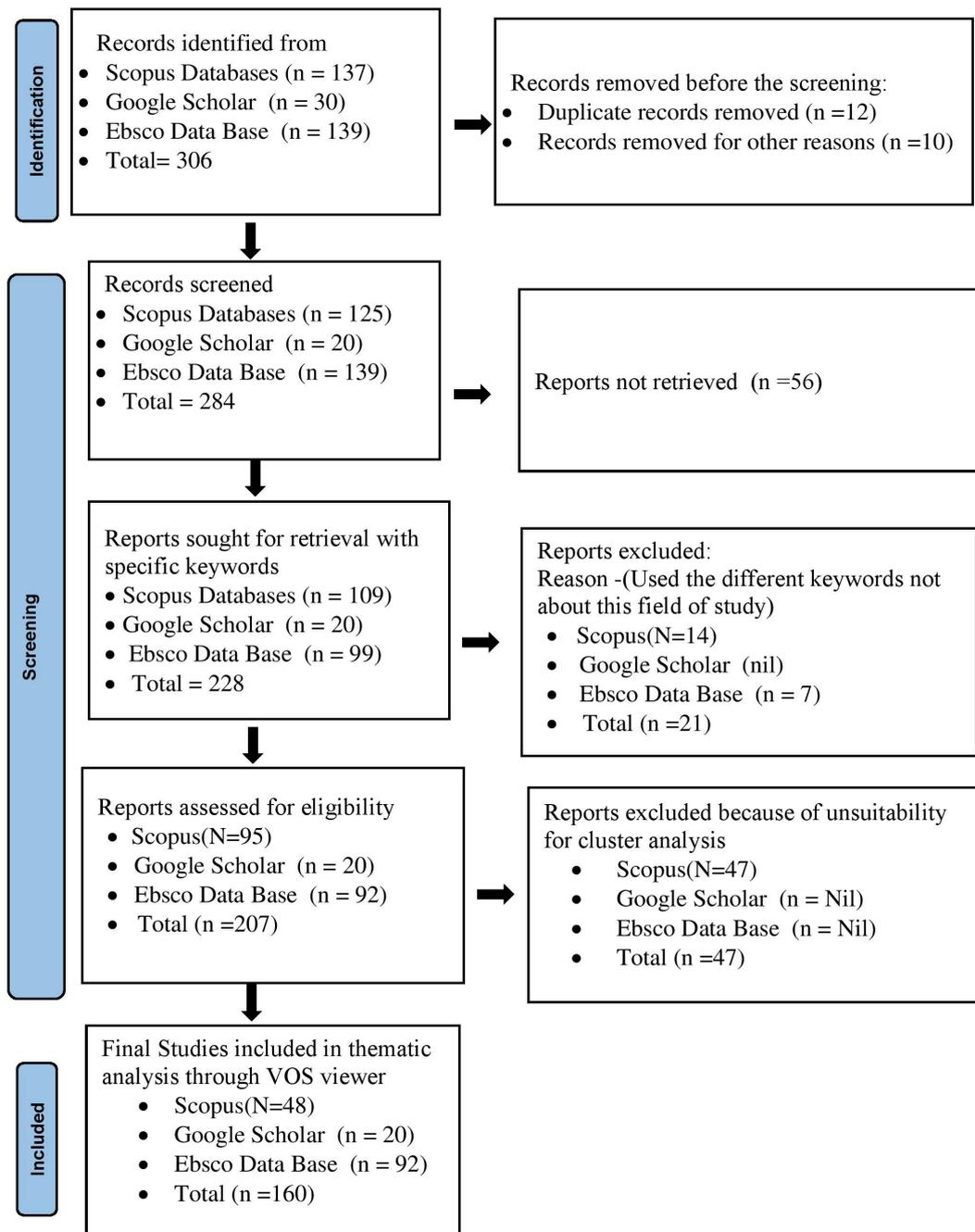


Figure 1. PRISMA Diagram

every cluster having a different color of red, green, purple, blue, and yellow on the visualization map. Therefore, they indicated different thematic areas within the dataset and pointed toward some specific aspects of resilience in midlife. For the most part, the visualization map was informative in terms of keyword relationships, and relevant themes and clusters were identified. Some may well be more directly related to psychological well-being or mental health issues, while others perhaps touch on themes such as life stressors, being an adult, and social support. Other very high-frequency generic terms-including, for instance, terms such as "aces" and "review" – were also on the map but did not represent important contributors to the thematic focus of the study. This

cluster analysis is beneficial for it allows one to see the relationships between the terms and infer what the central themes in resilience are. Co-occurrence maps are an entry point to the understanding of relationships between items in the dataset, and thus, this research can systematically explore all dimensions of resilience in midlife. Although we identified five clusters through a cluster analysis, we retained only four themes in our thematic review. The fourth and fifth clusters contained similar terms and interrelated keywords. Hence, these two clusters were clubbed together and kept as one and explained as Theme 4. The clusters and the keywords are given in Table 1

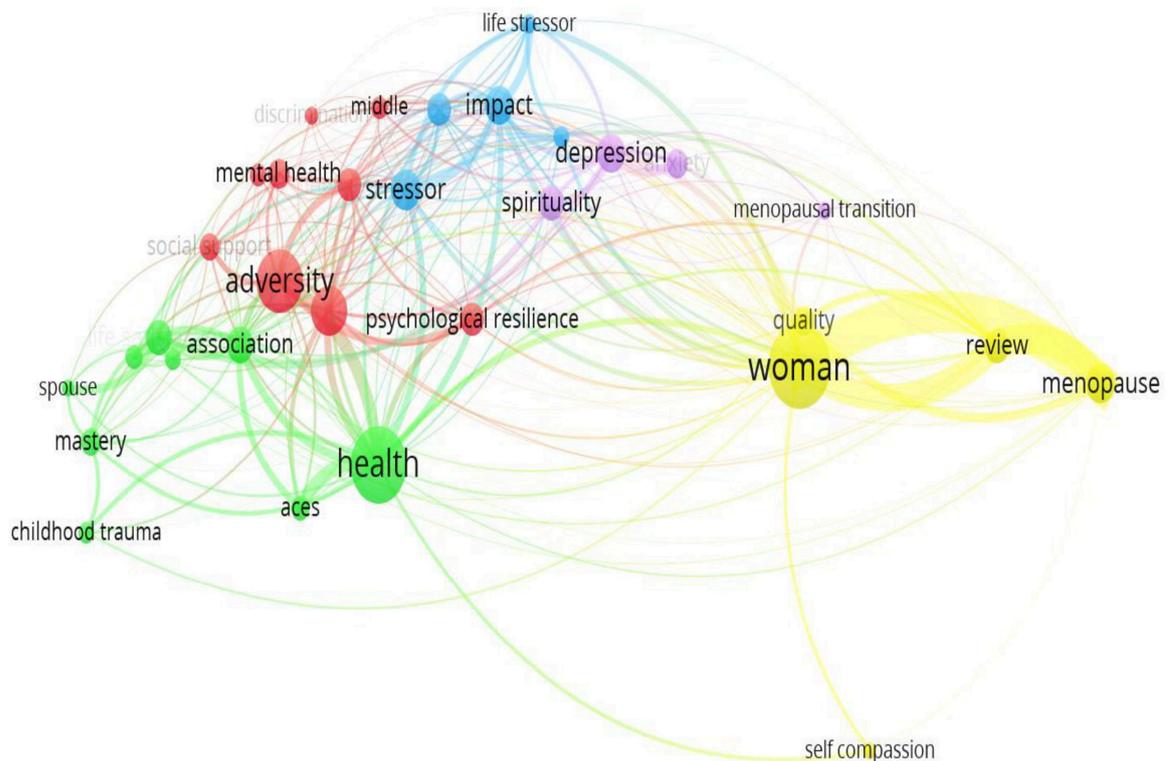


Figure 2. Co Occurrence Analysis

Source: Vosviewer

Table 1. Clusters and the keywords

Cluster 1 (8 items)	Cluster 2 (9 items)	Cluster 3 (5 items)	Cluster 4 (5 items)	Cluster 5 (4 items)
Older adult	ACEs	Depressive symptom	quality	Anxiety
Psychological resilience	Parent	Development	Menopause	Depression
Adult	Mastery	Impact	Review	Menopausal transition
adversity	Association	Life stressor	woman	spirituality
Discrimination	Longevity	stressor	Self-compassion	
Middle	health			
Social support	Life satisfaction			
individual	Childhood trauma			
Mental Health	Spouse			

RESULTS

Overview of the themes

This thematic review addresses resilience in midlife through four interconnected themes. The first theme interrogates how psychological resilience enables older and middle-aged adults to cope with adversity and discrimination. The second theme considered the impact of adverse childhood experiences and lifelong health on adult life satisfaction and longevity, especially by evoking the role of resilience. Life stressors and their role in the manifestation of depressive symptoms during the middle phase, using resilience as a protective factor against such stressors, feature as the third theme. The fourth theme embodies self-compassion and spirituality in building resilience during the menopausal period and assists women in overcoming emotional and psychological challenges related to menopause.

Theme 1 (from cluster 1): Navigating adversity and discrimination: Psychological Resilience in Middle and Older Adults

As individuals enter middle adulthood, they frequently face significant challenges, including personal adversities and age-related discrimination. According to Rutter (1987), resilience includes protective factors that alter or modify a person's response to some individual environmental adversity that predisposes them to an adverse outcome. Resilience is a term with many meanings or nuances. In one view, it refers to an attribute or trait that people have, which varies from one person to another. From another perspective, it describes a dynamic process or state that is related to environmental and developmental factors. It can also be considered the fruit of resisting, enduring, and overcoming stress and adversity. Resilience refers to the fact that a person, community, or organization can bounce back from crises, transform, and survive under adversity. It encompasses numerous aspects, including physical, social, and environmental resilience (Holling, 1973). Psychological resilience may be defined as a component of an individual's mental and emotional ability to prepare for stress and hardship. It focuses on how people cope with and recover from psychological stressors such as significant life changes and trauma. Generally, psychological resilience is described as 'the ability to preserve or restore psychological well-being in the face of adversity' (Ryff et al., 2013). It is a subset of resilience that involves personal traits, coping strategies, and social support systems that help people maintain or regain psychological well-being (Masten, 2001)

People frequently experience unfair treatment based on their attributes (Kessler et al., 1999). It has been mostly seen with race and sex but discrimination can be based on any elements including weight, age, and sexual orientation (Sutin et al., 2015). Stress and coping models have been developed to describe how the experience of discrimination contributes to poor health (Clark et al., 1999). These models have explained discrimination as a chronic stressor that has detrimental effects on both physical and mental

health (Pascoe & Richman, 2009; Williams & Mohammed, 2009). According to a study done by Sutin et al., (2015), it was proven that age, weight, physical impairment, and appearance-based discrimination were linked to deterioration in health over four years, as well as poorer subjective health, higher disease burden, lower life satisfaction, and greater loneliness at both assessments. Experiences of discrimination can exaggerate feelings of hopelessness that are associated with several adverse health outcomes (Everson et al., 2000). Discrimination often amplifies adversity by creating more barriers and challenges, which puts people in a vulnerable situation regarding stress and the compounding difficulties they face to sail through hardships. Therefore, under such compounding adversity and discrimination, it is important to be resilient in that it can enable people to cope with crises, adapt to the most trying circumstances, and care for one's mental health despite all kinds of incessant striving (Bonanno, 2004; Ungar, 2013).

Role of social support: Social support is defined as the support available to an individual through social ties to other individuals, groups, and the larger community (Lin et al., 1979). In middle age, the social support network is considered an important facet of resilience. Friends, family, and social networks play a key role in minimizing the destructive effects of stress (Cohen and Wills, 1985; Lakey and Cronin, 2008). Studies have shown the importance of social support in maintaining and promoting physical and mental health and resilience (Han et al., 2012; Rodakowski et al., 2012). One of the most important risk factors that act as a protective factor against adverse circumstances is social support through family relationships, friendships or other networks within the community. Positive social support has been shown to increase resilience to stress and protect against psychopathology (Ozbay et al., 2007).

Both perceived and received social support are the two aspects of social support. Social support received is "the objective quantification of the help and support people receive from their social network" whereas perceived social support is "a person's perception of the amount and quality of support they receive from their social network" (Tang, 2009; Kim et al., 2018). When discriminated against due to age or other factors, individuals with solid social connections are better able to cope with stress, reframe challenges, and maintain their mental health (Thoits, 2011). When it comes to caregivers of the elderly in Singapore, perceived social support acts as a mediator in the relationship between caregiver stress and resilience. (Ong et al., 2018)

Theme 2 (From Cluster 2): Impact of Adverse Childhood Experiences (ACE) and Lifelong Health on adult Life satisfaction and Longevity and Role of Resilience

Essentially, Felitti et al. (1998) in seminal studies on adverse childhood experiences found that ACEs affect several elements of health and well-being strongly and last for many years. The effects of childhood trauma could have

an impact on midlife emotionally psychologically and physically. The interactions between the effects of childhood trauma and Levinson's contribution to the concept of midlife crisis lead to specific problems (Featherstone, 1979). Coped problems from childhood can then resurface in midlife, creating a greater need for resilience. Avis et al (2003), in their study on coping with midlife transitions, highlight how the effects of childhood trauma can exacerbate the problems that arise at this stage. According to Fine, people's ability to recover from such traumatic situations is put to the test. In this regard, early life trauma can act as a chronic stressor that affects the maturation and use of coping strategies that people use to deal with their challenges in middle age. According to Lerner et al, teenage successes are very important for building resilience, while providing some insight into the complexities of resilience in the presence of early adversity.

According to Pearlin et al. (1981), life stressors affect a person more in the middle age. Trauma during childhood has transformed itself into the catalyst for life stressors that eventually reach a person's resilience threshold. The repeated negativity and adversity burden such a life, and thus strengthens the mechanisms of developing resilience throughout life.

Early life experience and resilience: The long-term effects of early-life adversity upon resilience are based on the highly influential work of Rutter in 1987 regarding lifelong consequences of early psychological experiences. Both negative and positive early experiences strongly influence how a person is supposed to cope throughout their lifetime and about developing the resources for coping and actual ability to cope when facing adverse experiences.

Childhood Adversities: In the landmark ACE study, Felitti et al. (1998) note that experiences of traumas during childhood exert a very strong influence on outcomes in later life. Many physical and mental health problems have been related to childhood traumas, including abuse, neglect, and family dysfunction. Understanding the long-term effects of such adversities is relevant to understanding the resilience trajectories during middle age.

Mastery and Personal Control:

Mastery is a concept that is closely related to resilience, but fundamentally different (Kent & Davis, 2010). From a conceptual standpoint, mastery and resilience are not the same thing. A sense of personal control or mastery over one's life is an important factor in maintaining mental and physical health. Those who feel in control of their circumstances are better prepared to face the demands of stress and difficulties. Originally, mastery refers to a mental or emotional tool that helps develop self-control. (Rueda et al., 2012). Secondly, mastery does not require such a prerequisite, whereas resilience requires experiences with adversity. Growth even of self-control and mastery without adverse events is possible. Bearing in mind is therefore important that, based on one's own resources and risks, the impact of historical and structural-environmental experiences is differential regarding the development of resilience and mastery.

Longevity and self Satisfaction

Research on resilience suggests a possible link between resilience and several positive psychological and physiological traits and ideal outcomes, including a longer life span, a happier existence, better mental and physical health, successful aging, a lower risk of depression, and a lower risk of mortality (MacLeod et al., 2016). Research has shown that resilience can lead to a lower risk of mortality and longer life expectancy (Shen & Zeng, 2011; Rantanen et al., 2012). Researchers have investigated the correlation between resilience, successful aging, and physical activity. Their findings suggest that individuals with high resilience are more likely to age successfully and consequently more likely to participate in activities commonly associated with successful aging, such as maintaining physical activity (Resnick & Inguito, 2011). This concept further supports the assumption that better-maintained health and the successful adaptation of older, more active people to the obstacles of aging is further supported (Harris, 2008; Wu et al., 2013; Rantanen et al., 2012). These findings suggest that resilience-enhancing therapies can prolong life and have other beneficial health effects.

Theme 3 (Cluster 3): Impact of Life stressors on depressive symptoms development and the role of resilience in midlife

Midlife is frequently marked by major changes and difficulties, such as demands on one's profession, obligations to one's family, health problems, and financial worries. These stressors in life can have a significant effect on psychological health and frequently result in the onset of depressive symptoms. According to national polls in different nations, the youngest and oldest persons have the highest levels of depression symptoms (Ronald C. Kessler et al., 1992). Depression symptoms are prevalent among older persons in East Asian communities in Singapore, Taiwan, and Hong Kong as well as Western ones (Beekman et al., 1999; Lim et al., 2011). There is ample evidence to support the link between late-life depression and exposure to stressful life events (Ronald C. Kessler, 1997). According to reports, stressful life events are linked to greater depression scores in cross-sectional research and predict higher levels of depressive symptoms in prospective studies with older persons who live in the community (Colenda & Smith, 1993; Glass et al., 1997). Even if the effects of life events may be transient, the depressive symptoms brought on by stressful life events have a permanent impact since they can foresee the occurrences in the future, which can result in a vicious cycle of depression and stressful life events (Fiske et al., 2003). This is according to research on late-life well-being (Jeon & Dunkle, 2009), Psychosocial resources like a sense of mastery, personal control, and purpose in life can serve as protective factors against late-life depression resulting from a stressful life event. Even though studies on older persons have linked resilience to decreased levels of depressive symptomatology (Hardy et al., 2004; Schure, 2013), few studies have been done to demonstrate

the important interactions between resilience and stressful life events, which suggests that resilience plays a moderating role in the association between late-life depression and such events. Some have claimed that interaction effects constitute the resilience construct's "defining feature" and that without them, it is unclear how resilience advances our understanding of human development (Roosa, 2000). However, resilience – the ability to adapt to and recover from adversity – plays a key role in mitigating the effects of these stressors, helping individuals navigate midlife with greater emotional stability. Kessler et al. (2003) point out the relationship between stress and symptoms of depression. In that respect, the stressors experienced by individuals during middle age could set off or even worsen depressive symptoms. Stressors can include anything from changing jobs to health problems. Knowing the impact of stress on the symptomatology of depression is highly relevant for intervention and support.

Role of resilience in mitigating the effects of life stressors

Resilience is an important buffer between life stressors and the development of depressive symptoms. People with a higher level of resilience are better able to cope with stressors, adapt to challenges, and feel emotionally well (Masten, 2001). Resilience therefore plays an important role in midlife, when people are often faced with multiple challenging stressors such as health problems, work pressures, and family responsibilities, in terms of how well they can cope with these situations without being overwhelmed by depressive symptoms. Research has shown that resilient people recover more quickly from stressors and are therefore less likely to develop chronic depression (Luthar et al., 2000). In addition, strong social networks and good external coping mechanisms increase resilience so that one can survive stressors in life (Connor & Davidson, 2003).

Theme 4 (Cluster 4 & 5): Soulful Resilience: Unlocking the Power of Self-Compassion and Spirituality in Navigating Menopause

One of the most important elements influencing the health-promoting lifestyle of middle-aged women is menopausal symptoms, which are influenced by emotional, psychological, and lifestyle choices rather than hormonal imbalance (Lee et al., 2005). Middle-aged women who struggle with this transition are more likely to experience physical and mental health problems in later life, which will have a significant impact on the health of older adults (Ham, 2007). There are notable medical, psychological, and social changes and difficulties associated with perimenopause (Jaspers et al., 2015). Fluctuations in steroid hormone levels characterize perimenopause due to the natural decline in ovarian hormone secretion (Fiacco et al., 2019). As a result of these hormonal changes, many women suffer from menopausal symptoms such as hot flashes, night sweats, or sleep disorders (Freeman et al., 2007). Studies show that

fluctuations in serum estrogen levels and their correlation with monoamine oxidase levels in platelets – a measure of adrenergic and serotonergic function – are responsible for these mood swings (Zweifel & Brien, 1997). In other words, menopausal women are more prone to anxiety because their self-confidence declines, their activity and mobility decreases, they lose friends and family, their physical and material independence decreases, and they tend to become chronically ill (Lang & Stein, 2001) According to a study of postmenopausal women, anxiety was independently associated with both severe menopausal symptoms and negative quality of life (Núñez-Pizarro et al., 2017)

It is also a critical time for the development of psychological disorders, such as anxiety and despair (Bromberger et al., 2015; Freeman, 2010; Soares, 2017). Since perimenopausal women are susceptible to psychological impact due to either the physical or the psychological transition and challenges, appropriate coping strategies become crucial in ensuring effective adjustment (Ngai, 2019).

An understanding and non-judgmental attitude towards oneself is a necessary component of self-compassion (Neff, 2003). As it declines with age, perimenopause is considered a high-risk phase of life in this regard (Deeks & McCabe, 2004). However, recent evidence suggests that self-compassion – a positive and welcoming attitude towards oneself – can be a powerful protective factor that promotes resilience and improves the quality of life during menopause (Süss et al., 2021). Self-compassion helps women interpret their menopausal experiences in a positive light and eases the emotional pain associated with menopausal symptoms by promoting self-kindness rather than self-criticism. Studies show that women who practice self-compassion experience less stress, anxiety, and depression – all typical psychological side effects of menopause (Sirois et al., 2015). High resilience in later life has been associated with improved quality of life and lifestyle, as well as reduced depression and mortality risk (Bowling & Iliffe, 2011; Smith & Hollinger-Smith, 2015). Consequently, it is important to consider how middle-aged women are affected by resilience (Park, 2020).

In addition, mindfulness – a crucial element that helps women stay in the present and accept their physical changes without judgment – is fostered through self-compassion, which improves coping mechanisms (Allen & Leary, 2010). As a result, they are more likely to be able to maintain a sense of autonomy and control over their health and well-being, which improves their psychological strength and quality of life. This is particularly important as menopause can cause feelings of vulnerability and loss of femininity in some women, which can undermine their sense of worth and self-esteem. By promoting self-acceptance and a healthy body image, self-compassion helps combat these unfavorable emotions and can increase overall life satisfaction (Allen & Leary, 2010)

It has been observed that up to 65% of menopausal women have sleep problems. Sleep disorders during menopause lead to problems with quality of life (Gooner-

atne, 2008). It also affects women's mood swings and impairs their ability to perform daily tasks that require mental, physical, and social functioning. (Cooke & Ancoli-Israel, 2006)

Aside from mental health benefits, self-compassion has also been linked to physical health outcomes. Research shows that women who have higher levels of self-compassion are more likely to engage in health-promoting activities, such as consistent exercise and a balanced diet, which can reduce the physical effects of menopause (Dunne et al., 2018). These practices improve quality of life by reducing the risk of chronic disease, controlling weight, and promoting vitality.

Given the complex obstacles that women face in menopause, self-compassion would become something very central for holding together their mental, emotional, and physical health. Accepting menopause as a natural biological phase of life can go a long way toward improving a woman's general quality of life and her resilience to cope with the situation. Menopausal symptoms and resilience: There are many challenges associated with the symptoms of menopause and Avis et al (2003) have shown how these can affect psychological well-being. Mood swings, hot flushes, and other symptoms bring with them a range of stressors that are typical of midlife. To be resilient during menopause, it is necessary to adapt to the physical changes, seek medical help, and develop a positive attitude (Aldwin, 1994).

Resilience: The dynamic interplay of symptoms during the menopausal transition alongside a midlife crisis creates a burdensome effect on resilience. These two phenomena bring forth pressures that challenge the existing coping strategies. According to Lerner et al (2015), the developed resilience over the years of life makes a person less susceptible to adverse effects that may be attributed to the changes in life. Most of the symptoms affecting people's coping and resilience are menopause and midlife crises.

Although they are similar to some extent, there are differences in coping strategies that affect gender and therefore require specific approaches. Only when these gender-specific experiences are recognized and understood can the opportunities to promote resilience, effective coping, and overall well-being during this difficult midlife transition be harnessed. Spirituality and

Analyses showed a relationship between lower levels of reported menopausal symptoms and higher levels of spiritual power. enhanced use of adaptive coping techniques, lower worry about physical appearance, and enhanced benefit finding during menopause were all associated with spiritual strength. We conclude that religious women may find it easier to adjust to the life changes brought on by menopause if they find strength in their faith. (Steffen & Soto, 2011)

The analyses showed a correlation between a lower level of reported menopausal symptoms and a higher level of spiritual strength. Increased use of adaptive coping techniques, reduced physical appearance concerns, and increased benefit-seeking during menopause were all

associated with spiritual strength. Finally, religious women would most likely cope better with changes in life due to menopause if strength is obtained from faith. (Steffen & Soto, 2011). Apart from that, the effect of these variables, another study found that spirituality has a positive relationship with a low prevalence of menopausal symptoms. (Steffen, 2011) It is important to consider the psychological factors that may influence how women view this stage of life to understand the menopausal experience. (Deeks & McCabe, 2004). According to a study by (Pimenta et al., 2014), spirituality was associated with fewer symptoms in menopausal and postmenopausal women: Spiritual aspects of menopause deal with challenges.

Resilience in Men during Midlife Transitions

Typically, a midlife transition is so major for both men and women, but the nature differs significantly. For women, menopause is the landmark event associated with hormonal change, emotional change, or lifestyle change. For men, midlife changes may include identity changes or career transitions and re-definition of roles, which also often relates to retirement or the decline in physical ability. Self-compassion and spirituality have emerged as critical components of resilience in navigating these transitions. According to research, self-compassion, which is a positive and nonjudgmental attitude toward oneself, is a powerful protective factor for women experiencing menopause. Neff (2003) suggests that self-compassion reduces stress, anxiety, and depressive symptoms while promoting emotional stability. Women who have a self-compassionate tendency are likely to perceive menopause as a normal and significant part of life rather than loss (Sirois et al., 2015). Similarly, spirituality has been linked with fewer menopausal symptoms and improved quality of life, offering a context in which to cope with the emotional and physical changes (Steffen & Soto, 2011). For men, transitions at midlife are typically related to retirement, loss of professional identity, and physical decline. Although such experiences are different from those related to hormonal changes during menopause, they equally call for psychological adjustment and strength. Studies suggest that self-compassion may also positively impact men during this phase through acceptance of aging and reduced feelings of inadequacy associated with declining physical or professional competence (Allen & Leary, 2010). Spirituality has been shown to provide meaning to men's lives and a connection to life as they navigate the existential questions that commonly arise during this stage of life (Wink & Dillon, 2002).

GENDER-SPECIFIC DIFFERENCES IN RESILIENCE STRATEGIES

Though men and women share similar benefits with self-compassion and spirituality, their ways of using the resources are possibly different. Women engage more in reflective practices, for example, those emphasizing self-acceptance and expression of emotions, consistent with

Ryff's dimensions: self-acceptance and environmental mastery (Gorman et al., 2021). Men, on the other hand, seek spirituality as the means of redefining how they view their purpose or legacy. In most cases, this would be community-minded or mentoring-related outward performances (Wink & Dillon, 2002). These differences highlight the relevance of targeted interventions that consider strategies for resilience based on gender-specific differences.

A Comprehensive Theoretical Framework

Theme1: Resilience Theory (Masten, 2001)

Resilience Theory advocates for the idea that resilience represents an adaptive system by which individuals retain or recover well-being when exposed to adversity. Midlife-based resilience, therefore, is a critical aspect of overcoming discrimination, health-related problems, and social life transitions.

Resilience in this theme plays a major part in the amelioration of the negative effects of adverse conditions that are both age-related and gender-specific. Masten's Resilience Theory contends that resilience enables "bouncing back" from such adversities through personal mastery and emotional regulation. Smith et al. (2019) demonstrate that women subjected to compounded gender and age discrimination in midlife benefit from high emotional resilience, which might mitigate declines in mental health.

Resilience Theory fits well here, especially explaining how resilience acts as a protective factor. However, gaps remain in how to actively build resilience in midlife combating discrimination. The theory does not explain how resilience can be systematically cultivated or which interventions would be most effective for a particular group (such as gender or cultural context). Much further work remains to advance this theory so that context-influenced factors are explicitly considered.

Theme2: Life Course Theory (Elder, 1998)

Life Course Theory posits that experiences early in life—indeed, trajectories of adversity like those reflected by ACEs—redirect trajectories and have cascading effects that manifest themselves years later. The theory further emphasizes how early adversity shapes trajectories such that midlife outcomes are largely the result of what transpired during childhood.

This application shows the study of Brown et al. in 2020, explaining how persons with higher ACEs are likely to have poor health outcomes in life, including cardiovascular diseases and psychological distress in midlife; however, resilience can buffer such effects, thus making it possible for the person to live a healthier life. As for the life course theory, it supports the argument that resilience is not a fixed trait but a dynamic process through which a person changes over time in response to adversities.

Life Course Theory provides a useful conceptual framework with which to make sense of how early life adversities affect the development of midlife outcomes. The theory does not provide a rich mechanism accounting for how resilience would emerge throughout the lifespan.

Further longitudinal research has to be done to see how resilience in those with ACE exposure develops over time and if it varies based on life stage. Apart from this, the research mainly targets Western populations, and thus, the theory may be expanded by adding the cultural differences in resilience development.

Theme3: Cognitive Behavioral Theory (CBT) (Beck, 1976)

The Cognitive Behavioral Theory holds that the cognitive process of the individual—that is, how they view and construe the events of their life and affect the emotional or psychological consequences. By this model, resilience encompasses both cognitive reframing and emotional regulation, as applied against depression, to stress.

Lachman et al. (2015) investigated in what way middle-aged resilience, especially through cognitive reframing and emotion regulation protects against depressive symptoms. According to their findings, positive thinking patterns are a tendency of resilient individuals to maintain such a view even when significant stressors like financial or relationship problems arise. CBT is a clear framework that gives insight into the role of resilience in affective regulation and cognitive reframing. The theory, however, tends to concentrate on purely individual cognitive processes, thus perhaps leaving out broad factors such as social support systems which also impact levels of resilience. This theory could be extended to include broader contextual aspects that play a significant role during the middle stage of life, especially in influencing one's well-being.

Theme 4: Ryff's Psychological Well-being Model (Ryff, 1989)

Well-being according to Ryff's Psychological Well-being Model has six dimensions: autonomy, personal growth, self-acceptance, purpose in life, environmental mastery, and positive relationships. What actually contributes to developing these dimensions of well-being is resilience which encompasses self-compassion, spirituality, and emotion regulation. Gorman et al. (2021) demonstrate the strong role self-compassion and religious activities play in resiliency among women trying to cope with the challenges of menopause. As such, these coping strategies are in line with Ryff's dimensions of personal growth, self-acceptance, and environmental mastery, which enable women to retain and maintain a good quality of life in the middle years despite the physical and emotional pain of menopause. Ryff's model provides a theoretically articulated framework for understanding how resilience can drive well-being in midlife. However, the current research has tended to be primarily women-focused, and little is known about the resilience experiences of men across midlife. Finally, though spirituality and self-compassion are vital for well-being, little research supports how these strategies can be developed systematically to contribute to wider resilience-building interventions.

DISCUSSION AND ANALYSIS

Theme 1: Coping with Adversity and Discrimination

According to the analysis, resilience highly buffers the negative effects of age-related discrimination and other adversities in midlife. This result supports the stress-buffering hypothesis by Cohen and Wills (1985), which postulates that social support may be used to minimize life stressors' effects on mental health. The results imply that emotional resilience, especially among women, acts as a source of sustenance for sustaining good cognitive health despite the compounded pressures of age and gender discrimination. However, empirical intervention-building resilience research forms a critical gap. Evidence of its role as a protective factor results in no attempt toward its building in response to discrimination and calls for future research. This will help identify a need for practical applications of theory with the development of targeted interventions.

Theme 2: Effects of adverse childhood experiences (ACEs)

From ACE studies, observations endorse Life Course Theory's assertions; that early life experiences have long-term implications for health outcomes later in life (Elder 1998). Resilience is a factor mitigating this effect, so that those who experience a high number of ACEs have good overall well-being in the middle years of their lives, supporting the theory's emphasis on cumulative life experiences. Nevertheless, reliance on retrospective self-reports in measures of ACE studies suggests a methodological limitation that might create bias in the interpretation of findings. Future research therefore needs to focus more on longitudinal studies about tracking the development of resilience and its time course impact on health outcomes. Redressing these methodological concerns will strengthen the robustness of the findings and make theoretical claims concerning resilience in ACE contexts more tenable.

Theme 3: Life Stressors and Depressive Symptoms

The association between resilience and lower depressive symptoms at midlife supports Cognitive Behavioral Theory by Beck (1976), where cognitive processes are believed to be the prominent feature of emotional response regulation. The theme shows that people with access to cognitive reframing or emotional regulation skills can better cope with the adversities in life. However, the majority of the literature available is dominated by Western populations, which has relatively limited utility. It would greatly add depth to the understanding of its dynamics in very different groups of people to explore how the cultural context relates to resilience. According to this review, the work sought must include a variety of different cultural perspectives to achieve a more enlarged scope of theoretical knowledge in the area.

Theme 4: Self-compassion and spirituality in helping women thrive during the menopausal transition

This relationship between self-compassion, spirituality, and resilience concurs with the tenant of Positive Psychology Theory, advanced by Seligman & Csikszent-

mihalyi, 2000, which conceptualizes the development of individual strengths in reinforcing positive well-being. Overall, the results point out that self-compassion practices may importantly build strength and resilience in women facing menopause-related challenges, hence taking a holistic view of resilience and integrating the concepts of emotional and spiritual well-being. Despite these findings, however, the study did not explore male perspectives of resilience during midlife enough, particularly in transitions. Thus, an article on this would fill the gender gap and lend deeper insight into the understanding of resilience throughout life. Identity issues result in men's midlife through shifting roles, career stagnation, or even unachieved life aspirations. This midlife stage brings about certain aspects of self and purpose queries of a man and hence presents a need to devise an approach that makes emotional or psychological resilience more specific as for women it is also holistic.

CRITICAL VIEW OF THE THEMES AND THE THEORETICAL STRUCTURE

Although past research does indicate resilience among middle-aged adults, there are a couple of critical limitations in these studies that limit the generalizability and the applicability of findings. Most studies undertaken in the past were cross-sectional, which gives a snapshot look at resilience at any given point but cannot capture its dynamic nature. Therefore, the need for longitudinal research into understanding how resilience develops and changes within the life course, more particularly how it responds to change in midlife challenges, has been highlighted.

Most of the studies are on the Western populations, mostly focusing on the higher brackets. They exclude considerable sections of the entire global community, which includes people who come from non-Western, poor, or marginalized groups and may operate differently than the rest in resilience because of cultural and social differences. These gaps will be crucial for developing a more comprehensive understanding of resilience in midlife and for creating interventions that can be applied globally.

While all the theories- Life Course Theory, Resilience Theory, and Ryff's Psychological Well-being Model- are generally informative about midlife resilience, each of them has important points to address. For example, Resilience Theory does not specify how resilience can be developed in different contexts, especially during midlife. Although Life Course Theory emphasizes early-life experiences, there should be more attention to how resilience is developed in later life stages. Although Ryff does emphasize the multifaceted aspect of well-being, it ignores differences among gender and culture in experiencing resilience.

What is more, these theories often neglect the non-Western viewpoint and experience coming from various socioeconomic spheres. Midlife is a complex multi-dimensional phase: an understanding of the resilient aspect needs an even more integrative approach. For this reason,

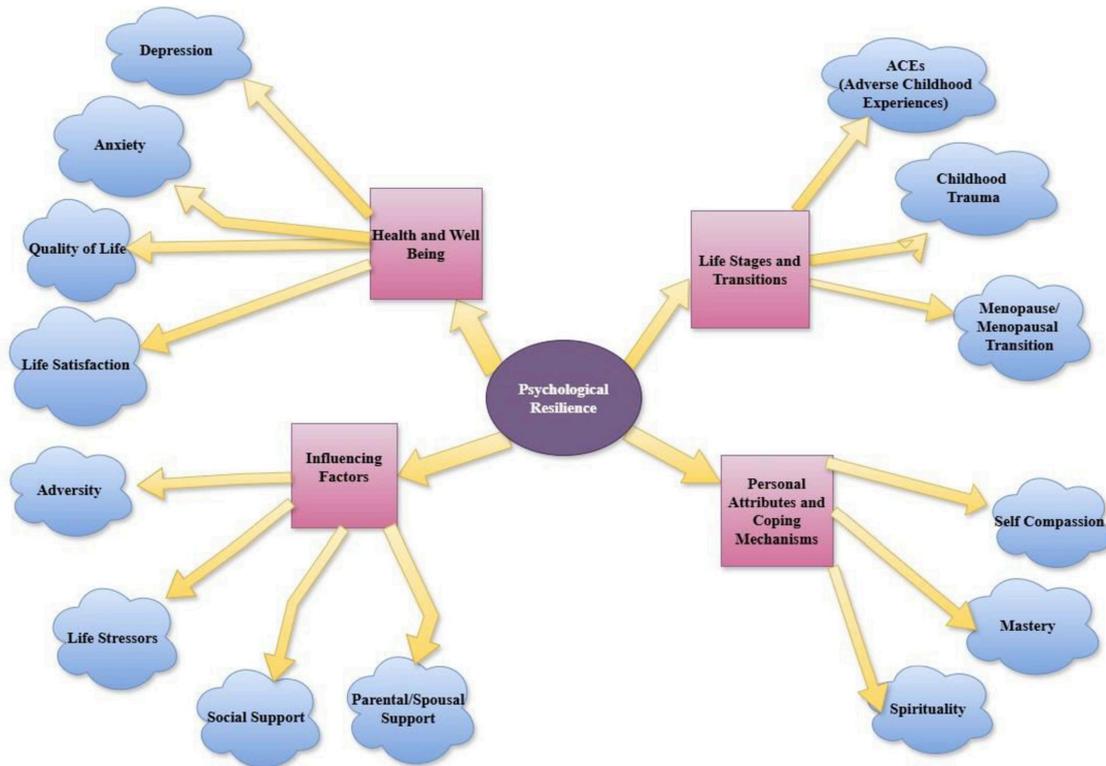


Figure 3: Conceptual Structure of the themes and related factors

Source: Author

further research should focus on broadening the theories above and including all sorts of experiences as well as closing gaps that can prevent resilience building in this category.

CLOSING GAPS AND THE FUTURE

This thematic review in the literature highlights quite a few significant gaps across resilience at midlife. Methodologically speaking, a large number of cross-sectional studies do not allow for insight into changes over time in resilience. After all, longitudinal research is a necessity for understanding how a dynamic resilience profile unfolds in the face of continuous challenges in life, including health changes and caregiving responsibilities (Lachman et al., 2015). A major underrepresentation of non-Western cultures can be established within the existing literature on population-based resilience. Such work primarily emphasizes results from populations of Western origins that hardly represent the varied and divergent experiences of subjects holding other cultures. A balanced frame of reference is required to account for such a gap for an all-rounded outlook on resilience in different groups. Although examples such as Life Course Theory and Positive Psychology are immensely helpful in understanding this process, much more general, context-specific theories are needed to explain the uniqueness of midlife. For example, a synthesis of developmental psychology and resilience theory would help identify a more wholesome picture of how persons cope with midlife transitions. As Ryff puts it, "From developmental

psychologies to personality and life-span development" a better perspective has resulted: "An examination of midlife issues from a more holistic than fragmentary approach" (Ryff, 1989).

Future directions for studies should therefore be on resilience-building interventions, targeted at midlife populations. These could include supportive activities for strengthening networks of social support or providing assistance in career transition, as discussed earlier. Thirdly, research shall be conducted on self-compassion and mindfulness practices, which are possible active resilience strategies in such phases of transition especially in the settings of aging and health-related challenges (Gorman et al., 2021). Comparative studies on resilience that help in scanning across different cultures will be very essential. Such research can inform culturally sensitive interventions, and deepen our understanding of how cultural values shape resilience strategies in midlife (Smith & Hirdes, 2019). This concludes the discussion on the subject matter by pointing out the prevailing gaps and exploring new avenues of research to enrich further the comprehension of resilience in midlife.

Cross-Sectional vs. Longitudinal Findings

The cross-sectional and longitudinal studies that have been reviewed provide different insights into the concept of resilience in midlife. Cross-Sectional Designs are in the form of snapshots in terms of factors associated with resilience at any given point in time. For instance, it stipulates that at the onset, social support networks mitigate life stressors (Rodakowski et al., 2012). Long-

itudinal Studies illuminate how resilience develops and unfolds over time. For example, Felitti et al. (1998) demonstrated that ACEs have lasting effects on midlife health outcomes, whereas subsequent studies, such as Rantanen et al. (2012), have further illustrated how trajectories of resilience influence the length and the quality of one's life. It points out that the role of resilience is dynamic and context-dependent, and calls for future longitudinal research that could capture resilience's developmental trajectory.

Contemporary Insights and Advancements

Since over two decades of research have advanced how the science of resilience, among its applications to midlife, operates, the review will present studies that span from 2015 to 2023 and include recent developments marking divergence points between this and previous generations of studies. Key developments include

Expanded Focus on Psychosocial Factors

Earlier, in the history of the science of resilience, this is a concept that centered heavily on individual traits; it is now understood in greater depth, with researchers stressing on the interaction of psychosocial resources such as self-compassion, spirituality, and social support (Gorman et al., 2021; Neff, 2003).

Integration of Life span Perspectives

There has been an increase in the adoption of the lifespan developmental approach to studies that explore how early adversities, such as ACEs, shape midlife outcomes in synergy with resilience (Brown et al., 2020). This is indicative of the growing recognition of the additive effects of life experiences over time on resilience trajectories.

Cultural and Contextual Variations

More recent research focuses on cultural and socioeconomic contexts of resilience (Smith & Hirdes, 2019). It is the first time in developing resilience studies that one will encounter an approach broader than a traditionally Western-centric research agenda.

PRACTICAL IMPLICATIONS

This thematic review provides findings that may be utilized to form several practical implications for the enhancement of resilience at the midlife stage. Interventions should strive to build psychological resilience through programs, such as cognitive-behavioral techniques, mindfulness practices, and social support networks, that can better serve adults' more adequate coping with adversity and discrimination. Resilience training, and counseling on adverse childhood experiences may enhance life satisfaction and longevity, especially if the long-term effects of these interventions are considered. Stress management, along with coping skills should be combined with community and workplace settings as resilience-enabling approaches in the management of life stressors

and symptoms of depression. Self-compassion and spirituality programs intended to support women through menopause may help in managing emotional and psychological challenges and aid in mitigating stressful occurrences and symptoms of depression in life. Such strategies can thus keep the overall wellness of these individuals intact as part of health and wellness initiatives.

NOVEL CONTRIBUTIONS

This review expands and refines previous knowledge by adopting studies from 2015 to 2023, at a time when resilience during midlife was increasingly becoming multidimensional. Relative to the precedent works that concentrated on broad definitions, this review will synthesize findings from cross-sectional as well as longitudinal studies in providing a detailed understanding of how resilience manifests over time as well as through which challenges midlife resilience is shaped. Notably, the novel themes of self-compassion and spirituality emerging in the context of menopause disclose new psychosocial aspects of resilience. Also, recent developments on the role of resilience in buffering the health effects of ACEs have added to the dynamic nature of the discourse on resilience.

CONCLUSION

This thematic analysis highlighted the pivotal role resilience has in the management of issues experienced during midlife. Psychological resilience allows middle-aged and older adults to cope with adversity and discrimination so that they experience personal growth and well-being. Resilience invokes protection against the etiological effects of adverse childhood experiences (ACE) on adult life satisfaction and longevity, offering insight into the resilience buffering mechanism for long-term health outcomes. Third, resilience plays an important role in the mediation of midlife depressive symptoms due to life stressors, underlining its protective factor for mental health. Last but not least, self-compassion and spirituality as an aspect of resilience are significant factors that protect women in menopause from emotional and psychological instability in middle age. This review admits several limitations. Since this review is limited to the Scopus, EBSCO, and Google Scholar databases, many relevant studies not indexed in these sources could be excluded. Moreover, the biases already present in reviewed papers, such as publication bias and different methodologies of the studies, may pull down generalizability. In addition, the depth and breadth of studies may have affected the robustness and comprehensiveness of analysis about all the different aspects of resilience across the midlife.

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