

What's Normal? What's Not?
Appendix A from *Midlife Check-In: Who Am I Really?*

As our values shift and the foundations of our previous assumptions about life crumble, in our middle years and beyond, we enter a period of uncertainty and anxiety. This experience is normal in midlife. It harkens a new developmental period of adjustment!

"Perhaps there is nothing (terribly) wrong. Everyone may feel this way at times. Maybe it will just go away... On the other hand, it could get worse... I do have these nagging thoughts:

"Life has lost its meaning for me."

"Sometimes I actually consider running away---seriously!"

"I wonder if other people see me as confused or crazy?"

"I feel like I am becoming a stranger to myself."

"The very ground under me is moving, throwing me off-balance. It's an earthquake of sorts..."

ADJUSTMENTS IN MIDLIFE

Here are the six basic ways in which the adjustments and challenges of midlife can show up in our lives:

Anxious Mood
Depressed Mood
Physical Symptoms
Decline in Work Ability
Changes in Social Behavior
Mixture of Emotional Symptoms

Appendix A addresses the first two of these,
Anxious Mood and Depressed Mood.

Out Your Symptoms

The charts in Appendix A highlight the concerns and mood responses women may experience in their midlife years. They indicate which of these are usually considered “normal” or “of concern.”

Use the charts to explore concerns and mood responses you may be experiencing in midlife. Follow the directions in three steps.

PLEASE NOTE: These charts are *not* intended for **diagnosing!** To make a clinical diagnosis requires professional training and insight. It requires the consideration of a wide range of medical and psychological factors which are not included here.

If you are concerned about symptoms you experience, make an appointment with your physician to discuss your concerns and have them evaluated appropriately.

How to Use the Charts in *What's Normal? What's Not?*

Step 1. Read a symptom statement.

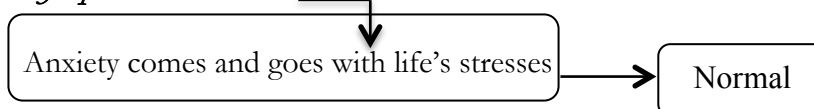
Example: “*Anxiety comes and goes with life’s stressors.*”

Step 2. Decide if the statement is true for you or not.

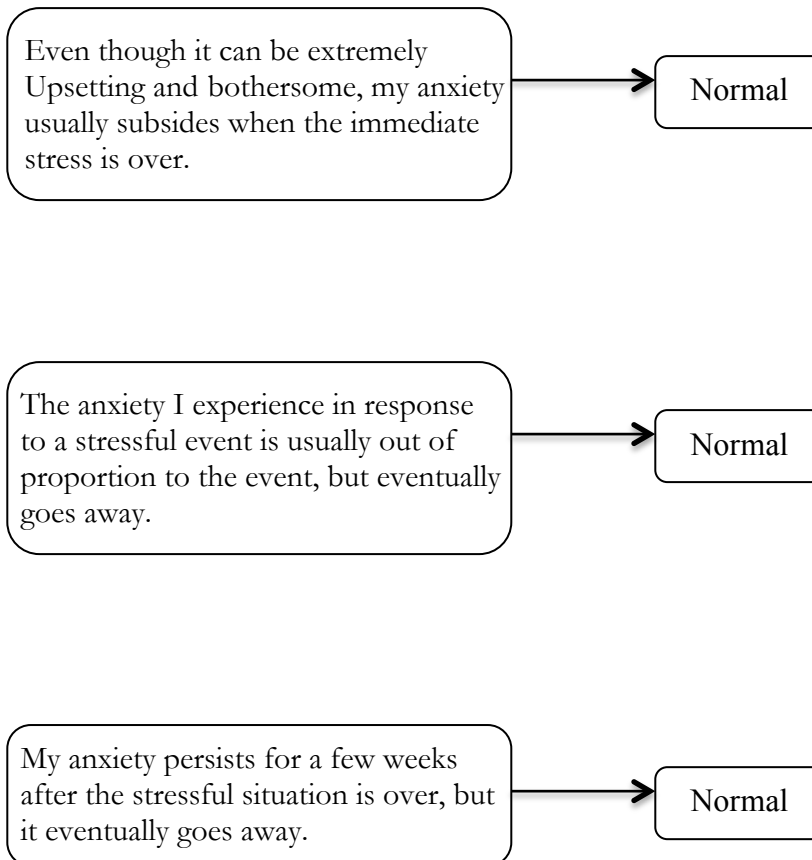
Step 3. If you decide the symptom is true for you, look at the box, to the right of the symptom. It tells if the symptom is *generally* considered to be a “normal” experience or if it is *generally* of clinical concern.

An Example:

Symptom statement:



**ANXIOUS MOOD
TRIGGERED BY REAL-LIFE EVENTS**



ANXIOUS MOOD
TRIGGERED BY REAL-LIFE EVENTS, Continued:

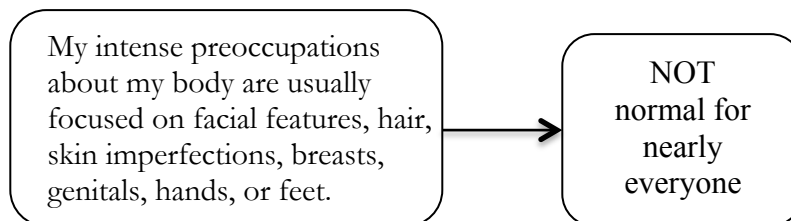
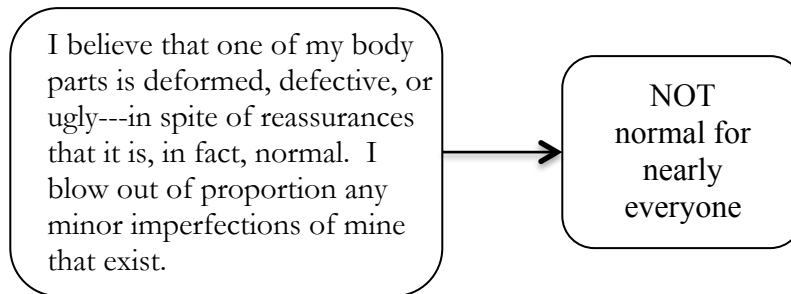
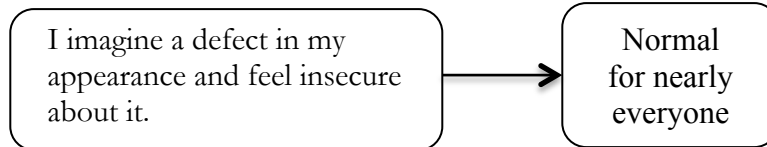
I experience anxiety, worry, and physical tension nearly every day for several months about a variety of life circumstances, even when my life is going relatively well: _____

Of Concern

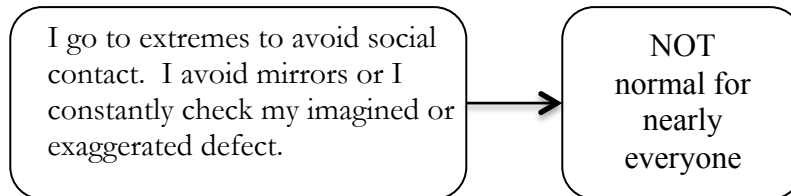
- ☐ One worry seems to follow another.
- ☐ My worries are out of proportion to the circumstances.
- ☐ I have great difficulty pushing these unnecessary worries aside, and eventually I become very tired, overwrought, and unfocused. Because of this, I sometimes have problems finishing daily tasks.
- ☐ My chronic tension brings on physical discomforts, such as: headaches, insomnia, shakiness, abdominal distress, irritability, problems concentrating, dizziness, lapses in attention, edginess, and other troublesome symptoms.

These are symptoms of a possible anxiety disorder.

**ANXIOUS MOOD
TRIGGERED BY IMAGE CONCERNS**



ANXIOUS MOOD
TRIGGERED BY IMAGE CONCERNS, continued:

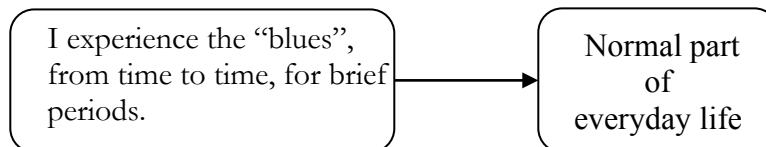


NOTE:

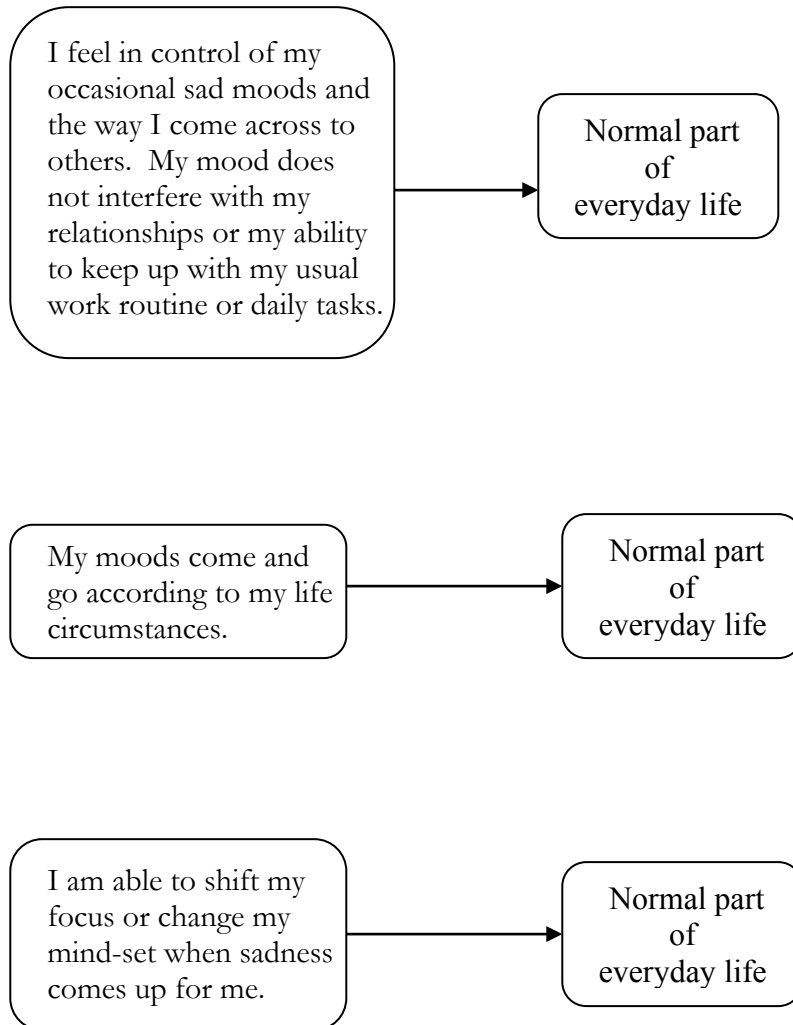
In addition to anxiety that is triggered by life events, changes, and image concerns, the following symptoms or factors may also be related to one's anxiety in midlife: mild depression, feelings of panic, substance abuse, adjustment to normal life shifts.

If you are experiencing any of these, please consider seeking professional support.

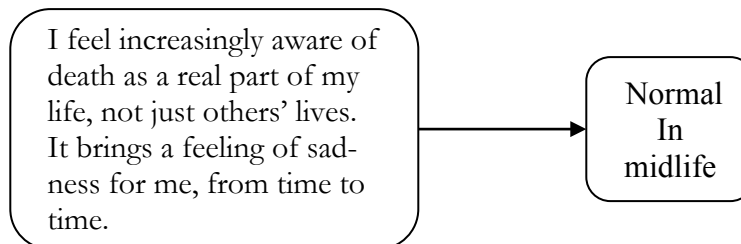
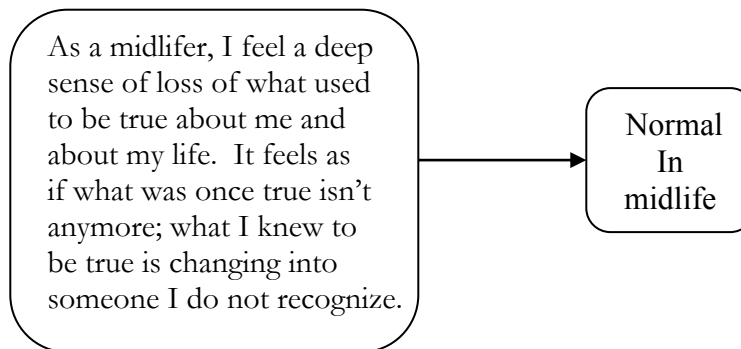
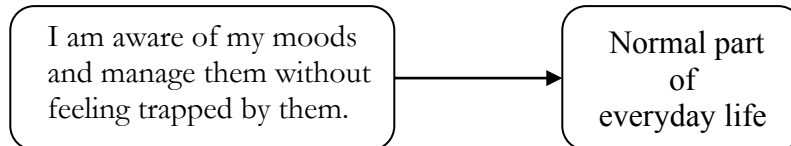
DEPRESSED MOOD



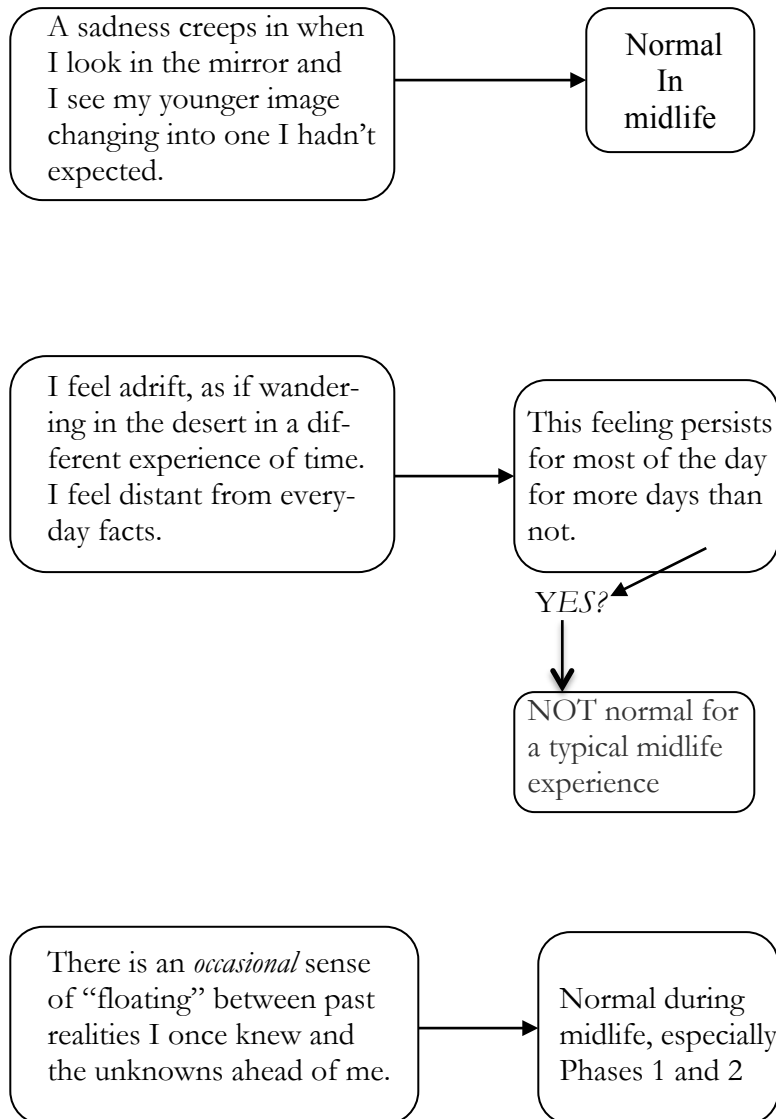
DEPRESSED MOOD, continued:



DEPRESSED MOOD, continued:



DEPRESSED MOOD, continued:



DEPRESSED MOOD, continued:

NOTE: Several factors interact and influence each other to contribute to a depressed or chronically sad state. These include: biology, body chemistry, genetics, stress, personality patterns, and negative attitudes.

According to findings from the Study of Women's Health Across the Nation (SWAN), a multiethnic study of women's health at midlife (2007, 2011), a woman's odds for developing depressive symptoms rise as she moves through the menopausal transition. SWAN findings *suggest* that peri-menopause and early post-menopause are a high-risk time for major depression.

Harvard Women's Health Watch, June 2011, p.6

Depression can also come from:

- Not doing meaningful work
- Not knowing what one wants to contribute to this world
- Not willing to be challenged, to leave one's comfort zone
- Not being touched and moved by life's experience
- Not being open to different options and possibilities
- Needing medicines of the heart: humor, joy, laughter, and love

