

**FAMILY ENVIRONMENT, PSYCHOLOGICAL WELL-
BEING, RESILIENCE AND MIDLIFE CRISIS IN MIDDLE
AGED PEOPLE**

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2025

DECLARATION

I, hereby declared that the presented work in the thesis entitled “**FAMILY ENVIRONMENT, PSYCHOLOGICAL WELL BEING, RESILIENCE AND MIDLIFE CRISIS IN MIDDLE-AGED PEOPLE**” in fulfilment of degree of **Doctor of Philosophy (Ph. D.)** is outcome of research work carried out by me under the supervision of **Dr Mohammad Amin Wani**, working as Assistant Professor , in the Department of Psychology of Lovely Professional University, Punjab, India. In keeping with general practice of reporting scientific observations, due acknowledgements have been made whenever work described here has been based on findings of another investigator. This work has not been submitted in part or full to any other University or Institute for the award of any degree.

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CERTIFICATE

This is to certify that the work reported in the Ph. D. thesis entitled “**FAMILY ENVIRONMENT, PSYCHOLOGICAL WELL BEING, RESILIENCE AND MIDLIFE CRISIS IN MIDDLE-AGED PEOPLE**” submitted in fulfillment of the requirement for the award of degree of **Doctor of Philosophy (Ph.D.)** in the Department of Psychology, is a research work carried out by Geemol John, Registration No-12207921 is Bonafide record of her original work carried out under my supervision and that no part of thesis has been submitted for any other degree, diploma or equivalent course.

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ABSTRACT

Introduction

Middle age is a critical transitional phase marked by significant psychological, social and emotional shifts which range from 35 to 60 years. This study examines the interplay between family environment, psychological well-being, resilience and midlife crisis in middle aged people.

Purpose of the study

The proposed study examines how Family Environment, psychological well-being and resilience influence each other while considering the role of resilience in these intertwining relationships. Additionally, this study also co-investigates the mean differences in these variables based on gender, age, family type and socio-economic status.

Research Problem

Midlife is often associated with increased psychological distress due to identity shifts, career transitions, family responsibilities and health concerns. Some individuals experience a midlife crisis characterized by emotional turmoil dissatisfaction and existential reflection. Nevertheless, factors like resilience and a good family Environment may buffer against these effects enhancing psychological well-being.

Despite existing research on midlife crisis, limited studies have examined their interconnection and demographic influences in a comprehensive manner. This study aims to bridge the gap by analyzing the complex dynamics of family environment, resilience, psychological well-being and midlife crisis in middle aged people

The research questions of the proposed study were

1. Is there any relationship between family environment, psychological well-being, resilience, and midlife crisis among middle-aged people?
2. Does family environment and psychological well-being hold predictive value for a midlife crisis?
3. Is there any mediator effect of resilience in the relationship between family

environment, psychological well-being, and mid-life crisis?

4. Does Family Environment, Psychological well-being, resilience, and Mid Life Crisis differ with age, gender, family Type, and socioeconomic Status?

To answer these research questions the following objectives were framed

1. To assess the relationship between family environment, psychological well-being, resilience, and midlife crisis in middle-aged people.
2. To examine the influence of family environment and resilience on psychological well-being and midlife crisis
3. To examine the mediator effect of resilience and the relationship between family environment and midlife crisis.
4. To find the mediator effect of resilience in the relationship between psychological well-being and mid-life crisis.
5. To find the mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to age, gender, family type, and socioeconomic status.

The study included the following hypotheses

H1: Family environment, psychological well-being, and resilience would be significantly correlated with midlife crisis in middle-aged people.

H2a: Family environment would significantly influence psychological well-being.

H2b: Family environment would have a significant influence on the midlife crisis.

H2c: Resilience would significantly influence psychological well-being.

H2d: Resilience would have a significant influence on the midlife crisis.

H3: Resilience would have a mediating effect on the relationship between family environment and mid-life crisis.

H4: Resilience would have a mediating effect on the relationship between psychological well-being and midlife crisis.

H5a: There would be significant mean differences in the family environment, psychological well-being resilience, and midlife crisis with respect to age.

H5b: There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to gender

H5c: There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to family type.

H5d: There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to socio-economic status.

By addressing these objectives and hypotheses, the study provides insights into intertwining dynamics of these four variables of Family Environment, Psychological Well Being, Resilience and Mid Life crisis

Research Methodology

A quantitative research design was employed using survey-based data collection from 405 middle aged individuals (35-60 years). A multisampling approach was used whereby collecting approximately 100 responses from each district of Doaba region namely Jalandhar, Kapurthala, Hoshiarpur, and Nawanshahr.

Variables and the scales used

The study examined the following key variables

Demographic Response Sheet: It includes socio demographic variables such as age, gender, family type and socio-economic status measured using modified version of the Kuppaswami Socioeconomic Scale. This scale categorizes the families into five groups (upper, upper-middle, lower-middle, upper lower and lower) with a score range of 3-29.

Family Environment: The self-constructed Family Environment Scale (FES) is a 33-item, six-dimension measure assessing key aspects of family life Communication, Conflict

Resolution, Quality Time, Respect for Individuality, Roles and Responsibilities, and Emotional Well-being/Affection based on family systems theory. Psychometric testing showed excellent reliability (Cronbach's $\alpha = 0.954$) and strong validity through factor analyses, convergent, and discriminant testing. Scores, rated on a five-point Likert scale, allow practitioners to classify family functioning levels as Poor, Average, or Good in each dimension.

Psychological Well Being: Ryff's Psychological Scale is a theoretically grounded scale which measures multiple facets of well-being including self-acceptance, autonomy, quality relationships, environmental mastery, purpose in life and personal growth. The proposed study utilized a shortened 18 item version of the original 42 items scale measured on a six-point Likert scale to assess these dimensions

Resilience: The Bharathiyar University Resilience scale developed by Prof Annalakshmi consists of 30 items measuring seven domains of resilience scored on a five-point likert scale. The total score ranges from 30 to 150 with a Cronbach alpha of 0.82 ensuring adequate reliability

Midlife Crisis Scale: A self-constructed Mid- Life Crisis Scale (MLCQ-27) measured midlife crisis symptoms across five dimensions including five dimensions namely physical changes, identity and self-reflection, emotional distress, relationship evaluation, career and social comparison. After standardization and validity checks ,27 items remained with total scores ranging from 27 to 135 and a reliability of 0.921.

Statistical Analysis

The study utilized SPSS 26 and AMOS for data analysis: Descriptive statistics were employed to describe the demographic characteristics and major variables of the study. Normality test was performed using Shapiro-Wilk Test and Z-scores to confirm the validity of data distribution. Pearson's correlation was used to study the intercorrelations between family environment, psychological well-being (PWB), resilience, and Midlife Crisis (MLC). Regression analysis was done to study the predictive role of family environment and resilience on psychological well-being and Midlife Crisis. In addition, mediation analysis also estimated the indirect effects of resilience between family environment and Midlife Crisis and Psychological Well-Being and Midlife Crisis. ANOVA tested for differences in mean resilience by age and socio economic status groups, whereas Mann-Whitney test contrasted

family environment, Psychological Well-Being, resilience, and midlife crisis by gender and family type. Finally, Kruskal-Wallis ANOVA compared family environment, Psychological Well-Being, resilience, and Midlife Crisis with age and Socio Economic Status.

Study Findings

The outcome of this research discovers there are high correlations between Family Environment, Resilience, Psychological Well-Being (PWB), and Mid Life Crisis (MLC) validating Hypothesis 1. Family environment and resilience were found to positively affect Psychological Well Being and negatively affect Mid Life Crisis, validating Hypotheses 2a- Hypotheses 2d and finding there is a supportive family environment and higher resilience that results in better Psychological Well-Being and lower Mid Life Crisis symptomatology. Mediation analysis also revealed that Resilience is a strong mediator in Family Environment to Mid Life Crisis (Hypothesis 3) and in Psychological Well Being to Mid Life Crisis (Hypothesis 4) relationships, which means that Resilience has some effect to buffer against the impact of Family Environment and Psychological Well-Being to Mid Life Crisis. In addition, the mean differences among Family Environment, Psychological Well-Being (PWB), Resilience, and Midlife Crisis (MLC) across age groups, gender, and socioeconomic status (SES) were not statistically significant, indicating that these variables are not of significant importance in terms of the studied variables. Family type was significant, where the members of joint families were reported to have a better Family Environment, while the members of nuclear families reported high Psychological Well Being and Resilience. There were no significant differences in Mid Life Crisis among family types, which means that the incidence of midlife crises is equal regardless of the family type.

Conclusion

This study concludes the buffering effect of resilience and healthy Family Environment against mitigating the effects of Mid Life Crises. The outcomes highlight that higher Resilience and support from Family predict higher Psychological Well Being and lower symptoms of Mid Life Crisis, and hence interventions need to be focused on individuals at this stage. To minimize such problems, middle-aged counselling and therapy need to incorporate resilience training programs to cope with stress and adjust to life transitions. Interventions at the family level need to address improving communication, emotional support, and conflict resolution to create an enhanced support system. Social networks, peer support groups, and mental health services

also hold a great potential to minimize midlife distress through support systems at the community level. At a higher level, mental health policies incorporating stress management techniques and resilience training programs need to be incorporated to manage the individuals undergoing midlife transition. Policymakers and clinicians working in the mental health field will be able to promote improved psychological well-being consequently, resulting in overall adaptation and improved midlife life.

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Date

Geemol John

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CHAPTER 1

INTRODUCTION

1.1 Introduction

Even though the stages of childhood and teenage development have received a lot of attention, adult development remained understudied until psychiatrists and psychologists started looking into it in recent years. There are three stages of adulthood: young adulthood, which lasts from 21 to 35; mature adulthood, which endures from 35 to 60; and old age, which continues from 60 to death as claimed by University of Michigan psychologist David Gutmann (Freund & Ritter, 2009). The third quarter of an individual's average lifespan is considered middle age. Beyond young adulthood and the start of old age is this time frame. Midlife adults are regarded by academics as a "pivot" generation, which frequently helps generations above and below when things go awry (Fingerman *et al.*, 2011).

The transition between midlife and later age is the focus of the discussion surrounding life course trajectories of mental health and wellbeing. (Gondek *et al.*, 2024; Blanchflower & Graham, 2021; Blanchflower & Graham, 2022; Galambos *et al.*, 2020). Longitudinal studies conducted over a range of birth cohorts and in several Western nations, including the United States of America (USA), France, Switzerland, and Great Britain, have demonstrated this age pattern. (Giuntella *et al.*, 2023; Barbuscia & Comolli, 202; Blanchflower & Graham, 2021; Gondek *et al.*, 2021). Furthermore, middle-aged people—mostly men—are more likely to die by suicide and do not react as well to psychotherapy as people in other age groups (Case & Deaton, 2015; Cuijpers *et al.*, 2020). There is still doubt that wellbeing can improve with aging, even though it is accompanied by ill health, loneliness, and the loss of friends and family. There is very little study on how wellbeing and mental health evolve from youth to middle adulthood, even though these topics have gotten a lot of attention as people age. This is true even if these results fluctuated between their highest and lowest points throughout a ten-year period. (Gondek *et al.*, 2024). Midlife, typically between the ages of 35 and 60, is a protracted stage of life and an important period of transformation for both men and women. Nevertheless, this stage has attracted relatively little consideration and research (Lachman, 2004). Divorce, separation, marriage, remarriage, parenting, stepparenting, switching careers or employment, looking for additional education, monetary strain, caring

for elderly parents, and coping with an empty nest are just a few of the issues and challenges associated with midlife. As a result, individuals encounter significant shifts and increasing problems during midlife. Whether midlife is considered a time of struggle and potential development, or a time of taxing and overwhelming challenges depends critically on individuals' resources. It can also be defined as a developmental process a person goes through. It is considered a period of reflection and re-evaluation of every aspect of their life (Coon, 2020)

1.1 Background of study

In 1965, Canadian psychologist Elliot Jacques coined the phrase "midlife crisis" (Infurna et al.,2020). He researched the individual experiences of creative geniuses, such as artists, and concluded that many of these artists' output began to drop and that they experienced moral struggles in middle age. People go through phases of crises that are brought on by realizing their transience and a shift from counting "time since birth" to "time left to live." Eventually, various models of adult development advanced the concept of a midlife crisis or midlife transition. These models suggested that a person would gradually become aware of their passing and the amount of time they had left to live (Druckerman, 2018). In the 20th century, the phrase "midlife crisis" became widely used to describe the emotions of discontent with one's job, relationships, and obligations to one's family, as well as the escalating fear of dying that began to plague those over the age of forty. The danger of bad health is increased for middle-aged men because they serve as a bridge between the younger and older generations and are given societal duties and obligations. (Gething & Papalia, 1995)

The family environment significantly impacts an individual's psychological and physical health throughout their lifetime. Various studies have focused on families; one emphasized child development while the other looked at the worries of older adults. The family is the fundamental relationship environment where people develop and are reinforced in their unique characteristics and enduring features. (Johnson & Ray, 2016). The escalation of family issues may be related to the well-being and troubles of middle-class adults. According to earlier research, middle-aged adults suffer when people in generations above or below have a range of issues. (Fingerman et al., 2018; Umberson et al.,2010). Family Systems theory is a way to study human nature that emphasizes how family members interact with one another. (Watson,2012). Family resilience emphasizes families' successful

adaptation against the backdrop of difficult life circumstances. (Huber et al., 2010). Through behavioral, psychological, and physiological processes, the caliber of family ties and surroundings, including social support and tension, can affect well-being (Thomas et al., 2017).

The concept of resilience is a constructive psychological adjustment following some level of adversity (Masten, 2014) The majority of middle-aged adults deal with challenging circumstances well, but past trauma and current stressors can pose significant obstacles. The midlife stage involves managing past and present conditions and conditions as well as becoming aware of issues that will arise in the future. Consequently, it is a critical time for many adults. (McGinnis, 2018).

The midlife crisis is described as "generativity versus stagnation" and the difficulty of deciding on one's guiding principles by Erik Erikson's developmental psychology theory. The midlife crisis is fuelled by the 40–65 age range's re-examination of societal expectations like career and marriage. Many people have embraced middle age as a stage of life where goals are achieved, and psychological growth is mostly stagnant. It is regarded as a stopover location on the road to old age (Prosen, 1972). Middle-aged adults go through a lot of stress during midlife, which is a significant time when people may go through various life upheavals. (Le et al., 2019).

1.2 Conceptual Framework

1.2.1 Family Environment

Family is the first place for humans to grow their physical, psychological cognitive, and socioemotional development. A family consists of two or more members who are bound by blood, marriage, or adoption (Bongyoga & Risnawanty,2021). Considering the broad spectrum of family configurations, it is extremely difficult to define a “healthy” family. However, there are two concepts that are essential when assessing the effectiveness or robustness of a family. These include family functions and good communication (Pilato & Davidson,2021)

Marriage has long been recommended to have a protective effect on health which is said to affect both social support and economic advantages deep-rooted in a marriage. Healthier

individuals may be more likely to possess characteristics such as greater physical attractiveness or higher socioeconomic status. Divorce has long been proposed to bring about negative short and long-term effects on health (Lorenz et al.,2006). When we talk about the family environment, much attention and focus has been given to the relationships between spouses and between children and parents (Gilligan et al.,2017). Theory and empirical research on interpersonal relationships in the family environment have highlighted the importance of the quality of relationships on an individual's well-being (Bar-Kalifa & Rafaeli., 2014). When a person is in their midlife, exterior changes in their life start to become apparent. Thus, family relationships play a pivotal role in molding the individual's well-being across the life course (Thomas et al., 2017). Having children may lead to economic strain and increased burden on the women over the life course. There is also substantial potential for role overload and stress in relation to raising the children (K. Hank & A. Steinbach, 2018)

Some studies suggest that older childless women exhibit lower levels of depressive symptoms than parents particularly if they are compared to those who had their first child early (Henretta et al:2008) Across the marital groups, the continuously married couple is better off compared to the widowed whereas late widowhood is associated with better outcomes than early widowhood (Walker and Luszcz: 2009). Family members are linked in predominant ways through each stage of life and these connections are an important source of social influence and social connection for humans throughout their lives (Umberson,2010). Midlife adults' well-being (e.g. depressive symptoms) might be associated with the array of problems in the family. Prior studies suggest that mid-life adults suffer when members of generations above and below experience a variety of problems (Fingerman et al., 2011). The time and type of midlife transition can be influenced by family traits such as parental status, marital status, and even familial status. (Gordon et al., 2002). Given the range of family structures, defining what constitutes a "healthy" family is challenging to define what constitutes a "healthy" family. However, determining the strength or effectiveness of a family depends on two key ideas. Time spent with family and effective communication is two of them. (Michaelson et al., 2021). The benefits of marriage on health have long been proposed, and it is believed that these benefits extend to the social support and financial benefits that are intrinsically linked to marriage. Healthier people may be more likely to have traits like higher socioeconomic positions or greater physical beauty. The relationships between spouses and children and parents have received much attention and

focus when we talk about the family environment (Gilligan et al., 2017). A person's midlife is when external changes in their life start to become noticeable. Health and illness, mortality, aging, children growing up and leaving the house, parents aging and needing assistance or care, and the degree of professional success in comparison to aspirations may all become more obvious at this period. (Gordon et al., 2002). According to several research, older women without children have lower levels of depressive symptoms than parents, especially when compared to women who had their first child at a young age. (Henretta et al., 2008). Across the marital groups, the continuously married couple is better off compared to the widowed, whereas late widowhood is associated with better outcomes than early widowhood (Walker & Luszcz, 2009). Families are primarily connected at every stage of life, and these ties serve as a significant source of social connection and influence for people all their lives. (Umberson,2010) The health of midlife people (such as depressive symptoms) may be linked to a wide range of issues in the family. According to earlier studies, midlife individuals suffer when people in generations above and below go through a variety of problems (Fingerman et al.,2018)

1.2.2 Psychological Well-being

Psychological well-being at midlife is affected by a complex array of individual, relational, and societal processes. Midlife, typically thought to be the period between the ages of 40 and 65 years, is characterized by significant life changes, including career development or levelling off, children leaving home, parents aging and requiring care, and physical changes (Lachman et al., 2015). These transitions may promote or test a person's psychological well-being, depending on their socioeconomic status, social support networks, and individual resilience (Thomas et al., 2017). Psychological well-being, in a broad sense, includes life satisfaction, emotional balance, self-acceptance, and a sense of purpose (Ryff, 1989). The two mainstream methods of conducting well-being studies—subjective well-being (Diener, 2000) and psychological well-being (Ryan & Deci, 2001)—highlight the role of hedonic (pleasure-based) and eudaimonic (meaning-based) elements in maintaining psychological health at midlife. Individual variables such as age, physical health, education, work, and coping also play a crucial role in midlife psychological well-being. Scientific research indicates that age is curvilinearly related to well-being in that distress tends to be higher in midlife than in early or late adulthood owing to greater burdens and strain of roles (Clarke et al., 2011). Physical health is also a factor in determining it, as they can induce stress and depressive symptoms by

chronic disease, hormonal imbalance, and waning energy (McFadden & Rawson Swan, 2012). In addition, education level and employment status are good predictors of mental health; those with higher education and job security reflect more distress and more life satisfaction (Schieman & Glavin, 2011). Midlife economic security was associated with reduced anxiety symptoms, while economic hardship was associated with increased depressive symptoms and poorer general mental health (Lang et al., 2010). Relational issues, such as marital status, family relationships, and support networks, are also strong predictors of psychological well-being at midlife. Marriage has been shown to have a protective effect on mental health, with financial security and emotional support (Lorenz et al., 2006). Marital unhappiness, divorce, or bereavement, on the other hand, contribute to elevated levels of stress, loneliness, and depressive symptoms (Walker & Luszcz, 2009). Parenting is also an important factor; while children can contribute meaning and purpose, they can also add stress, overload of roles, and economic strain (Hank & Steinbach, 2018). The literature shows that older childless women may experience lower levels of depressive symptoms compared to younger mothers, demonstrating how multifaceted parenting affects the well-being of women (Henretta et al., 2008). In addition, caregiving responsibilities for aging parents, a trans-situational problem at midlife, could lead to emotional exhaustion and higher levels of stress, thus influencing psychological health (Fingerman et al., 2012). Social integration and support systems also determine midlife mental health. Healthy social relationships with neighbours, colleagues, and friends have been linked to enhanced psychological adaptation because they provide emotional support, affirmation, and a sense of belonging (Umberson, 2010). Negative interpersonal connections and social isolation, however, have been linked to heightened risk of depression and anxiety (Gilligan et al., 2017).

Work relationships are particularly important, as midlife is likely to be a period of most career stress and transition. Excellent workplace settings can bring forth well-being, and work-related stress, unemployment, and job insecurity have the capacity to detriment mental health (Clarke et al., 2011). Psychological coping and resilience are the most powerful predictors of health in middle transition. Having the capacity for stress management, emotional regulation, and meaning making can play an important role in overall mental well-being (Ryff, 2014). Higher levels of self-acceptance, autonomy, and mastery over one's environment were found to promote better psychological health (Ryff, 1989). Self-acceptance, or positive views about oneself, is required to ensure mental stability, while autonomy, or being able to exercise independent choices, ensures self-efficacy and

fulfilment. Mastery of the environment, the ability to organize the environment to fulfil one's personal needs, ensures greater life satisfaction and reduced stress (Ryff, 1989). Overall, midlife psychological health depends on various factors related to each other, including personality characteristics, interpersonal relationships and family background, economic status, and inner resilience. While midlife presents challenges in career adjustments, change in family patterns, and ill health, it also holds out possibilities of growth and fulfilment as a person. Effective social support systems, economic security, and resilient coping mechanisms can promote psychological well-being and reduce the risk of mental distress. As more research on midlife well-being is undertaken, an integrated understanding of the determinants of mental health will be critical in developing effective interventions and support systems for individuals experiencing this critical life stage.

1.2.3 Resilience

Resilience is a key psychological resource enabling the individual to adapt to adversity in life and maintain or reestablish optimal functioning. Resilience is particularly important at midlife (35-60 years) when, traditionally, there are social, personal, and professional transitions (Lachman et al., 2015). As a central feature of positive psychology, resilience is viewed not as an unchanging variable but as a dynamic process by which people can change and develop in terms of work transition, health crises, caregiving responsibilities, and life re-appraisal (Ryff, 2013). Theoretical foundation of midlife resilience is combined individual, relational, and environmental elements all inextricably intertwined with one another that affect psychological well-being and successful adaptation. Characteristics of the individual like cognitive flexibility, emotion regulation, self-efficacy, and meaning making are the building blocks of resilience. Psychological resilience can be described in terms of the capacity of an individual to face adversity without the development of intense distress or psychopathology, and this is widely agreed on in the resilience literature (Masten, 2014; Seery, 2011). The extent to which individuals experience and respond to stress determines their capacity for adaptation, with some adapting after trauma and others suffering chronic distress (Bonanno, 2004). Gender differences in resilience have been contentious. While early research assumed women are more resilient as they can ask for and provide social support (Werner, 2004), later research names older men as more resilient than older women, something that can be attributed to differences in coping styles and socialization processes (Hardy et al., 2004). Such divergent results highlight the need to continue in the direction of

finding a more balanced measure of resilience by gender and age. Midlife is marked by unique psychological challenges, including balancing youthful dreams and contemporary realities, confronting existential concerns, and adapting to late midlife (Lucas et al., 2004). They have also been found to be better able to cope since they adopt problem-focused coping strategies, are optimistic, and continually seek personal development (Carver, 1998). Individuals who have greater self-acceptance and mastery of the environment, as defined in Ryff's (1989) psychological well-being model, are better equipped to manage midlife stressors. Personal health matters considerably as well, and one's ability to be disabled by chronic illness or body handicap being capable of stopping one's resistance to successful adaptation to change (Clarke et al., 2011). Relationships are the most influential factor in the development of resilience at midlife. Family, friends, and occupational support serve as a buffer to stress, allowing one to weather difficulties such as job loss, divorce or breakup, or death of an intimate family member (Umberson, 2010).

Adult resilient women have been known to give and receive greater social support to men and other women, which shows that social relationships are a part of their coping strategy (Werner, 2004). Conversely, social isolation or unhealthy relationships increase risk to psychological distress, increasing depression and anxiety risks (Gilligan et al., 2017). Work resilience is based on job satisfaction, job security, and accommodation to adaptation in professional demands. Economic adversity and unemployment, characteristic midlife crises, are linked to significant declines in well-being, depending on coping skills and external support structures (Lucas et al., 2004). Spousal loss, yet another prevalent midlife stressor, can instigate long-term psychological health dips, especially in those with hostile social networks or maladaptive coping mechanisms (Bonanno et al., 2002). Evidence suggests that persons with positive social connections and meaning-oriented mindsets are most apt to regain affective equilibrium over the long term (Hank & Steinbach, 2018). Besides individual and relational factors, midlife resilience is induced by wider socio-environmental determinants. Access to healthcare, economic well-being, communal facilities, and social traditions influence a person's ability to withstand midlife affliction (Thomas et al., 2017). Socioeconomic disparities are prone to produce differential outcomes with regards to resilience in that the rich benefit more psychological and medical care from it, but the poor or less financially solid people suffer greater misery (Schieman & Glavin, 2011). Tough working policies in the direction of work-life balance, mental awareness, and occupational versatility will most presumably deliver better resilience outcomes, and harsh working situations are more liable to heighten burnout and stress. In addition, resilience research

places strong emphasis on the value of lifelong learning and adaptive skills. Individuals who seek opportunities for personal growth, whether through lifelong learning, hobbies, or volunteering, are more psychologically resilient (Fingerman et al., 2012). Engagement in activities that are experienced as significant is one mechanism of developing a sense of purpose, which is a key construct of midlife well-being and resilience (Ryff, 2013). Resilience is not the absence of distress but the ability to recover and maintain functioning in the context of adversity.

Midlife recovery patterns vary according to the type and intensity of stressors. Lucas et al. (2004) conducted large panel surveys of psychological response to major life events such as disability, job loss, and bereavement. The work of their authors indicates that unemployment is correlated with a dramatic and quick decline in well-being followed by incomplete recovery after a year. However, for most individuals, full psychological recovery remains an elusive dream after several decades. Similarly, physically disabled individuals experience precipitous declines in well-being, and the severity of impairment influences long-term resilience. Those with moderate disability show increased recovery, while those with severe impairments are likely to struggle with continued distress, pointing to the benefit of psychological and social interventions to building resilience. Middle range theory of midlife resilience suggests a process of person, relationship, and environment with bidirectional interaction. Psychological resilience enables individuals to overcome the challenge of midlife transition, with or without re-establishing well-being. All differences in gender regarding social support, individual coping styles, economic security, and resilience are behind the heterogeneity of the resilience outcomes. Social support, emotional regulation, and meaning seeking are central to building resilience, whereas contextual factors outside the individual, including availability of healthcare and workplace policy, play a role in adaptation processes. As complexities of midlife transition continue, future research must continue to examine the processes that build resilience so that individuals have psychological resources to age well and remain healthy.

1.2.4 Midlife Crisis

The reality of age, physical decline, or being trapped in specific jobs can cause mental anguish and abrupt changes in aims and habits, which are referred to as "midlife crises" (Wethington, 2000). A complex interaction of several biological, psychological, and social elements results in midlife crises. A midlife crisis is an emotional state of doubt and anxiety

in which a person becomes concerned because he or she realizes that half of one's life has passed. He/she also believes that life has not been adequately organized and that significant results have not been obtained (Moloudi and Abdollahzade, 2023). There is an emergence of contra-sexual components in personality during midlife. As men develop increasingly feminine qualities, women become more assertive, competitive, and instrumental (Foster & Levitov, 2012). Like any other major life transformation, midlife involves both positive and negative aspects. It can bring distress and disequilibrium, which instills new coping skills in women during this period. A successful midlife transition can be assessed using various indicators of well-being, including social, mental, physical, and spiritual well-being. (Joblin, 1995).

Erik Erikson proposed the theory that from birth to death, people go through several psychosocial developmental stages. Erikson described many important adult life goals in his book *Childhood and Society*, including developing close relationships, engaging in generativity (being productive and dedicated to teaching the next generation the right path), and, at the end of one's life, engaging in "ego integrity" (coming to terms with the past and future in the face of impending death) with wisdom. (Franz & White, 1985). It was believed that those who struggle with these developmental issues are more prone to emotional distress (despair and crisis) and stagnation. (Lack of creativity and productivity). To achieve midlife fulfillment, this stage of psychosocial development must be completed (McQuaide, 1998). The "harnessing progress" habit in midlife stories accentuates how gender and sexual identity organize the means through which individuals imagine midlife and aging. It explores how straight women, gay men, straight men, and lesbians utilize "harnessing progress"—reframing growing old as development and expansion rather than deterioration—so that they can create hopeful images of old age during midlife in direct opposition to devaluing the aging process throughout society. Interview participants used "harnessing progress"—redefining aging as a time of growth and expansion—to be optimistic about aging. Men emphasized gaining wisdom and sharing it, with straight men focusing on their children and gay men focusing on younger LGBTQ people. Women were focused on personal growth, with straight women focusing on self-reliance and lesbians focusing on assertiveness. The study shows how sexual identity and gender shape aging beliefs over the life course (Barbee, 2022).

Midlife crisis is a period of self-reflection usually in the 30s to 50s where individual reassess their lives, unmet aspirations, grappling with ageing, and shifting priorities (Balamurugan et al., 2024). A midlife crisis can be brought on by a variety of significant events, such as a divorce, a loved one's death, boredom, or another big life event. It can also be brought on by a rise or fall in duties, the realization that one's work path is less fulfilling, and a beginning deterioration in physical capacities.

The process of developing through midlife in middle-aged people might entail the following life events:

1.3.4.1. Work/Career Stage: The most significant stage of life is when people strive for independence, yet it is uncommon for it to be attained on their own. This is necessary to satisfy both their basic wants and their place in the hierarchy of needs, as defined by Abraham Maslow in 1943. Their likelihood of succeeding at work or in their career depends on their ability to successfully meet these standards.

1.3.4.2. Comparing cultural stereotypes: One may contrast the cultural contexts of India with the United States to juxtapose stereotypes from various cultures. Purchasing a car is an example of an impulsive action that may have been motivated by the impact of social media to find excitement and intimacy in relationships. This pattern is particularly common in middle-aged people, who may become angry with themselves as they get older and experience a decline in self-worth and self-esteem. They can be reluctant to take advantage of novel and exciting chances as a result, and instead, experience a midlife crisis characterized by indifference and a lack of desire.

1.3.4.3 Workplace problems leading to crisis: One's view on their work or profession can be badly impacted by going through a midlife crisis, which can result in a drop in self-esteem, a lack of pride in one's work, and a sense of meaninglessness. While midlife crises are frequent for everyone, regardless of gender, this can cause moral or subconscious problems for individuals. The strength of emotions experienced may also vary.

1.3.4.4. Expectation about an eventful life: As individuals approach midlife, both men and women tend to focus on their accomplishments and celebrate them, showcasing their abilities and capacities. However, women's midlife crises often involve self-evaluation, which can sometimes result in a negative outlook on life or heightened stress levels. According to Oliver Robinson's research, people in their 40s predict that their lives will take a negative turn due to changes that come with each new decade, particularly related to their physical conditions.

1.3.4.5. Growing subconscious preconceptions: Men and women who are approaching midlife, frequently perceive threats that might not exist or might be imagined, which can

cause emotions of regret. As people enter their 50s and 60s, illnesses worry about mortality, impending deadlines, and health-related self-convictions can all lower people's motivation levels. Unfulfilled ambitions or unfinished business, thoughts cause a lack of interest or a sense of disquiet as people move through different life phases.

1.3.4.6. Fear and regret of the unaccomplished goals: People may have embarrassing thoughts and worry about being judged by people who are more successful when they compare themselves to their coworkers or friends in terms of the current situation of their lives, including accomplishments and failures.

1.3.4.7. Depleting physical strength: The weakening of one's physical strength can drain energy levels and lead to a lack of motivation to regain vitality in life. Individuals may have unusual ideas or imaginations to achieve a feeling of youthfulness despite their physical limitations. (Karthikeyan and Suresh;2020)

1.3.4.8. Menopause: It's believed that for some women, the menopausal phase results in a significant loss of identity. It signals the end of a woman's ability to reproduce. Estrogen levels are dropping, which makes hot flashes and nocturnal sweats even worse. (Dunneram et al., 2019). This disrupts sleep, brings on extreme mood swings, and depletes energy. Memory loss, weight increase, and a decline in interest in women are other effects of menopause.

1.3.4.9. Empty Nest Syndrome: The empty nest syndrome is grief that is faced by middle-aged parents when their children move out of their homes for either higher studies or settling abroad. When the kids move out of the house, both parents are affected by this syndrome, which causes them to feel grief, dread, loss, and difficulties adjusting to their new duties. (Bougea et al., 2020).

1.4 Theoretical Framework

- Family Environment (Variable 1)- Field Theory by Kurt Lewin
- Psychological well-being (Variable 2)- Ryff's Model of Psychological Well-being.
- Resilience (Variable 3)- Resilience Theory by Germecy.
- Midlife Crisis (Variable 4)-Levinson's Adulthood Development Theory.

1.4.1 Family Environment

The Field Theory of Learning by Kurt Lewin

The very first psychologist to examine group dynamics and how a group influences a person's behavior was Kurt Lewin (Burnes, 2019). In the 1930s, Kurt Lewin developed the field theory of learning. He was a renowned psychologist who is usually regarded as the founder of modern social psychology. His work in the areas of group dynamics, action research, and experiential learning has had a significant influence on the development and flourishing of social psychology. Under the influence of Gestalt psychology, Lewin produced a theory that emphasized the significance of various personalities, interpersonal conflict, and situational circumstances. Lewin's Field Theory states that behavior is a result of both the individual and the environment. The basis for this theory is the concept that Lewin also used the domains of physics and mathematics to "map out" a person's sphere. He claims that a person's decision or behavior is influenced by a variety of circumstances.

The factors constitute

- Experience the individual had had in his/her lifetime
- Influence of media
- Different People and ideas that the individual interacted with
- Understanding social rules and norms.

Lewin also believed that to study a person or a situation, the entire environment must be considered. Even seemingly insignificant factors must be considered important.

1.4.1.1 Life Space

Lewin believed that behavior was the function of a person's living space. He put forward the following equation (Lewin, 1936)

$B = f(P, E)$, where "B" represents the behavior, "P" represents the person, "E" represents the environment, and "f" represents the function.

According to his theory, an individual's environment is not just a collection of experiences but may also include goals and any barriers that prevent them from reaching their goal. The

individual may feel tension until that goal is achieved, which can affect mental health and psychological well-being (Rogers, 2011)

1.4.1.2. Main Concepts of Lewin's Field Theory

Field theory primarily supports concepts derived from topology, a branch of higher mathematics, vector analysis, and physics as explained in the figure 1. The main concepts include:

1.4.1.3. Topology: There are two fundamental ideas. Connectivity and part-to-whole links are indicated via topological space. Topological concepts are used to define the scope of possible actions and perceptions as well as to reflect the structure of living space. An individual splits his life area into two sections when he frames it.

1.4.1.4. Vector: A force that is influencing a movement towards or away from a goal is shown by a vector. There is movement in the vector's direction when there is only one vector present. The movement will be in the direction of the resulting force if the vectors are in opposition to one another.

1.4.1.5. Life Space: It is the space in which a person moves psychologically. It is also known as the psychological field.

1.4.1.6. The person in the life space: The individual going through this life space is being pulled and pushed, and he is also working to move past obstacles on his own.

1.4.1.7. Valence: When a person feels drawn to an object, it is said to have a positive valence. An object is considered to have a negative valence when it repels a person. (Lewin, 1936)

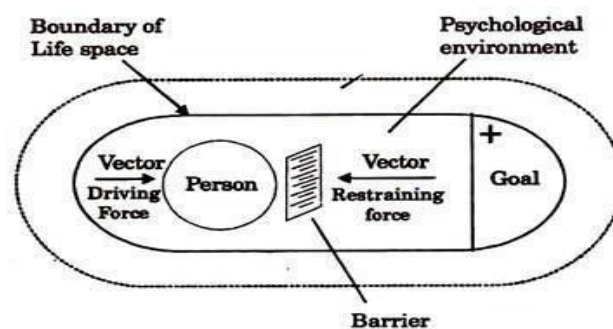


Fig. Lewin's Theory of Learning.

Figure 1: Lewin's Field Theory: Source: (Rothera, 2023)

To explain the field theory of learning Lewin discovered a change model theory which explains how people transition through changes at different circumstances. He explained three stages of change which are Unfreezing, change and refreezing (Burnes,2019)

1.4.2 Psychological Wellbeing

Carol Ryff's Model of Psychological Well-being.

There are two key aspects of psychological well-being. The first of these focuses on how much happiness and other good emotions people experience. This aspect of psychological well-being has been referred to as "subjective wellness." (Diener, 2000). In contrast to reports of emotional happiness, life satisfaction, and positive effects, earlier researchers failed to focus on the "deeper topic" of "what comprises key elements of well-being," therefore Ryff (1989) proposed a theoretical model of well-being among eudemonic scholars. (Ryff, 2013) Positive interpersonal relationships, self-acceptance, autonomy, environmental mastery, life purpose, and personal advancement are the six criteria she used to categorize psychological well-being.

1.4.2.1. Self-acceptance: Optimism towards oneself; acknowledgment and embrace of one's varied characteristics, including both good and bad ones; and positivity toward one's past.

1.4.2.2. Positive relations with others: Relations with others that are pleasant satisfying, and reliable, and concerned for the welfare of others; a powerful sense of compassion, love, and connection; and an understanding of how relationships function on a give-and-take basis

1.4.2.3. Autonomy: Self-determination and individuality; the capacity to ward off social expectations to think and act in specific ways; the ability to regulate behavior internally; and the capability to evaluate oneself according to one's own standards.

1.4.2.4. Environmental Mastery: The ability to select or build circumstances that satisfy requirements and ideals; a sense of competence and mastery in one's surroundings; the capacity to control a wide range of outside events and take advantage of opportunities.

1.4.2.5. Purpose in life: Possessing beliefs that provide life purpose as well as aims and

objectives for living; having goals and a sense of guidance; feeling that both present and past lives have meaning

1.4.2.6. Personal Growth: Feelings of constant development and growth; a willingness to adapt to new experiences; an awareness of one's capability; and an awareness of continuous change in oneself and behavior changes that are more effective and self-aware (Baumgardner et al., 2016)

Family connections may become even more essential to well-being as a person's requirements rise, the need for caring grows, and the impact of social connections in other domains diminishes (Huber et al., 2010). Family members are associated with each other through each stage of life, and these relationships are the essential source of social connection and social influence for individuals throughout their lives (Umberson et al., 2010). Consequently, the evidence shows that social relationships can impact well-being across the life course (Umberson & Karas Montez, 2010)

1.4.3 Resilience

Norman Garmezy's Theory for Resiliency: Norman Garmezy was a renowned clinical psychologist and is regarded as the founder of resilience research. He started his research concentrating on schizophrenia and mental illness, and then he diverted his attention to stress resistance, resilience, and competence. The capability to efficiently adapt in the presence of challenging or harmful circumstances is considered resilience (Garmezy et al., 1984).

According to Garmezy, resilience is not necessarily impermeable to stress. To be resilient, he points out that one needs to show functional adequacy as an essential factor of resilient behavior under stress.

Sex, IQ, socioeconomic level, and parental competence traits were all identified by Garmezy as characteristics that enhanced competency. Youngsters with higher assets seemed to be more socially engaged with their classmates and more capable than the youngsters with lower assets. More crucially, competence and stress were improved by family coherence and stability. He added that children were more likely to experience high levels of stress if they were raised in families with weak family cohesion. Garmezy also claimed that a child's immediate environment had a substantial impact on how they responded to stress

1.4.3.1. Key Elements of the Theory: Garmezy had an ecological vision of resilience. He concluded that factors affecting resilience include individual and family levels and outside-the-family factors.

1.4.3.1.1. Individual Factors: A child's temperament, positive response to situations in life, and cognitive skills are the individual factors that affect resilience.

1.4.3.1.2. Familial Factors: Family cohesion and warmth among family members, the presence of a caring adult, or a concern by the parents all increase resilience in children.

1.4.3.1.3. Support Factors: The availability of an external support system like a supportive teacher or institutional system can foster resilience in children.

Through Garmezy's research, he developed three models that explained resilience (Garmezy et al., 1984).

1.4.3.1.4. Compensatory Model: In this additive model, it is elaborated that stressors lower competence, and personal and family attributes improve the adjustment.

1.4.3.1.5. Vulnerability vs. protection model: In this interactive model, there is a relationship between stressors and personal attributes. The higher the level of the attribute, the weaker the link between stress and outcome.

1.4.3.1.6. Challenge Model: In this curvilinear relationship, stressors enhance the adjustment but not at a very low or high level. When under extreme stress, there will be a decrease in competence. The challenge model puts forward the idea that some stress is helpful for young people as it can encourage coping skills and motivate them to mobilize their resources. (Fergus & Zimmerman, 2005)

In the growing field of positive psychology, resilience is highlighted as a strength that can assist people in positive life adaptation (Ryan & Calabiano, 2009), and resilience has also been described as a measure of stress-coping ability (Connor & Davidson, 2003).

According to Debra McGinnis (2018), the developmental midlife process involves changing challenges, resilience, and perceptions of getting older. So, if a person has good resilience, then the problems that arise in midlife can be handled more productively. Thus,

understanding and addressing the nuanced experiences of midlife crisis through a multidimensional lens is essential for fostering resilience and well being in both men and women (Abraham et al.,2025)

1.4.4 Midlife Crisis

1.4.4.1. Levinson's Theory of Adulthood Development: Most people are familiar with Levinson through his idea of adult development. He argued that adulthood was made up of revolutionary times of instability and stability during which adults redefined their ideas of the known they wanted to play in life and then set out to fulfil those roles. The interactions between a person's chosen roles, purpose, and other people during these times of crisis and stability define a person's life structure.

The "dream" is another crucial idea in Levinson's theory. It is described as the most significant object in a person's life. He argued that while marriage and family are vital to women, careers are the most significant aspect of men's dreams.

1.4.4.2. Levinson's Seasons of Life: According to Levinson, there are two seasons of adult development: transition and stability. In transition, the adult's task is to terminate the existing structure with the aim of forming a new structure. This requires the individual to consider existing life structures, explore the possibilities and changes that could be made, and choose which option will serve as the foundation for the next adult period.

In situations of instability, the individual makes decisions about life and constructs a life around these choices. These choices form a structure that permits the individual to pursue goals as per their chosen values

Levinson suggested the following different stages of development:

- Early adult transition
- Early Adulthood
- Age 30 Transition
- Becoming one's own man
- mid-life transition
- Middle Adulthood
- Late Adulthood

As the proposed study is concerned with the midlife transition, for most people it occurs somewhere between the ages of 40 and 45. People are becoming aware of their mortality for the first time. Aside from that, it is the time when many people experience emotional turmoil; they reflect on their past choices and the likelihood of achieving their youthful dreams, and thus a new life structure is formed. There is another transition between the ages of fifty and fifty-five where they consider their life structure once again by adopting a new role in their lives. The late adulthood transition (between sixty and sixty-five) marks the close of the middle years and the beginning of late adulthood (Gething & Papalia, 1995). A conceptual structure of the variables are depicted in Figure 2.

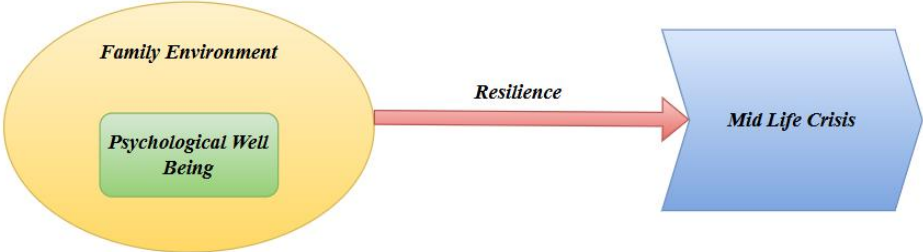


Figure 2: Theoretical Framework of the study: Source: Author

CHAPTER 2

REVIEW OF LITERATURE

A comprehensive summary of a specific issue from earlier research is called a review of the literature. This section provides a crucial overview of the research literature relevant to the topic under investigation. Its objective is to familiarize oneself with existing research fields on the same issue, which could encourage additional study in a previously underappreciated or understudied field. Another advantage of literature review is finding theoretical connections between variables and concepts that the researcher might not have previously thought of. In essence, review of literature achieves the objectives of both the writer and the reader. Therefore, from the reader's point of view, the primary goal of a literature review is to convey to the research papers, journals, books, and other materials the reader has read a clear understanding and lucid ideas regarding the developed study fields. From the standpoint of the author, the goal of this systematic review is to guarantee that the research article is legitimate, that no one can replicate the genuine manuscripts, and that the author's name must be mentioned as a reference in the articles if the research paper is utilized in another study.

2.1 Family Environment

Huber *et al.*, (2010) looked at the connection between midlife marriage satisfaction and the three main elements—adaptive assessment, compensating experiences, and social support—that, according to the Family Adaptation Model, contribute to family resilience. The findings demonstrated a significant positive relationship between the criterion variables (rebuilding the marriage relationship and maintaining kinship ties with older and younger generations) and the predictor variables (adaptive appraisal, compensating experiences, and social support), supporting the idea that higher levels of the main protective factors contribute to marriage success in the face of developmental challenges.

Luo Lu, (2010) aimed to assess middle-aged people's leisure experiences and their relationship with depression in a nationally representative sample of Taiwanese people in the age group of 45-65. We discovered that: (1) being female and having a low family income were demographic risk factors for symptoms of depression; (2) being physically ill and having an impairment were positively related to depressive symptoms; (3) having a supportive social network was negatively related to depressive symptoms; and (4) that after controlling for the

effects of demographics, physical health, and social support, enjoyable leisure activities were still negatively related to depressive symptoms.

Darling *et al.*, (2011) examined the relationship of family strains and weight to life satisfaction. Family coping, physical activity, sleep, and health stress mediated the study. The findings suggested that midlife women who experienced more stressful life changes and had higher BMIs slept fewer hours and had greater stress which resulted in lower life satisfaction. These results have implications for family health professionals and programs that deal with family and health problems, including sleep, weight, and stress

Waldinger and Schulz (2016) researched to see if the warmth of a child's family environment predicted the quality of their intimate relationship later in life. The data were collected prospectively from 81 men from adolescence through the eighth and ninth decades of life. Findings supported the hypothesis that there is a positive link between nurturing family environments in childhood and greater security of attachment to spouses more than 60 years later. The study shows the far-reaching influence of childhood environments on well-being in adulthood.

Fingerman *et al.*, (2018) investigated the family typologies of problems and midlife well-being in which the researchers selected midlife adults and reported their parents and grown-up children's physical, psychological, and lifestyle problems and functional disabilities. The results indicated that midlife adults cope with challenges when their grown-up children's parents suffer problems; their well-being may suffer because of this.

Gilligan *et al.*, (2017) did a study on family networks and psychological well-being in midlife. 495 adult children among 254 families provided the researchers with the data for their study. They investigated the various effects of conflict with mothers, siblings, and spouses on midlife depression symptoms. The results of the combined study showed that higher levels of depression among spouses were linked to higher levels of tension. The mother-child conflict was more strongly linked to increased depressive symptoms for women than for males, according to research on gender interactions. The study emphasized the significance of a person's family bonds on their psychological well-being.

Thibodeau and Bouchard (2020) investigated the influence of adult attachment on marital and parental satisfaction in 165 married couples. The attachment dimensions such as security,

anxiety, and avoidance were the independent variables that predicted each partner's marital and parental satisfaction. The results indicated that husbands' and wives' anxious attachment was negatively associated with marital satisfaction. It also showed that husbands who had higher levels of avoidant attachment had lower levels of marital and parental satisfaction. During the empty nest stage, the parents' marital and parental roles are interdependent.

Bongyoga and Risnawaty (2021) employed a qualitative method to examine the subjective perceptions of parents living with Empty Nest Syndrome by examining the family quality of life of those parents. Three pairs of parents who are in the middle of adulthood and are living apart from their kids made up the responders. Through interviews, information on the main aspects of empty nest syndrome and quality of life was acquired. The findings showed that empty nest syndrome has an impact on both the emotional health and quality of family life. which, 1-3 months following the child's departure, is characterized by a sense of emptiness and grief. The quality of life of the parent also included other factors like parenting, physical and mental health, and family interaction.

Kwon and Jihyun (2021) did a cross-sectional study in which the researchers tried to investigate family stress and its mediating effect on the relationship between self-efficacy and midlife crisis in middle-aged South Korean men. This study confirmed that midlife crises decreased with increasing self-efficacy and were aggravated by family stress levels. As family stress influences all family members, interventions are required to alleviate family stress. Stronger family support systems and self-efficacy can boost coping mechanisms in middle-aged men.

Visaria et al., (2021) studied to what degree social network attributes, such as family size and cohesiveness, are linked to higher psychological resilience. Cross-sectional study 1609 participants aged 50-59 years from a panel of Ageing and Transitions in Health Survey were included. Strong social networks are associated with stronger psychological resilience in older midlife adults. Those in their midlife who were approaching old age were better prepared to handle challenging circumstances when they had a strong social network.

Rulu et al., (2024) explored the interconnections between stress, social support, and midlife symptoms in women aged 40–55 years in Nagaland, India. Findings showed that elevated cortisol levels, an indicator of chronic stress, were associated with greater emotional instability and vaso-somatic symptoms, whereas family support was related to reduced

emotional distress and total midlife symptoms. Although no significant relationships were shown between symptoms, social support, and stress, there was some effect of spousal support on symptoms related to stress. The findings underscore the importance of the family support mechanism in minimizing the impact of midlife stressors on women's health.

The studies reviewed on the first variable family environment highlight its essential role in moulding emotional stability, coping behaviour, and adjustment during midlife. Previous research consistently indicates that a supportive and cohesive family environment contributes positively to psychological well-being and reduces the intensity of midlife crisis.

2.2 Psychological Wellbeing

Stegenga *et al.*, (2012) investigated whether the interaction of life experiences and age posed a bigger risk than the sum of each factor's individual effects when it came to the connection of age and life events with the beginning of major depressive disorder. Data from a prospective cohort study were used. Using a questionnaire list of Threatening life experiences, life events were evaluated at baseline. Life events have been shown to increase the probability of midlife MDD development

Kim *et al.*, (2018) conducted a national-level survey to examine the centrality of work for midlife adults and how it is related to their psychological well-being. The measures checked during the survey include the need for survival, the need for relatedness, the need for self-determination, and psychological well-being. The results revealed that survival, relationship, and self-determination need that is related to work significantly influenced the well-being of midlife adults.

Nakanishi *et al.*, (2019) investigated the relationship between midlife association between midlife women's psychological health and later-life cognitive function. There have been 703 women in the research. Using Ryff's scales spanning six well-being aspects, individuals' psychological health was analyzed. The data revealed a significant connection between greater levels of personal development and lesser levels of self-acceptance by 53 years.

Leger *et al.*, (2020) did a study to determine if sleep disruptions in middle-aged and older women were related to mean levels and variability in psychological wellbeing. Sleep disturbances are common in older adults, especially in women. Better sleep is connected with

greater psychological well-being (PWB), although the intraindividual variation in PWB has not been studied. The findings imply that adult women's sleep is associated with changes in interpersonal satisfaction above and beyond the mean. The findings emphasize the significance of taking variability into account in addition to mean PWB levels.

Hsu & Barrett, (2020) did a study to investigate the relationship between marital status and both good and negative aspects of well-being, including autonomy, environmental mastery, personal growth, positive relationships with others, self-acceptance, and life purpose. The results for various well-being indicators show that those who have been married continuously have an edge over those who have been divorced or never married. Results from other encouraging metrics, however, show that those who are never married or who have remarried do better than those who have been married continuously. Furthermore, some findings imply that women who have never married or who have remarried will gain more than men.

Ascigil *et al.*, (2020) conducted a study to assess whether increasing marital conflict, mediated the relationship between recession adversities (such as unemployment, increased debt, and loss of a home) and mental health following the recession (2013-2014) in middle-aged people. The results proved that those who faced more hardships during the recession had more marital disputes after the Great Recession, which were then linked to worse mental health. Additionally, those with lower incomes before the recession saw bigger increases in adverse effects after the recession.

Blanchflower & Oswald, (2020) did a longitudinal study to investigate the changes from 1993 to 2019 in the percentage of US middle-aged citizens suffering extreme distress. The researchers developed a new proxy measure for exceptional distress (the proportion of people who reported serious mental and emotional issues in all 30 of the previous 30 days) using information on 8.1 million randomly selected US citizens. We looked at historical patterns for various categories and distress predictors. Extreme mental distress is being reported by an increasing percentage of US residents.

Jordan, (2020) studied how midlife affects parents' psychological health and their relationship with their children. 102 midlife parents were the participants. Mothers scored higher on anxiety and stress than fathers, but these differences were not statistically significant. Parental Sense of Competence (PSOC) was within an average range. It was discovered that themes of increased knowledge and progress, as well as awareness of aging

and time constraints, were highly endorsed. The study shows how parental PW changes with on the firstborn child's age.

Avis *et al.*, (2021) looked at the relationship between women's psychological well-being (PWB) and midlife personal and social resources, as well as modifiable behaviors, to determine whether psychological resilience in later life mitigates the influence of health issues on PWB. It was a longitudinal Cohort Study done nine years apart. The sample was 1693 women from a Study of Women's Health Across the Nation (SWAN) cohort. The findings suggested that several modifiable factors at midlife are connected to greater PWB in older women underlining the need for healthy habits including exercise and proper sleep hygiene. Resilience in later life mitigated the negative effects of sleep disorders and psychological health.

Infurna *et al.*, (2021) in their recent research showed that mental and physical health of middle-aged people in the United States are deteriorating irrelative to earlier generations, with the least educated being hardest hit. Comparing longitudinal data from five countries (U.S., Australia, Germany, South Korea, and Mexico), researchers determined that the physical health was improving in all countries but the trends in mental health were inconsistent. The U.S. and Australia demonstrated declining mental health among later-born generations, while Germany, South Korea, and Mexico saw improvements. Moreover, education's protective influence declined over time in the U.S., whereas in other countries, less-educated individuals remained at highest risk for declines in health. The study emphasizes the nuanced role of education and sociocultural influences on midlife health outcomes in varying countries.

Le *et al.*, (2021) studied about the stress and coping patterns of middle-aged Catholics who are Vietnamese-born Americans in which the role of spirituality, religiosity, and resilience on well-being. The respondents were 413 middle-aged Christians. Results from zero-order correlation predicted that spirituality, religiosity, and resilience significantly predicted depression and life satisfaction. The findings suggested further support for the hypothesis that religiosity and resilience are important resources for managing psychological distress and increasing life satisfaction.

Wolfe *et al.*, (2022) compared the mental and physical impact of multiple financial stressors during midlife, an important period in the life course for disease onset and wealth accumulation. Data was collected from the 1979 National Longitudinal Survey of Youth, in

which both men and women were included. The researchers calculated the relationship between financial stressors and the risk of developing a psychiatric disorder. The results revealed that many of the financial stressors had similar positive associations with the risk of psychiatric disorders, whereas only debt and bankruptcy were associated with high blood pressure. There was economic volatility in the US economy, which gave rise to the potential loss of health. The research pointed out that there should be steps taken by the government to protect economically vulnerable populations.

Lee & Lee, (2022) evaluated psychological wellbeing in South Korean women during menopausal years (45-60 years). Authors interviewed 300 participants and learned that self-efficacy immensely improves wellbeing by reducing stress, enhancing symptom coping, and reinforcing self-compassion. Developing self-efficacy and coping with stress will enable women to deal with menopause in a more positive way.

Thams & Brassens, (2023) discusses late-life depression (LLD), which is more common than dementia among people above 60 years of age but often underdiagnosed. While most older individuals cope with alterations related to aging, some struggle with emotional as well as cognitive regulation and develop LLD. Research indicates that challenges with self-regulation, which are emotional processing and brain function-related, may begin as early as midlife. The research finds that those individuals who cannot develop proper coping methods in midlife might be under greater risk of LLD when they grow old. Such adaptive processes can improve the mental wellbeing of the aging population.

Zou et al., (2023) explores the midlife transitions among South Asian immigrant women in Canada by underscoring the multiple life changes they face in terms of lifestyle, vocation, household, physical and psychological health, social support network, and changing environments. Drawn from transition theory, these women have been found to control and regulate their life changes in coping ways including physical exercise, socialization, counselling, and spirituality. Despite their resilience, obstacles like employment challenges, difficulties in transferring skills, and restricted access to culturally appropriate healthcare and community services undermine their well-being.

Infurna et al., (2023) examines the impact of adversity accumulation on the most important psychological consequences for middle-aged adults (ages 50–65 years). Middle-aged adults as a high-risk age group are subject to a variety of multiple stressors that impact their mental

health and mental well-being. The research included a two-year longitudinal design with monthly assessment, and results indicated that increased adversity accumulation was related to increased depressive symptoms, reduced life satisfaction, and reduced character strengths such as generativity, gratitude, and meaning in life. Adversity in close relationships, economic disadvantage, and work stress impacted most negatively. These results emphasize the need for future research to establish what resilience processes and resources will act as buffers to neutralize the negative effects of cumulated stress during midlife.

Xiao & Brown, (2023) explores the causal relationship between flourishing and suicidal ideation in middle-aged adults with a national longitudinal sample from MIDUS (n=1619, mean age 53, 53% female). Emotional, psychological, and social well-being flourishing was inversely associated with an 18.6% decrease in suicidal ideation. One standard deviation increase in flourishing was related to significant reduction in suicidal ideation. There is evidence to suggest that cultivating flourishing in middle age via clinical and policy intervention has the power to diminish significantly the risk of suicide, in turn creating the case for acting cross-sectoral in building well-being and preventing suicide.

Verburgh *et al.*, (2024) examines Dutch midlife women's views on health, well-being, and occupational functioning. As women at midlife comprise an ever-growing proportion of the workforce, it is crucial to ascertain what they experience. The study employed qualitative data collected from 28 subjects across five ethnically homogeneous focus groups, which initiated fatigue as the central theme. This exhaustion is both stimulated by physiological alterations and environmental stressors, i.e., working conditions, work environment, and personal loads. Women employ different coping strategies to overcome exhaustion, such as work change, reallocation of work tasks, or shortening working hours. The results imply that exhaustion is not only a matter for individuals but is influenced by more extensive structural forces, making stricter workplace policies favorable that improve midlife women's health and well-being more than ever.

Gondek *et al.*, (2024) did a study which revealed that middle-aged Swiss adults (40–55) reported lower life satisfaction, higher negative emotions, and higher work-related stress compared to young adults (25–39), with relationship satisfaction, social support, and health satisfaction being the predictors of their well-being. Network analysis revealed that work demands were more positively linked with anger and sadness at midlife, which highlights the complex interdependence of life domains on mental health at this point.

The literature on psychological well-being illustrates that higher levels of psychological well-being are associated with better emotional adjustment, life satisfaction, and effective coping during midlife. Several studies indicate that individuals with strong psychological well-being experience fewer symptoms of midlife crisis and greater resilience.

2.3 Resilience

Beutel *et al.*, (2009) did a study to determine the relationship between life satisfaction, depression, anxiety, and resilience across the lifespan of men. The variables were studied with standardized questionnaires. The results revealed that satisfaction with health decreased in midlife. Anxiety was highest among middle-aged men which was accompanied by reduced resilience and self-esteem. Life satisfaction was strongly associated with resilience, lack of employment, positive self-esteem, and a good household income. Additionally, there is proof of a midlife crisis, which shows up as health issues, anxiety, and weakened resilience.

Lachman *et al.*, (2015) highlights the midlife changes' complexity and diversity in physical health, cognitive capacity, and wellbeing, based on longitudinal data of the MIDUS study. Unlike earlier cross-sectional research that described midlife as a time of decline, the current work defines it as an active phase that is characterized by growth and challenge, where there is resilience and protective factors at play to uphold wellbeing. In addition, middle-aged people are key generation-bridgers who impact younger and older generations, the workplace, and society, and therefore it is crucial to promote well-being at this stage of life for the benefit of society in general.

Terrill & Molton, (2018) examined gender differences and the problems associated with aging in persons living with a disability and evaluate the importance of resilience in managing these stressors through a longitudinal data analysis of self-report surveys completed by 541 middle-aged community-dwelling participants with long-term physical. Research indicates that middle-aged individuals with physical limitations deal with a range of life stressors, many of which are detrimental. Compared to men, women are more likely to develop depressive symptoms. Resilience may lessen the negative consequences of events in life on the emergence of depressive symptoms.

McGinnis, (2018) examined midlife developmental processes with an emphasis on resilience, newly emerging challenges, and attitudes toward aging. Results indicate distinct subgroups of

resilience with higher resilience being marked by higher satisfaction with life, grit, and positive time orientation but lower resilience being marked by more adversity and negative events. Spiritual strategies also came through as an important variable in resilience variation, and future orientation affecting well-being in early midlife while growth and purpose became more influential in late midlife. The research is consistent with Socioemotional Selectivity Theory, highlighting the psychological advantages of moderate adversity and the accretive effect of education on satisfaction with life in later life.

Le *et al.*, (2021) examined the predictive power of spirituality and religiousness in terms of the well-being of 171 middle-aged women who were Catholics. Results indicated that both resilience and stress were significantly related to prayer fulfilment and religious involvement and that religious crisis and universality were significantly related to resilience. The findings suggested that spirituality and religiousness are important resources for managing stress and maintaining resilience for middle-aged immigrant women.

Fan *et al.*, (2023) did research to assess the longitudinal relationship between subjective well-being and trait resilience in emerging adulthood. The findings showed that during five months, life satisfaction, positive affect, and negative affect were all predicted by the characteristic resilience. Additionally, during five months, positive affect but not life satisfaction or negative affect predicted trait resilience. This study used a two-wave cross-lagged design ((N = 563 for Time 1; N = 509 for Time 2) to examine the relationship in emerging adults.

Huppertz *et al.*, (2022) did a study to assess the adaptive capacity as a framework to understand how South Australian middle-aged women showed resilience during the early phases of COVID-19. In-depth interviews of middle-aged women were taken in two phases, one before the emergence of COVID-19 (during 2018-2019) and one during COVID-19 in 2020s, and transcripts were analyzed using a critical realist approach. The findings support the ability of women to adapt to social isolation and lockdown situations, as well as the explanatory relevance of adaptive capacity in the context of a person. environmental changes.

Yu *et al.*, (2022) aimed to find the relationship between childhood adversity, resilience, and career success in middle-aged people. Two surveys were conducted in which the entrepreneur samples were collected at different points in time with different measures. Childhood adversities led to negative career outcomes in midlife which is being moderated by resilience. Resilience is an important concept for less successful entrepreneurs.

Fan *et al.*, (2023) conducted a two-way study to evaluate the longitudinal connection between emerging adult resilience traits and subjective well-being. The study consisted of 563 participants for time 1 and 509 participants for time 2. The results demonstrated that over a five-month period, the trait resilience predicted life satisfaction, positive affect, and negative affect. Furthermore, for five months, trait resilience was predicted by positive affect but not by life satisfaction or negative affect.

Castro *et al.*, (2023) did an explorative study to examine whether midlife adults might improve their daily well-being and manage their emotions in the setting of their own realistic everyday environments by using an online, self-guided social intelligence training (SIT) program through an experimental randomized controlled study. The results revealed that The SIT program boosted daily social connection, perspective-taking, and emotional awareness, all of which are important components of resilience, well-being, and health. It also lowered daily negative feelings

Nelson *et al.*, (2024) investigated resilience in sexual and gender minority (SGM) midlife and older adults, with a focus on determinants of their capacity to cope with adversity. Based on national survey data, researchers identified that resilience differed among racial/ethnic groups, with Black and Hispanic participants being more resilient than non-Hispanic Whites. Determinants such as income, affirmation of identity, social support, physical activity, and sufficient food intake increased resilience, whereas discrimination and victimization decreased it. The results underscore the significance of individualized support to enhance resilience in SGM aging populations with diverse needs.

John & Wani, (2025) did a descriptive study on midlife crisis, psychological well-being and resilience in Punjab .The data was gathered from 304 middle aged people which could answer the questionnaires voluntarily. Both resilience and psychological well-being exhibited a negative correlation with midlife crisis and thus they protect an individual from the crisis symptoms. Resilience was a significant mediator between psychological well-being and mid-life crisis

The reviewed studies demonstrates resilience as a key protective factor that helps individuals navigate challenges, stress, and transitions during midlife. Prior research suggests that resilient individuals exhibit better psychological well-being and are less vulnerable to midlife crisis symptoms. These findings provide strong empirical support for including resilience as a

central variable in the present study and for examining its mediating role between psychological well-being and midlife crisis.

2.4 Midlife Crisis

Wong *et al.*, (2012) investigated midlife crisis perceptions, experiences, needs, and help-seeking among multi-ethnic Malaysian women, in which the women expressed distress over physical aging and a dwindling in their functional physical health. According to the study, the most frequently reported issues that set off a midlife crisis were the impact of aging on sexual and reproductive function, empty nest syndrome, extended parenthood, and career challenges

Robinson & Wright, (2013) conducted a study to gather information on the frequency, nature, and perceived effects of crisis episodes in three adult age decades: 20–29, 30-39, and 40–49. Another goal was to investigate the connection between the occurrence of crises and empathy. According to prevalence data, 39% of men and 49% of women reported experiencing a crisis in the 20–29 decade, 47% of men and 51% of women in the 30-39 decade, and 46% of men and 59% of women in the 40–49 decade. A recency impact in crisis reporting became obvious when prevalence rates were compared by participants' current ages. Men were more likely to have crises at work, whereas women were more likely to experience crises in their relationships and families. Divorce/relationship breakup and debt/financial issues were the most prevalent crisis topics across decades and genders. The 40–44 age group for men experienced much less post-crisis growth than other age groups for both sexes. Self-report empathy and the frequency of crisis episodes experienced were positively correlated.

Robinson *et al.*, (2017) studied developmental crises as predictors of authenticity. A quasi-experimental approach employing self-report data from persons in early life (20–39 years), midlife (40–59 years), and later life (60 years) in the UK (N 14 963) revealed a pattern of findings supporting the hypotheses. Three forms of curiosity namely intrapersonal, perceptual, and epistemic D-type were significantly higher whereas authenticity was relatively lower among the people who are currently in crisis. The early adult crisis was associated with self-help and spirituality, a midlife crisis with self-help and biography, and later life crisis with food and eating.

Vijayalakshmi (2017) has done extensive research in Tamil Nadu, India, to assess the prevalence of mid-life crises among men and women in the sandwich generation (those

between the ages of 40 and 50). The research indicates that 75.95% of middle-aged persons experience severe midlife crises and that women are more likely than men to experience those problems.

Chang, (2018) did a study to describe the factors which may influence a reported midlife crisis. The researchers used a descriptive survey design, and the respondents were 209 middle-aged men and women. The results revealed that the factors that influence midlife crisis include meaning in life, perceived stress, ego resiliency, and social support. The midlife crisis was also found to be statistically significant concerning the education and economic status of the individual

Cao and Lu (2018) examined the mediating and moderating effects of loneliness between social support and life satisfaction among empty-nester parents once the child leaves home. The respondents were both males and females in 16 villages in China and they were randomly selected. The results revealed that loneliness relatively mediated the relationship between life satisfaction and social support, and the study provides a more comprehensive understanding of overall mental health among empty nesters.

Moustafa et al., (2019) in their review study examined depression concerning significant life changes such as childbirth, menopause, retirement, and midlife crisis. Even if certain transitions were viewed as positive developments, sadness still resulted from them. According to the review, big, typical life transitions might result in depression if they are abrupt and result in the loss of important life responsibilities.

Colovic et al., (2020) investigated the association between the characteristic ways of surpassing the mid-life crisis and the various ways of fatigue elimination. The study also examined the correlation between denial mechanisms and successful coping. The sample consisted of 300 middle-aged people between the ages of 40 and 64. The results suggested that there was a significant correlation between adequate physical activity as a way of eliminating fatigue and successful coping with the crisis. The study concluded that moderate, age-appropriate, and well-prescribed physical activity relates to the most optimal way of coping with a midlife crisis.

Čolović et al., (2020) investigated the relationship between the typical strategies for conquering the midlife crisis and the numerous methods for overcoming fatigue elimination.

300 middle-aged individuals, all of the same gender and ranging in age from 40 to 64, made up the sample. An evaluation scale indicating the fundamental methods of fatigue elimination in participants from different categories, the Midlife Crisis Scale, and a list of the respondents' basic biodata were all created expressly for the study. It can be inferred that the best method of dealing with a midlife crisis is associated with moderate, well-prescribed, and age-appropriate physical activity.

Kwon and Jihyun (2021) did a cross-sectional study in which the researchers tried to investigate family stress and its mediating effect on the relationship between self-efficacy and midlife crisis in middle-aged South Korean men. This study confirmed that midlife crises decreased with increasing self-efficacy and were aggravated by family stress levels. As family stress influences all family members, interventions are required to alleviate family stress. Stronger family support systems and self-efficacy can boost coping mechanisms in middle-aged men.

Aririguzo et al., (2021) studied how African American women view the menopausal transition through a qualitative descriptive study design. 14 women and a focus group of seven participants were selected for this study. The key themes that emerged were survival, resilience amidst the chaos, socialization for self-preservation and empowerment, and reshaping and reclaiming womanhood.

King et al., (2022) conducted a study to analyze the unwanted experiences during the menopause transition in women with HIV. It was a sexual and reproductive health cohort study that was done in four stages from 2013 to 2018. The sample consisted of 457 perimenopausal women above the age of 40. Women living with HIV undergo a high load of midlife symptoms which are more severe during perimenopause. These experiences are linked to psychosocial and behavioral factors. These findings motivate HIV practitioners to use a bio-psychosocial strategy for midlife management.

Blanchflower and Graham (2022) conducted a critical review of the "mid-life dip" in well-being, and 409 studies on both men and women were identified. The effects of mid-life problems are comparable to major life events such as divorce or unemployment.

Giuntella et al., (2023) examined the longitudinal crisis of midlife among the inhabitants of rich nations across the world. The respondents were middle-aged citizens with peak earnings,

with no or little illness, and residing in some of the safest countries. The paper showed that there are quadratically hill-shaped patterns of midlife suicide, sleeping problems, concentration difficulties, alcohol dependence, memory problems, intense job strain, suicidal feelings, and extreme depression.

Oluyemi *et al.*, (2023) examined the psychological and emotional impacts of midlife crises and the coping strategies employed by participants. The study included 348 participants from a city in Southwestern Nigeria. The findings suggested that nearly every study participant has gone through a midlife crisis. The least common cause of a midlife crisis is the sensation that life has not lived up to expectations, with overwhelming nostalgia for childhood coming in last. Stress was the most common psychological and emotional consequence of the midlife crisis on the study participants, followed by anxiety and low self-esteem. The most common coping strategy used by the individuals was prayer.

John & Wani, (2024) elaborated on the cultural forces that have significant effects on the midlife. For instance, middle-aged female entrepreneurs in rural India face some challenges as they grapple with the issue of reconciling family traditional roles and business issues. They are immensely capable of dealing with these issues through depending on the family and community networks to succeed in their entrepreneurial activities. Not only does this resilience form the foundation of personal development, but also for constructive contributions to communal life, and illustrating the dynamic two-way relationship between individual agency and cultural context.

Previous studies indicate that variables such as family environment, psychological well-being, and resilience play a significant role in determining the intensity and experience of midlife crisis. These research findings form the conceptual foundation of the present study and justify the examination of midlife crisis in relation to family environment, psychological well-being, and resilience.

2.5 Research Gap

1. Population Gap: Though midlife crisis has been studied in Western and Asian Population (e.g., Giuntella *et al.*, 2023), there is a lack of research in India particularly socio culturally unique zones like Doaba region of Punjab, which has witnessed historical political and migration related stressors. These sociohistorical experiences may shape psychological

functioning and resilience differently in middle aged adults which forms the population gap in understanding midlife crisis in India.

2. Methodological Gap: Most studies in the field of midlife crisis have been completed using outdated or Western instruments that do not have relevance in the Indian culture (Vijayalakshmi, 2017). Two instruments have been constructed in this research that are culturally valid for India in country specific contexts:

- The Family Environment Scale , which reflects Indian family structures.
- The Mid Life Crisis Questionnaire (MLCQ-27), which was developed to investigate

Indian adults' midlife psychological crises.

Through these psychometrically robust tools, we have addressed a methodological gap with midlife crisis research to ensure that the actual data elements employed are contextually appropriate and psychometrically valid.

3. Theoretical Gap: Much of the literature on midlife crisis is descriptive , with few studies situating their findings theoretically. The present study employs Lewin's Field Theory (1936), which represents behaviour as a function of person and environment or $B = f(P,E)$. This theoretical stance allows conceptual connections between the family environment, individual resilience, and psychological well-being to midlife behavioural outcomes, thus filling a theoretical gap.

4. Limited Multivariable Studies: Studies that have taken a wider lens have typically examined single factors such as social support or health status (Chang, 2018). In contrast, there is a pressing need for integrative studies that explore the combined effects of family context, psychological well-being, and resilience during midlife. The current study looks at all three factors in relation to midlife crisis.

5. Findings from Bibliometric Analysis: A bibliometric analysis of 124 Scopus indexed articles (2000-2023) showed that midlife crisis has been relatively under-researched in the Indian psychology literature and that topics such as psychological well-being and resilience are emerging and undeveloped. This demonstrates a literature and empirical gap and reinforces the need for context-specific studies.

6. Absence of Family-Centred Midlife Crisis Models: Most of the prior studies have either overlooked family environment and its role as a key factor in the midlife transition. (Giuntella et al., 2023; Vijayalakshmi, 2017). This study foregrounds family systems by looking at them as we seek to understand their role in either buffering or intensifying midlife crisis.

2.6 The Rationale of the Study

In the contemporary environment, research on the welfare of adults in midlife is becoming more important, although it is still scarce. Prior to the 1980s, little thought had been paid to the shift an individual makes through her middle years of life. As midlife becomes the sandwich generation, and is a period of opportunities and challenges, it includes a unique constellation of roles and life transitions that are distinct from earlier and later life phases as well as shifting trends in mental and physical health and in a family environment. Despite making up a sizeable fraction of the adult population, research on the well-being of women between the ages of 50 and 65 has been incredibly scarce or overlooked entirely (Mcfadden and Rawson:2012). The emergence of the term male menopause is an example that indicates a growing interest in the field of aging men. Middle-aged people also play an intergenerational dynamic with their aging parents and adult/adolescent children. Midlife also becomes a pivotal period that includes a focus on balancing the gains and losses, linking earlier and later life periods, and bridging generations. At this stage, it is important to be resilient to cope with all the challenges and become a more successful human being. So, it is important to study the midlife crisis with respect to the family environment and psychological well-being to meet the unprecedented challenge life has in store for the future (Infurna et al:2020). Middle age is a period when a person handles double responsibilities in his life. He looks after his elder generation and the younger generation. So their well-being is of utmost importance. The proposed study lays emphasis on divergent factors like a family environment, and psychological well-being which can also influence the midlife crisis in a positive or negative manner. Resilience is a mediator variable, the researcher can also put light on the effect of resilience on other variables which will further increase or decrease midlife crisis and people can cope well with their mid-life age transition.

2.7 Significance of the Proposed Study

- A common occurrence during the transition from early adulthood to middle age is the

midlife crisis, which is characterized by a time of reflection, re-evaluation, and change. Extensive research on midlife crises and the proposed variables can help people and society better comprehend and prepare for these changes by revealing insights into how people deal with big life transitions.

- Researchers can gain a better understanding of the psychological, social, and cultural aspects of this transition by studying midlife crises, as well as the crisis's possible effects on individuals and their families. This can help inform the creation of treatments and methods to support people during this difficult time, such as coaching and counseling programs, social support systems, and services for career growth.
- Furthermore, a greater understanding of the midlife crisis can aid society in developing policies and programs that promote good aging and well-being as well as a better understanding of the needs and experiences of older people.
- This present study will put a firm background for the theoretical and empirical findings for future studies. This current research will also give insights into how one can cope with this middle-aged life transition successfully and effortlessly.

CHAPTER 3

RESEARCH METHODOLOGY

Research methodology refers to the organised process of planning, conducting and analysing research to guarantee the reliability, validity and to fit on the objectives of a study. The selection of the appropriate research methodology is carried out in terms of descriptive, experimental, or exploratory designs in line with the purpose of the study. Sampling techniques would involve using probability and non-probability means to select subjects to ensure that the subjects adequately represent that population being studied. The required data is collected using survey, interview, or observation based on the research approach. Quantitative data is subjected to statistical analysis, while qualitative data undergoes thematic analysis that unearths the emergence of patterns and insights. Ethical considerations play a huge role in the process in terms of informed consent, confidentiality, and the rights of participants- this would largely also ensure the ethical soundness of the research. Together, these compounds provide a structured framework for bringing about meaningful and valid conclusions in research.

3.1 Research Problem

Family Environment, Psychological Well-being, Resilience, and Mid-Life Crisis in Middle-Aged People

3.2 Objectives

1. To assess the relationship between family environment, psychological well-being, resilience, and midlife crisis in middle-aged people.
2. To examine the influence of family environment and resilience on psychological well-being and midlife crisis.
3. To examine the mediator effect of resilience and the relationship between family environment and midlife crisis.
4. To find the mediator effect of resilience in the relationship between psychological well-being and mid-life crisis.
5. To find the mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to age, gender, family type, and socioeconomic status.

3.3 Hypotheses

H1: Family environment, psychological well-being, and resilience would be significantly correlated with midlife crisis in middle-aged people.

Rationale: The intensity of midlife crisis experiences is inversely correlated with supportive family contexts, psychological wellbeing, and resilience, all of which have been demonstrated to reduce stress and improve adaptive coping (Fingerman et al., 2017; McGinnis, 2018; Thomas et al., 2017).

H2a: Family environment would significantly influence psychological well-being.

Rationale: People of all ages benefit from a supportive family environment because it increases emotional security, lowers stress, and encourages adaptive coping (Clarke et al., 2011; Lang et al., 201).

H2b: Family environment would have a significant influence on the midlife crisis.

Rationale: A healthy family environment can lessen stress and emotional upheaval, which in turn can lessen the severity and probability of experiencing a midlife crisis by offering emotional stability, social support, and adaptive coping mechanisms (Fingerman et al., 2017).

H2c: Resilience would significantly influence psychological well-being.

Rationale: By lowering stress, encouraging positive emotions, and preserving life satisfaction during trying times, people with more resilience are better able to cope with life's challenges and retain their psychological well-being (Le et al., 2021).

H2d: Resilience would have a significant influence on the midlife crisis.

Rationale: Resilience lessens the intensity and impact of midlife crisis events by empowering people to handle stress, adjust to life changes, and preserve psychological stability (Windle, Bennett, & MacLeod, 2020).

H3: Resilience would have a mediating effect on the relationship between family environment and mid-life crisis.

Rationale: Resilience, a protective psychological resource that mediates the effect of family dynamics on the experience of midlife crisis by lowering distress and boosting adaptive coping, is developed in a supportive home setting (Beutel et al., 2009).

H4: Resilience would have a mediating effect on the relationship between psychological well-being and midlife crisis.

Rationale: The relationship between well-being and crisis intensity is mediated by resilience, which is strengthened by higher psychological well-being. Resilience, in turn, buffers the negative emotional and cognitive reactions linked to midlife crisis (Beutel et al., 2009).

H5a: There would be significant mean differences in the family environment, psychological well-being resilience, and midlife crisis with respect to age.

Rationale: Significant mean disparities among age groups can result from age-related differences in life stage, responsibilities, and coping resources, which can also affect resilience, family dynamics, psychological well-being, and the severity of midlife crisis experiences (Lachman, 2015).

H5b: There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to gender.

Rationale: Perceptions of the home environment, psychological well-being, resilience, and experiences of midlife crisis can all be impacted by gender differences in socialization, coping strategies, and role expectations (Gilligan et al., 2017).

H5c: There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to family type.

Rationale: Family environment, psychological well-being, resilience, and the severity of midlife crisis can all be impacted by the kind of family (nuclear, joint, or extended), which also affects the quality of interpersonal connections, coping resources, and available emotional support (Bougea et al., 2020).

H5d: There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to socio-economic status.

Rationale: The family environment, psychological well-being, resilience, and vulnerability to midlife crises can all be greatly impacted by socioeconomic status (SES), which also affects possibilities for personal development, stability of living conditions, and access to resources (Wolfe et al., 2021).

3.4 Variables

Family Environment: The family environment significantly impacts an individual's psychological and physical health throughout their lifetime. A self-developed scale with six different dimensions of family environment was considered namely communication, conflict resolution, quality time, respect for individuality, roles and responsibilities and emotional well being.

Psychological Well Being: Psychological well-being represents the entire emotional and mental health of a person, which includes their ability to manage stress, maintain satisfaction-oriented relationships, and have a sense of purpose and satisfaction in life. Six Dimensions as explained by Carol Ryff was studied which were self-acceptance. Positive relationship with others, autonomy, environmental mastery, purpose in life, and personal growth.

Resilience: Resilience is one of many abilities that can help people in successful life adaptation. It is the capacity to maintain or restore positive levels of functioning in the face of adversity. The resilience Scale measures seven aspects of resilience: how long it takes to return to normal, how you respond to negative events, how you respond to risk factors (particularly a disadvantaged environment), how you perceive the impact of past negative events, how you define problems, how confident you are in your ability to handle the future, and how open and flexible you are to new experiences.

Midlife Crisis: Midlife crises result from a complex interaction of several biological, psychological, and social elements. A self-constructed scale measures five aspects of midlife crises: physical changes and health, identity and self-reflection, emotional distress, relationship evaluation, career, social comparison, and worries about mortality.

Socio Demographic Variables: This study considered age, gender, family type, and socioeconomic status sociodemographic variables. Socio-Economic Status is a position attained by an individual in a society which is one of the essential factors to evaluate the health and

nutritional status of the individual.

3.5 Operational Definitions

Family Environment:

Family Environment refers to the overall quality of family interactions, including communication, emotional support, conflict resolution, and role clarity, as measured by the self-constructed 33-item Family Environment Scale (FES). Higher scores indicate a more supportive and positive family climate.

Psychological Well-being:

Psychological well-being is defined as the individual's overall evaluation of self-acceptance, autonomy, environmental mastery, positive relations, purpose in life, and personal growth, as measured by Ryff's Psychological Well-being Scales.

Resilience:

Resilience refers to an individual's capacity to recover from adversity, cope effectively with stress, and maintain psychological stability, as measured by the Bharathiar University Resilience Scale covering seven domains of adaptive functioning.

Midlife Crisis:

Midlife crisis refers to the psychological, emotional, and identity-related challenges experienced between ages 35–60, measured through the Midlife Crisis Questionnaire (MLCQ-27) across five dimensions: physical changes and health, identity and self-reflection, emotional distress, relationship evaluation, and social comparison/mortality concerns, with strong reliability and validity.

3.6 Ethical Considerations

This study followed the ethical requirements of psychological research. An informed consent was obtained from all the participants who took part in this study. This study was approved by The Institutional Ethical Committee Lovely Professional University (IEC-LPU), and all procedures carried out were by the ethical standards of the institutional and national research committee. Researcher kept

the confidentiality and anonymity of the participants in this study during the whole course of the research. No personal identification information was mandatorily gathered or made public at any point in the study. The entire research process involved voluntary participants, and it was possible to withdraw from participation at will.

3.7 Sample

Four districts from the Doaba region of Punjab were selected for the study by purposive sampling. The districts were Jalandhar, Kapurthala, Hoshiarpur, and Nawanshahr. Approximately 100 participants (and sometimes more) were selected using purposive sampling. The age range were kept from 35 to 60 excluding any serious mental or physical illnesses. In this manner, a total of 405 responses were collected from these districts of Doaba region

3.8 Sampling Method

A purposive sampling technique was used to select a sample for this study from the Doaba region of Punjab, a region with extremely high international migration rates (Agnihotri et al., 2022). It was selected for this special feature because of its unique demographic characteristics-an overwhelming majority of parents in middle age and whose adolescent children are increasingly migrating abroad primarily for educational purposes. This typically can leave the parents with "empty nest syndrome," a kind of psychological ailment that connects to a midlife crisis, making the area suitable for the study. The sample consisted of 405 middle-aged individuals (35 to 60 years) in four districts of the Doaba region, namely Jalandhar, Kapurthala, Hoshiarpur, and Nawanshahr. About 100 people were sampled from each district to ensure representation. Within the districts, purposive sampling was conducted on those who were willing and able to respond to the study tools. Those seriously sick or suffering from any debilitating mental or physical disease that would make them incapable of participating were excluded.

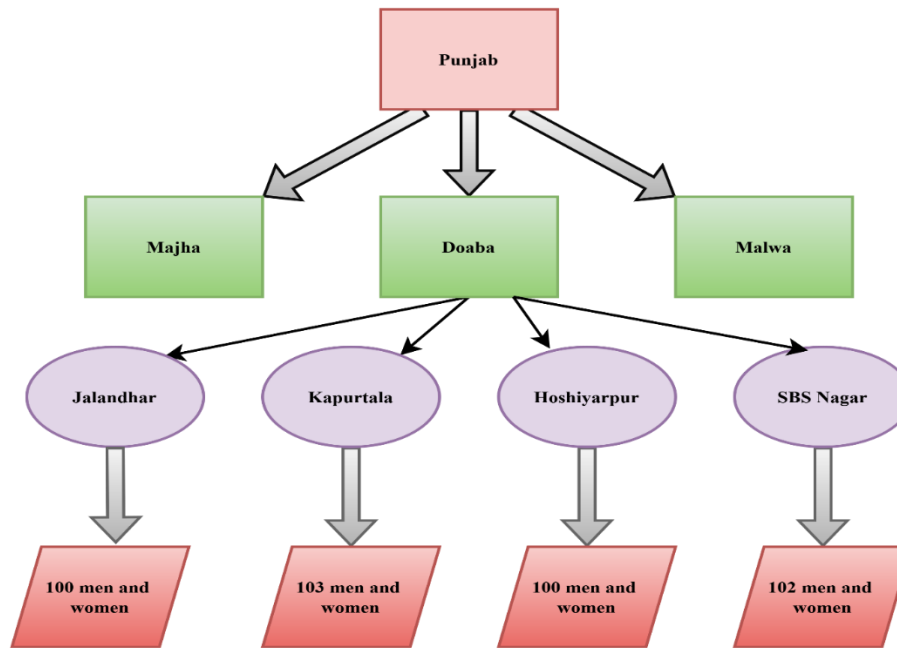


Figure 3: Sampling Frame; Source-author

3.9 Tests of Measurement

The following are the tools that were used in collecting the data

1. Demographic Response Sheet- The demographic response sheet will consist of sociodemographic variables like age, gender, family type, and socioeconomic status which will be measured with a modified version of the socioeconomic scale developed by Kuppuswami in 1976 (Saleem & Jan 2021). This scale classifies the families into 5 groups: upper, upper-middle, lower-middle, upper lower, and lower. The score ranges from 3-29.

2. Midlife Crisis Scale – To assess the presence and severity of midlife crisis symptoms, a self-constructed Mid-Life Crisis Scale (MLCQ-27) was used (John & Wani, 2025). The questionnaire mapped the midlife crisis symptoms of people aged 35 to 60 years. Since there were no standardized and psychometrically robust instruments- particularly in Indian context- a 27 item scale was developed using both exploratory (EFA) and confirmatory factor analysis (CFA). The procedure began with the initial pool of 63 items gathered through interviews with middle aged people and literature review. The items further narrowed down to 55 items after expert validation. Item discrimination techniques were used to refine the list further by analysing item-total correlations, finally leading to a questionnaire of 27 items that demonstrated strong reliability and validity.

Thorough EFA was conducted on 252 samples with five core dimensions of midlife crisis identified: Physical changes and Health, Identity and Self Reflection, Emotional Distress, Relationship Evaluation, Career, Social Comparison and worries about Mortality. These factors were grounded by thorough literature, captured various nuances of midlife crisis experiences. CFA was performed on a separate set of sample 267 participants to confirm this five factor structure. The final model showed good model fit and statistical soundness with all the subscales demonstrating good internal consistency (Cronbach's alpha ranging from 0.68 to 0.84) and strong composite reliability.

The methodological approach for the construction of the questionnaire was sound, with the stepwise progression from item generation to item analysis, exploratory factor analysis (EFA), and confirmatory factor analysis (CFA), following which stringent tests of reliability and validity were carried out. Reliability, a paramount aspect in the development of scales, was ascertained on different instances. Internal consistency reliability was confirmed using Cronbach's alpha, and the overall scale had a significant high alpha of 0.921, reflecting high item consistency. Subscale reliability also varied quite decent across dimensions—from 0.673 for Emotional Distress to 0.841 for Relationship Evaluation. In addition, composite reliability (CR) was computed to aid internal consistency; scores were 0.787 to 0.877 for all the five latent constructs, above the threshold of 0.7 and therefore indicative of high item cohesiveness under each construct.

Other than reliability, the scale was also put through a serious test of validity in the interest of testing its theoretical and statistical validity. Content validity was also attained through professional judgment at stage one of item pooling when experts vetted the 63 original items and narrowed it down to 55 using face validity. Item discrimination was also used to improve the validity of the scale by the exclusion of the items that performed poorly or the ones with negative item-total correlations to arrive at the final version of 27 items. Exploratory Factor Analysis (EFA) was also conducted by researcher using principal component analysis with Promax rotation among a sample of 252 subjects. Kaiser-Meyer-Olkin (KMO) was 0.872 and Bartlett's sphericity test was highly significant, affirming sampling adequacy and factorial appropriateness. Five-factor solution from EFA with 59.7% of cumulative variance accounted for was obtained, and all the items in it featured significant factor loadings and communalities greater than 0.4.

To determine construct validity, the scale was also tested through Confirmatory Factor Analysis (CFA) on a second sample of 267 participants. Fit improved after the removal of three ill-fitting items (Q9, Q13, Q20), and addition of error covariances. Fit statistics of the modified model were excellent: $\chi^2/df = 3.07$, RMSEA = 0.090, GFI = 0.814, CFI = 0.80, and SRMR = 0.066, with overall moderate fit of the model. Convergent validity was also checked by confirming Average Variance Extracted (AVE) values, and most of the factors were significantly higher than the value of 0.5. Though AVE values for some constructs such as Identity and Self-Reflection (0.488) and Relationship Evaluation (0.443) were less than the ideal value, the authors retained them since they were high composite reliabilities and conservative with AVE. Discriminant validity was confirmed by using the Fornell-Larcker criterion so that the square root of AVE for each factor was greater than the inter-factor correlations. This was making each latent construct unique and was measuring a distinct dimension of midlife crisis. Moreover, Maximum Shared Variance (MSV) values were less than the AVE for all the constructs, confirming discriminant validity again.

Briefly, the MLC-Q is a psychometrically robust scale with greater internal consistency, greater composite reliability, and proven validity on more than one dimension—content, construct (convergent and discriminant), and face validity. The MLC-Q fills an Indian psychological measurement gap and opens scope for academic research along with practical psychological interventions. Despite some limitations such as cultural specificity and self-reporting response, the scale also enjoys robust statistical evidence for its utility and practicality in diagnosing and understanding midlife crisis experiences. The future research can be encouraged to expand its uses in cross-cultural and longitudinal studies to further develop its utility and versatility.

3. Family Environment Scale (FES) –A self-constructed Family Environment Scale (FES) was used to measure the dimensions of Family Environment (John & Wani, 2025). As the already existing scales were very old and had loads of items, a new scale was constructed. This Family Environment Scale measures the quality and characteristics of family environments as the primary determinants of a person's emotional, social, and psychological development. The family environment involves communication patterns, norms, emotional climate, conflict resolution, and role definition in the home. Borrowing from ecological and systems theories, the scale underscores that a warm and concerned family promotes self-esteem, resilience, and adaptive coping, while dysfunctional home environments of neglect, conflict, or coldness may promote diverse psychological and behavioural disturbances. Six primary dimensions were

employed in establishing the Family Environment Scale: Communication, Conflict Resolution, Quality Time, Respect for Individuality, Roles and Responsibilities, and Emotional Well-being and Affection. Each of these domains was based on a comprehensive examination of family systems theory and empirical research and was operationalized in a Likert-scale format measuring perceptions on 33 items.

The scale has been through an advanced process including item generation, expert evaluation, item-total correlation analysis, and exploratory and confirmatory statistical processes. It was utilized on a sample of 242 middle-aged individuals and was shown to have a high Cronbach's alpha of 0.954. There was adequate reliability as it was ensured that the tool measures consistently the intended variables within all subsets of items. Item-total statistics also validated each question contribution to the overall scale reliability. In terms of validity, the authors used content validity by expert judgment and construct validity by exploratory factor analysis (EFA). EFA findings with very high Kaiser-Meyer-Olkin measure of 0.925 and significant Bartlett's Test of Sphericity retained six interpretable factors accounting for 66.8% of the variance. These were distinct factors that assessed the salient dimensions of the family environment. Each item is heavily loaded on its own factor, which provides evidence of coherent clustering and tests factorial validity.

Construct validity was evaluated with the Family Environment Scale in a sample of participants (N= 260) using Confirmatory Factor Analysis (CFA). The model for the Family Environment Scale demonstrated acceptable overall fit ($\chi^2/df = 3.28$, RMSEA = 0.093, GFI = 0.734, CFI = 0.819, and RMR = 0.050). Although some fit indices fell slightly below the conventional cutoffs, the model showed sufficient structural validity and theoretical consistency. Model fit improved with the addition of theoretically consistent covariances among the latent factors, all of which were statistically significant ($p < .001$). This suggested the existence of meaningful correlations among the subscales (e.g., Communication, Role Clarity, Relationship Evaluation), which is consistent with the complexity and interrelatedness among family environments.

Convergent validity was assessed using Average Variance Extracted (AVE) and Composite Reliability (CR). All constructs demonstrated CR values above the recommended cutoff of .70 and thus, indicated strong internal consistency. Most, though not all, constructs had AVE values above the recommended cutoff of .50, indicating ample proportion of variance captured by the latent constructs. Though Relationship Evaluation (AVE = .487) and Communication

(AVE = .504) were both below the cutoff, they were considered adequate because of their high CRs (0.739 and 0.890 respectively) and theoretical significance. Overall, the results demonstrated sufficient convergent validity - particularly considering the scale's theoretical rationalization and published psychometric rigor.

Discriminant validity was established by using the Fornell-Larcker criteria. For all constructs, the square root of (AVE) showed that the diagonal values (the square root of the AVE) was greater than the correlations with other constructs (off-diagonal values), which suggests that each factor measures a unique and different aspect of the family environment. In addition, for all constructs, the Maximum Shared Variance (MSV) values were lower than (AVE)-encouraging further evidence for discriminant validity.

This Family Environment Scale uses a five-point Likert scale from "Strongly Disagree" to "Strongly Agree" without reversed-scored items. Subscales are scored on raw scores and Z-score norms so that practitioners may rate the functioning of families on each dimension as Poor, Average, or Good. For example, subscale score of communication less than 27 is regarded as poor and that greater than 39 reflects excellent family communication. Likewise, the high scores in conflict resolution and emotional well-being represent good family climate and healthy interpersonal relations (Geemol & Mohammad, 2025)

3. Psychological Well-being -Ryff's Psychological-being scale is a theoretically grounded instrument (constructed in 1989) that focuses on measuring multiple facets of psychological well-being. These facets include the establishment of quality ties to others and self-acceptance. A sense of autonomy in thought and action, the ability to manage complex environments, the pursuit of meaningful goals, and continued growth and development as a person (Li, 2014). All these facets are included in a 42-item scale on a six-point Likert scale. A shorter version of 18 items will be used in the proposed study.

4. Resilience –Bharathiar University of Resilience Scale developed by Prof Annalakshmi in 2009 and was used to measure resilience. It consists of 30 items. Seven domains of resilience were identified. Each statement is scored on a 5-point Likert scale (1, not at all appropriate to 5, most appropriate). The responses of the participant for all the 30 statements in the scale are summed up to yield a single score on the scale representing the level of psychological resilience of the individual. Total scores range from 30 to 150. The scale has adequate reliability. The Cronbach alpha was found to be 0.82.

3.10 Statistical Analysis

All analyses were conducted using SPSS version 26 and SPSS AMOS extension. The significance level was kept at 0.05 level.

- 1) Descriptive statistics were used to describe the basic features of the data in the study.
- 2) Shapiro Wilk Test and Z scores were calculated to see the normality of the data.
- 3) Pearson's Correlation was employed to see evaluate the interrelationship among the variables
- 4) Regression was used to see the influence of independent variables on dependent variables
- 5) Mediation analysis was carried out to see the effect of the mediator variable on independent and dependent variables
- 6) Mean Differences in resilience with respect to age and socioeconomic status were conducted by ANOVA
- 7) Mean Differences in family environment, psychological well-being, resilience, and midlife crisis with respect to gender and family type were carried out by the Mann-Whitney Test
- 8) Mean Differences in family environment, psychological well-being, and midlife crisis with respect to age and socioeconomic status were carried out by Kruskal Wallis ANOVA

CHAPTER 4

RESULTS AND DISCUSSION

This study adopts a quantitative approach, a methodology based on the measurability of phenomena that can be counted. Quantitative research is an approach to an inquiry involving a systematic method where measurable data is collected using statistical, mathematical, or computational techniques. This approach of quantitative psychology revolves around the development and use of tools and methods of assessing human characteristics. Quantitative psychology puts more emphasis on research and development in statistical analysis, research design, and measurement. The primary objective of quantitative research is to quantify phenomena, which allows for a more precise understanding of patterns and relationships. In social and human research, quantitative methods often compare groups on specific variables of interest, offering insights into differences and correlations. Statistical data is the most common quantitative data that deals with large populations, thereby offering very significant information about human behaviour. It helps researchers identify trends and make informed conclusions about various psychological and social dynamics. This quantitative outcome-based method of analysis is anchored to survey research. It gathers its responses by using the aids of paper questionnaires, online polls, Google Forms, and web-intercept surveys with a chosen sample. Researchers carry out surveys by posing a set of questions to a population of individuals and gathering their replies to be able to analyse the information into numerical form. Data gathering is the very first step to any research study, and one can carry it out using a particular target population or multiple sets for comparative comparison. This type of primary quantitative research mainly collects data from participants themselves and therefore differs from the secondary quantitative type, which is based on data that other individuals have already collected. With primary research, direct access to respondents ensures firsthand and authentic data that will form a basis for thorough analysis.

This present study deals with the interactive process of family setting, psychological well-being, resilience, and midlife crisis in middle-aged subjects. 405 subjects were evaluated on demographic criteria, including age, gender, nature of family, and socio-economic status.

The given objectives and hypotheses have been tested by adopting statistical analysis. The choice of statistical tests depended on the nature of the data and their distribution. If the data had normal distribution, t-tests, ANOVA, Pearson correlation, and regression analysis were used. Where data did not follow the conditions of normality, the non-parametric alternatives, such as Mann-Whitney

U tests, Kruskal-Wallis H tests, and Spearman's rank correlation, were considered. This dual approach provided robust and reliable analysis due to the heterogeneity of data collected.

Purposive sampling was used to ensure middle-aged people were represented from Punjab, India. The state of Punjab was chosen because its demography regarding the middle-aged population is very similar to that of the entire country. Under Punjab, Doaba region was chosen because it has a very high rate of migration, which influences family dynamics and resilience. Four districts of Doaba are identified, and approximately 100 participants were sampled from each of the districts, which gave a total of 405 respondents. The participants included people aged 35–60 years, selected based on accessibility and willingness to participate in the survey. This mode of sampling allows for a structured and regionally representative selection process, balancing purposive selection with practical considerations.

Table 4: *Statistical Methods*

Method		When to use
Descriptive Statistics	Distribution: Frequency distribution, mean, standard deviation	Used in the initial data analysis phase to summarize and describe the demographic characteristics and key variables.
Inferential Statistics	Normality Test: Shapiro-Wilk test	Used to check if the data follows a normal distribution before deciding on parametric or non-parametric tests.
	t-Test	Used when comparing the mean differences in variables (e.g., gender) for normally distributed data.
	Mann-Whitney U Test	Used for comparing two independent groups when the data is not normally distributed (e.g., family type and midlife crisis).
	ANOVA	Used when comparing the means across three or more groups (e.g., comparing resilience across age groups).
	Kruskal-Wallis H Test	Used for comparing three or more groups when the data does not meet the assumption of normality (e.g., socioeconomic status and family environment).
	Pearson Correlation	Used to measure the linear relationship between two continuous variables (e.g., family environment and psychological well-being).

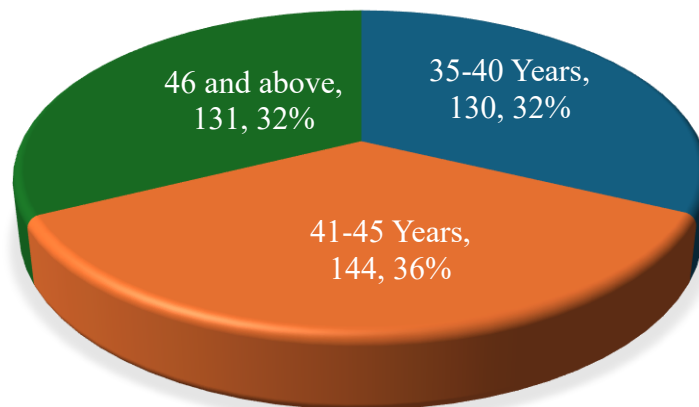
	Spearman's Correlation	Rank	Used when the data is not normally distributed or when dealing with ordinal variables (e.g., the relationship between resilience and midlife crisis).
Mediation Analysis	Structural Modelling	Equation Path Analysis	Used to test mediation models, specifically to assess the mediating role of resilience in the relationships between family environment, psychological well-being, and midlife crisis.
Regression	Multiple Analysis	Regression	Used when analysing the impact of multiple independent variables (e.g., family environment and resilience) on a dependent variable (e.g., midlife crisis).

4.1 Frequency Distribution

Table No 4.1.1: Age-wise distribution of respondents

Age Group	Frequency	Percent
35-40 Years	130	32.1
41-45 Years	144	35.6
46 and above	131	32.3
Total	405	100.0

Figure 4.1.1: Age-wise Distribution Of Respondents

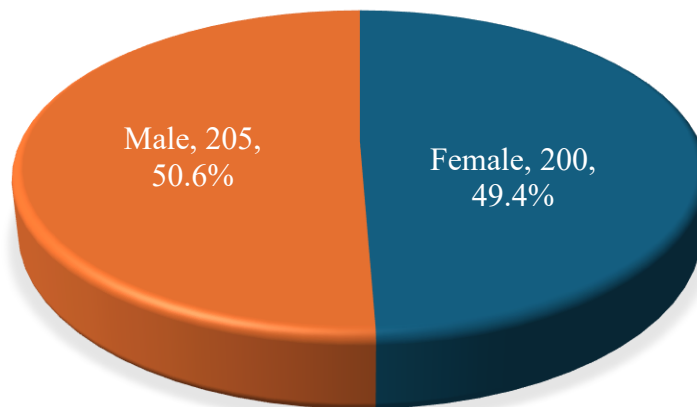


The age group was divided into three categories: 35 -40 years, 41-45 years, and above 46 years. Using SPSS, the frequency distribution of demographic variables was analysed. The findings of the Table 4.1.1 indicates that majority of respondents (N=144;36%) were from the age group of 41-45 years followed by N=131 (32.3%) from 46 and above and N=130(32%) from the age group of 35-40 years of age group.

Table No 4.1.2: Gender-wise distribution of respondents

Gender	Frequency	Percent
Females	200	49.4
Males	205	50.6
Total	405	100.0

Figure 4.1.2: Gender wise Distribution Of Respondents

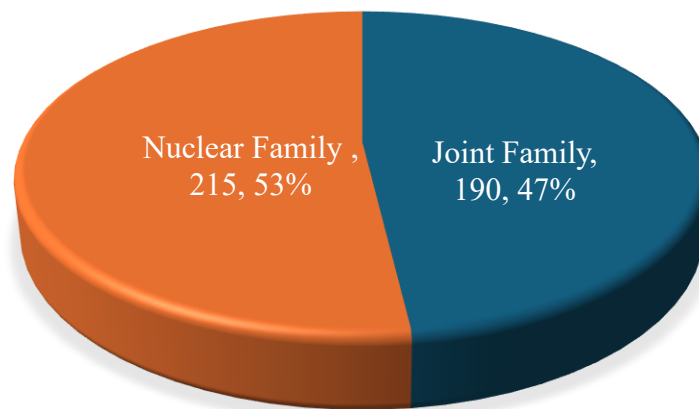


Findings of Table 4.1.2 indicate that out of a total 405 respondents, there were 200 females corresponding to 49.4% of frequency and there were 205 males consisting of 50.6 % of frequency

Table No 4.1.3: Family-type distribution of respondents

Family	Frequency	Percent
Nuclear Family	215	53.1
Joint Family	190	46.9
Total	405	100.0

Figure 4.1.3: Family Type Distribution Of Respondents

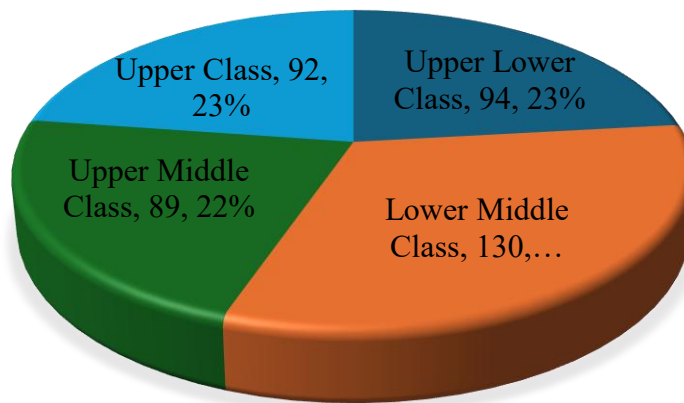


Considering the family type distribution of the participants from Table no 4.1.3, 215 people belonged to the nuclear family with 53.1% .190 respondents belonged to joint families with 46.9% of frequency.

Table No 4.1.4: Socio-Economic Status distribution of respondents

Family	Frequency	Percent
Upper Lower Class	94	23.2
Lower Middle Class	130	32.1
Upper Middle Class	89	22.0
Upper Class	92	22.7
Total	405	100.0

Figure 4.1.4: Socio Economic Status Distribution Of Respondents

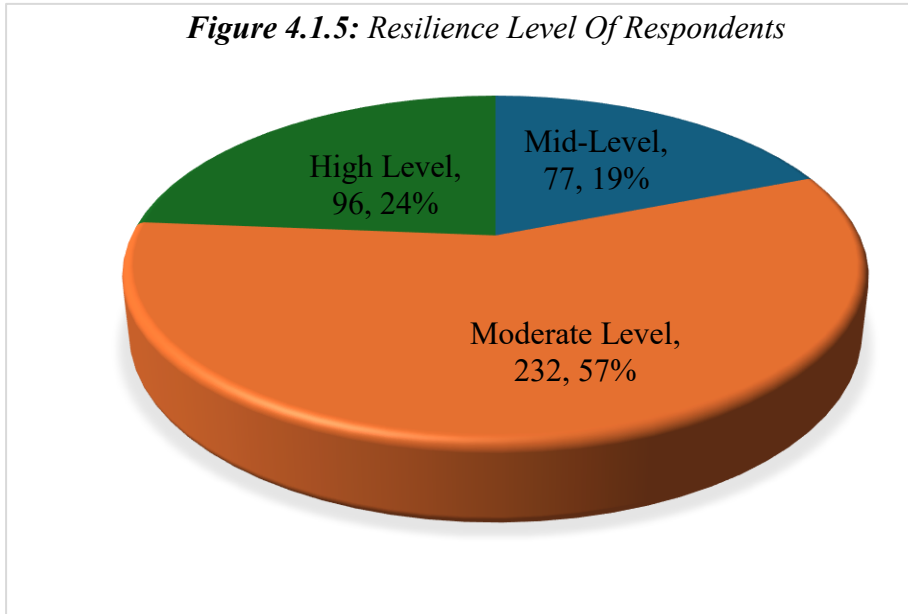


The socioeconomic status distribution in Table 4.1.4 depicts that 94 respondents belong to the upper lower class which constitutes 23.2% of the sample. 130 respondents belong to the lower middle class which a frequency of 32.1%. Upper middle class consisted of 89 respondents with a frequency of 22%. And 92 participants were included in the upper class with a frequency of 22.7%

Table No 4.1.5: Resilience Level of Respondents

Resilience Level	Score	Frequency	Percentage
Mid-Level	Below 80	77	19.02
Moderate Level	80-100	232	57.28
High Level	101 and above	96	23.70
Total		405	100

Figure 4.1.5: Resilience Level Of Respondents



As far as the frequency of Resilience is concerned, 77 participants exhibited mid-level resilience with a frequency of 19.02%. a maximum of 232 respondents exhibited a moderate level of resilience with 57.28%. 96 participants showed a high level of resilience with 23.70% as depicted in Table 4.1.5.

Table No 4.1.6: Communication in Family Environment

Communication	Score	Frequency	Percentage
Poor	Below 27	3	1
Average	28-38	82	20
Good	Above 39	320	79
Total		405	100

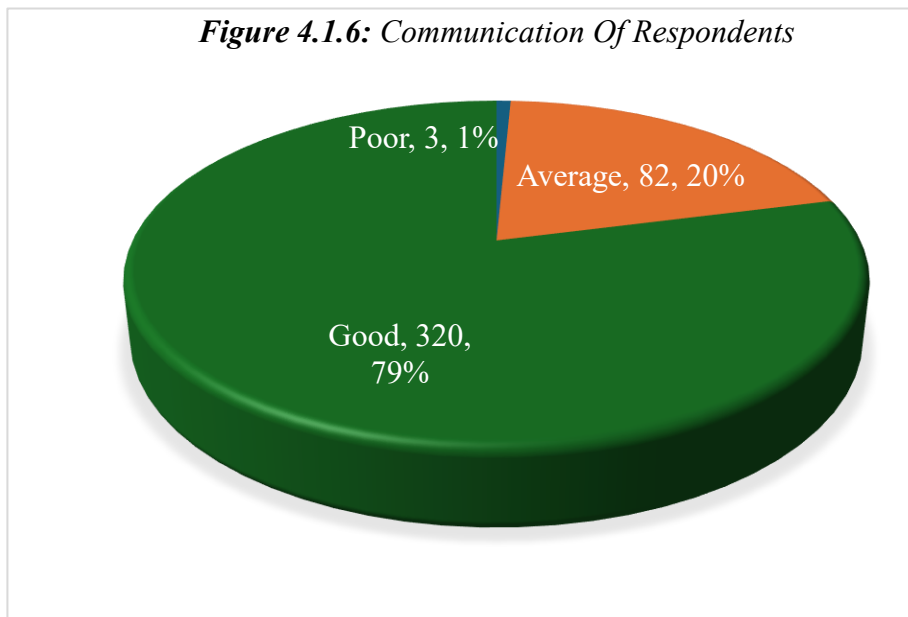


Table 4.1.6. shows the distribution of Communication Quality in the Family Environment According to the Study Participants. It has categorized the communication into three levels: Good, Average, and Poor. Most participants (79%) described an environment characterized by good family communication and scored 21-30. Fewer respondents describe their family communication as moderate, scoring 11 to 20. Only less than 1% of the participants scored up to 10; they had poor family communication.

Table No 4.1.7: Conflict Resolution

Conflict Resolution	Score	Frequency	Percentage
Poor	Below 22	3	0.74
Average	23-31	68	16.79
Good	Above 31	334	82.46
Total		405	100

Figure 4.1.7.: Conflict Resolution Of Respondents

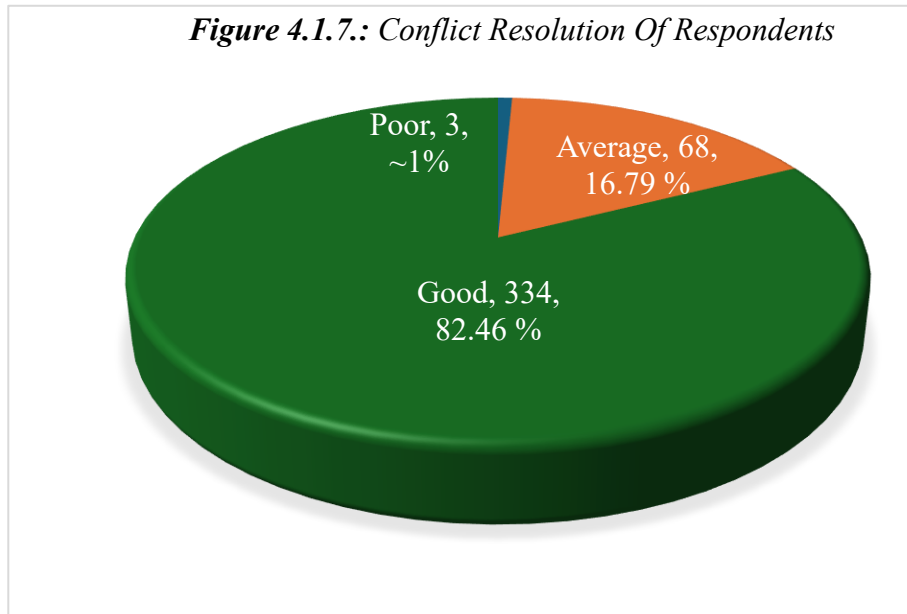


Table 4.1.7 shows the Family Environment Conflict Resolution Strategies. There were three categories of levels: Good, Average, and Poor. A good number of respondents (16.79%) rated their conflict resolution as average, scoring 13 to 23. A few respondents (.7%) rated their family's conflict resolution as poor, scoring up to 12. Most participants (82.46%) scored 24 to 35 in rating the family environment conflict resolution as good.

Table No 4.1.8: Quality Time

Quality Time	Score	Frequency	Percentage
Poor	Till 21	3	1
Average	22-31	82	20
Good	Above 31	320	79
Total		405	100

Figure 4.1.8: Quality Time Of Respondents

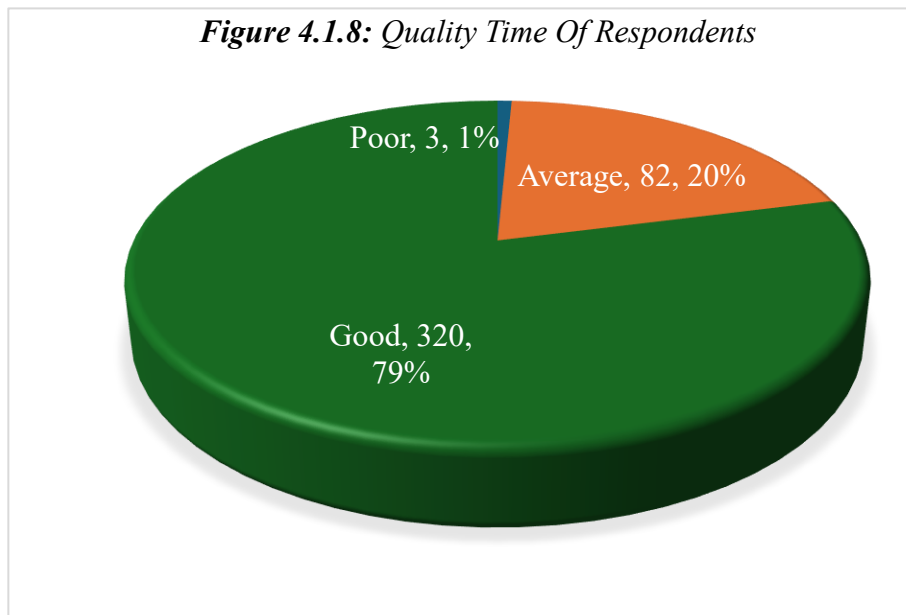


Table 4.1.8: depicts the distribution of responses on the quality of time spent within the family environment by the respondents, in terms of their perceptions of being good, average, or poor. In most of the cases (79%), there was a response of good quality time spent with the family with scores from 24 to 35. Some 20% of respondents ranked their family quality time as middle range by giving scores between 13 and 23. Only 1% described family quality time as poor and reported scores of up to 12.

Table No 4.1.9: Respect for Individuality

Respect for Individuality	Score	Frequency	Percentage
Poor	Till 13	3	0.74
Average	14-17	58	14.32
Good	Above 17	344	84.93
Total		405	100

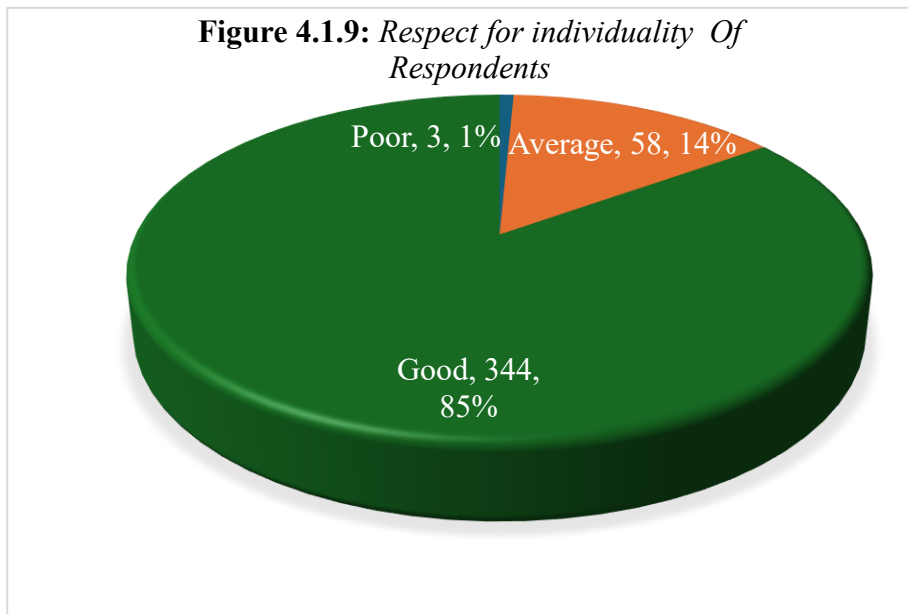


Table 4.1.9 illustrates the distribution of responses on respect for individuality in the family environment. Most of the respondents (84.93%) said that their families had a good level of respect for individuality, scoring between 14 and 20. A smaller proportion (14.32%) reported an average level of respect, scoring between 7 and 13. Only 0.74% of the respondents rated respect for individuality in their family environment as poor, with scores up to 6.

Table No 4.1.10: Roles and Responsibilities

Roles and Responsibilities	Score	Frequency	Percentage
Poor	Till 9	14	3.4
Average	10-13	69	17.03
Good	Above 14	322	79.50
Total		405	100

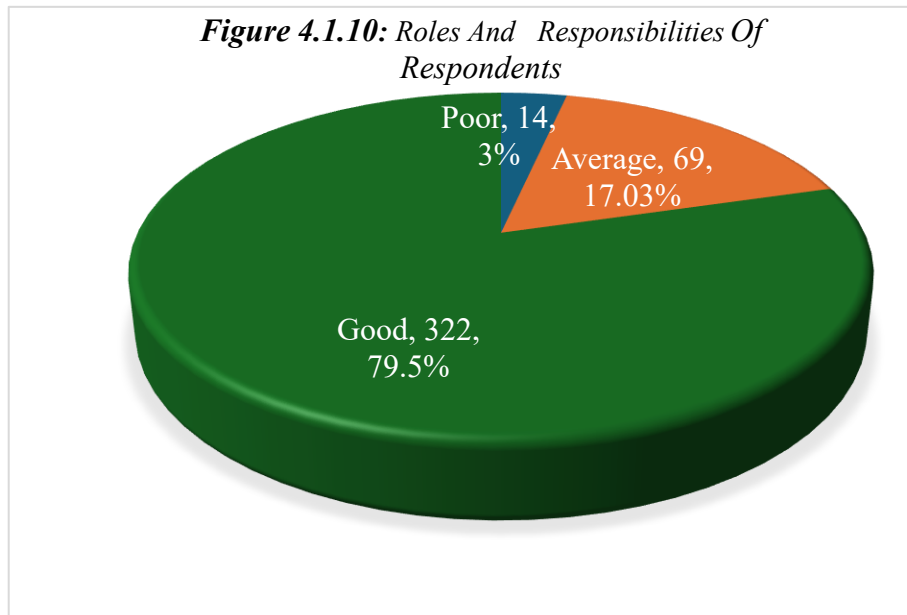


Table 4.1.10 depicts representation of respondents' responses regarding how clear and organized roles and responsibilities are in the family setting. The data reflects good delineation and fulfilment of family roles and responsibilities by 79.50% of respondents, whose scores range between 21 and 30. Respondents gave the family roles and responsibilities average grades, between 11 and 20, scoring 17.03%. Participants who claimed a poor delineation and management of family roles and responsibilities score at up to 10 with only 3.4%.

Table No 4.1.11: Emotional Well-being

Emotional Well-being	Score	Frequency	Percentage
Poor	Till 9	7	1.72
Average	10- 13	69	17.03
Good	Above 14	329	81.23
Total		405	100

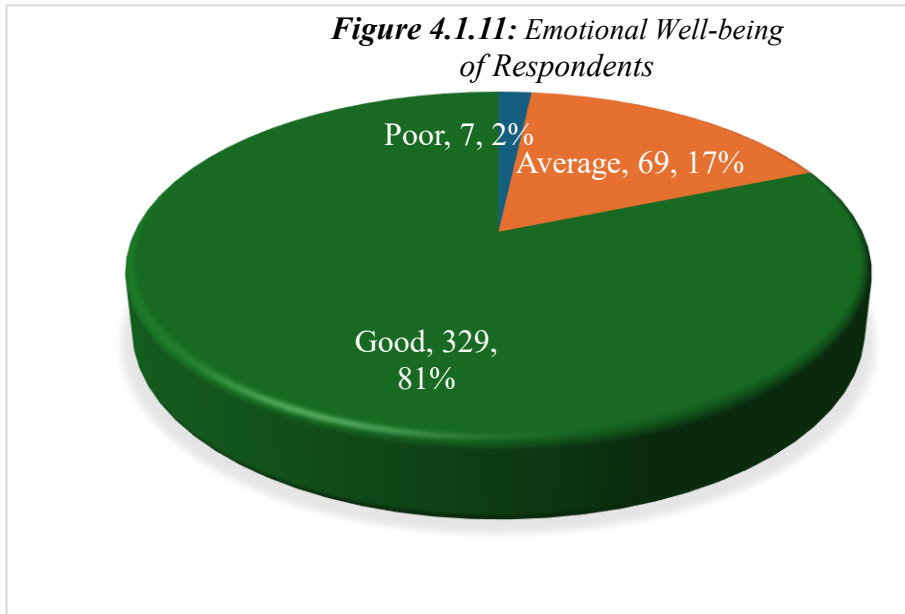


Table 4.1.11 shows the spread of answers about emotional well-being in the family setting. It is noted that a significant proportion of participants (81.23%) showed good emotional well-being with scores from 14 to 20. About 17.03% reported average emotional well-being, which falls within scores from 7 to 13. The poor emotional well-being with up to 6 scores was noted by only 1.72%.

Table No 4.1.12: Psychological Well-Being

Levels	Score	Frequency	Percentage
Low	Up to 42	--	--
Moderate	43-84	162	40
High	85 and above	243	60
Total		405	100

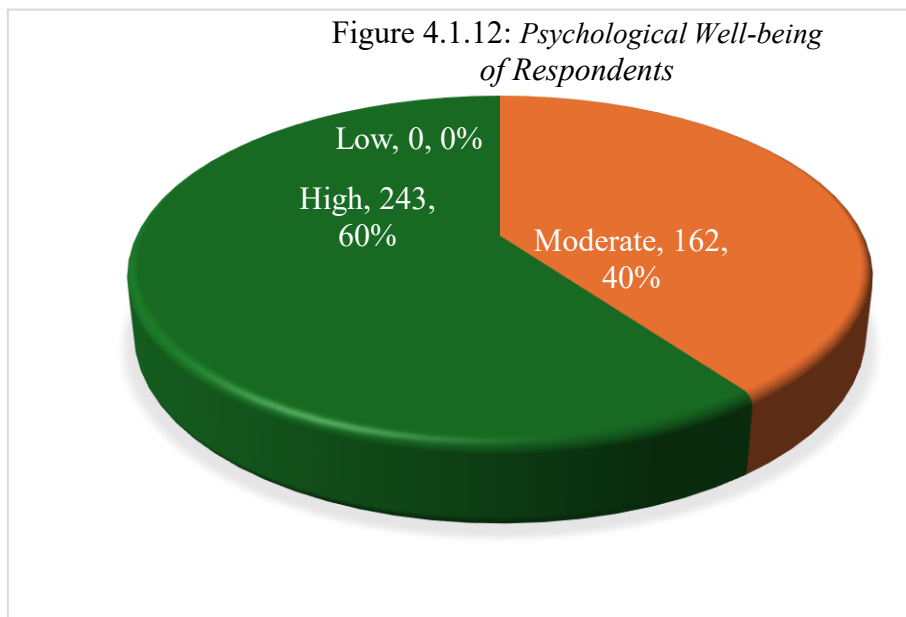


Table 4.1.12 shows the percentage distribution of respondents' psychological well-being levels. More than half of the respondents or 60% reported having high psychological well-being with scores of 85 and above. In contrast, 40% of the participants were classified to have moderate psychological well-being with scores ranging from 43 to 84. None of the respondents fell into the low psychological well-being category or scores up to 42.

Table No 4.1.13: Mid-life Crisis

Levels	Score	Frequency	Percentage
Low	Up to 45	--	--
Moderate	46 -90	399	98.51
High	91 and above	6	1.4
Total		405	100

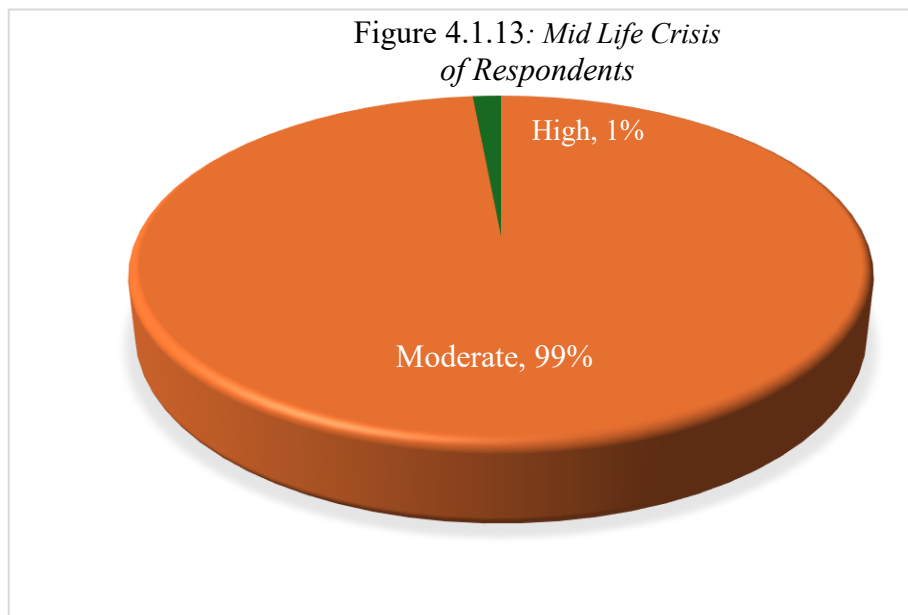


Table 4.1.13 displays the distribution of the levels of midlife crises that the participants experienced. Almost all the respondents experienced a midlife crisis of moderate level: 98.51%, with scores between 46 and 90. Only a few (1.4%) told of having a high level of midlife crisis, those scoring 91 and above. None of the participants fell into the low category (scores up to 45).

4.2 Normality Tables

Table 4.2.1: Normality of data with respect to Age

Variables	Age Group	Normality	Statistics	SE	Z value
Resilience	35-40 years	Skewness	0.268	0.212	1.264
		Kurtosis	.079	.422	0.187
	41-45 years	Skewness	.399	.202	1.975
		Kurtosis	.208	.401	0.519
	Above 45 years	Skewness	-.285	.212	-1.344
		Kurtosis	-.063	.420	-0.150
Family Environment	35-40 years	Skewness	-.761	.212	-3.590
		Kurtosis	.555	.422	1.315
	41-45 years	Skewness	-.821	.202	-4.064
		Kurtosis	1.314	.401	3.277
	Above 45 years	Skewness	-1.325	.212	-6.250
		Kurtosis	2.933	.420	6.983
Psychological Well Being	35-40 years	Skewness	.157	.212	0.741
		Kurtosis	-.671	.422	-1.590
	41-45 years	Skewness	-.078	.202	-0.386
		Kurtosis	-1.054	.401	-2.628
	Above 45 years	Skewness			0.334
		Kurtosis			1.583
Midlife Crisis	35-40 years	Skewness	-.745	.212	-3.514
		Kurtosis	.636	.422	1.507
	41-45 years	Skewness	-.228	.202	-1.129
		Kurtosis	-.350	.401	-0.873
	Above 45 years	Skewness	-.114	.212	-0.538
		Kurtosis	-.421	.420	-1.002

Table 4.2.1 shows the outcome of the normality test of Resilience, Family Environment, Psychological Well-Being, and Midlife Crisis across various age groups (35–40 years, 41–45 years, and over 45 years) by skewness and kurtosis values and their standard errors. For Resilience, the distribution seems to be nearly normal for every age group. For age group 35–40, both the skewness Z-value (1.264) and kurtosis Z-value (0.187) are within the acceptable range (± 1.96), showing a normal and symmetrical distribution. For the age group of 41–45 years also, the skewness Z-value (1.975) is just on the margin of being acceptable, and the kurtosis Z-value (0.519) is in the range of normalcy but indicates slight positive skewness but otherwise a normal distribution. For the 45 years or more category, Z-value for skewness of -1.344 and Z-value for kurtosis of -0.150 are also within acceptable limits of values, suggesting near-normal but with mild left-skewing distribution.

Family Environment describes extreme variation from typical for all ages. In the 35–40 years bracket, the skewness Z-value of -3.590 is greater than the acceptable value and indicates a negatively skewed distribution with answers biased toward the upper end. The kurtosis Z-value of 1.315 indicates a moderately peaked distribution. In the 41–45 years category, both skewness Z-value (-4.064) and kurtosis Z-value (3.277) are above the permissible value, indicating more extreme negative skewness and peaked distribution. In the above 45 years category, the skewness Z-value (-6.250) and kurtosis Z-value (6.983) indicate extreme negative skewness and high kurtosis, indicating highly concentrated responses in the upper end with a steep peak.

For Psychological Well-being, distribution is very normal for all except one age group. For 35–40 years category, both skewness Z-value (0.741) and kurtosis Z-value (-1.590) are within acceptable range, i.e., it is symmetrical and slightly flat (platykurtic) distribution. For above 45 years category, skewness Z-value (-0.386) is within acceptable range, but kurtosis Z-value (-2.628) indicates more platykurtic distribution, with more variation of responses.

For Midlife Crisis, skewness is in young ages with weak skewness. For 35–40 age group, skewness Z-value of -3.514 lies beyond acceptable limits, indicating extreme negative skewness (high count of people with high midlife crisis). However, kurtosis Z-value of 1.507 is within acceptable limits, indicating comparatively normal-shape distribution. For age ranges 41–45 and over 45 years, skewness Z-scores (-1.129 and -0.538) and kurtosis Z-scores (-0.873 and -1.002) are within healthy ranges, so midlife crisis scores distribution is normally distributed and symmetrical in higher groups. Overall, Resilience and Psychological Well-Being are quite normally distributed across all groups, but Family Environment is extremely negatively skewed and extremely kurtotic, especially in older groups. Midlife Crisis is not even in the younger age group but comparatively more even in older age groups. These findings suggest that family and midlife crisis experiences become progressively more extreme with growing age, yet resilience and mental health are comparatively even across age groups.

Table 4.2.2: Normality of data with respect to Gender

Variables	Age Group	Normality	Statistics	SE	Z value
Resilience	Female	Skewness	-.089	.342	-0.260
		Kurtosis	91.54	.941	97.279
	Male	Skewness	.602	.170	3.541
		Kurtosis	.234	.338	0.692
Family Environment	Female	Skewness	-1.117	.172	-6.494
		Kurtosis	2.064	.342	6.035
	Male	Skewness	-.828	.170	-4.871
		Kurtosis	1.303	.338	3.855
Psychological Well-Being	Female	Skewness	-.059	.172	-0.343
		Kurtosis	-.714	.342	-2.088
	Male	Skewness	.049	.170	0.288
		Kurtosis	-.927	.338	-2.743
Midlife Crisis	Female	Skewness	-.447	.172	-2.599
		Kurtosis	.345	.342	1.009
	Male	Skewness	-.442	.170	-2.600
		Kurtosis	.188	.338	0.556

Table 4.2.2 presents the normality test results of Resilience, Family Environment, Psychological Well-Being, and Midlife Crisis by gender using skewness and kurtosis values and standard errors.

For Resilience, the female distribution is highly non-normal with a very high kurtosis Z-value (97.279), indicating a very peaked distribution with very little spread in responses. For males, though, the skewness Z-value (3.541) is outside the acceptable range (± 1.96), indicating extreme positive skewness, but the kurtosis Z-value (0.692) is within the normal range, indicating that while the distribution is asymmetrical, the shape is not excessively peaked or flat. Family Environment has high deviations from normality for both genders. For women, both the skewness Z-score (-6.494) and the kurtosis Z-score (6.035) are highly significant, showing a skewed and peaked distribution, meaning most women having clumped but extreme family environment experiences. For men, both the skewness Z-score (-4.871) and the kurtosis Z-score (3.855) are significant, but not as much as in women, meaning men have similar but less extreme family environment variations.

In Psychological Well-Being, the findings are closer to normal for both male and female. For women, the skewness Z-statistic (-0.343) and kurtosis Z-statistic (-2.088) are both within or very close to the acceptable range, indicating a generally symmetrical but slightly flattened (platykurtic) shape. For men, the skewness Z-statistic (0.288) and kurtosis Z-statistic (-2.743) indicate the same pattern, though marginally more flattened distribution and greater spread of

response.

For Midlife Crisis, females and males are both mildly negatively skewed because the female (-2.599) and male (-2.600) skewness Z-values both lie just beyond the acceptable standard. This would indicate that increasing numbers of individuals report more midlife crisis. The kurtosis Z-values (1.009 for female and 0.556 for male), though, are within the normal class, indicating the distribution is not too skewed yet the shape generally is not overly flat or pointed. In all, Resilience and Psychological Well-Being are relatively normal for all cohorts except for individuals with extreme deviation in Family Environment, particularly women, who present more extreme circumstances. Midlife Crisis is somewhat skewed but otherwise within an acceptable range of normality. What these findings accentuate is the fact that both family life and midlife crisis are more unequal and changeable, while resilience and well-being are more balanced across both genders.

Table 4.2.3: Normality of data with respect to Family Type

Variables	Age Group	Normality	Statistics	SE	Z value
Resilience	Nuclear Family	Skewness	.383	.166	2.307
		Kurtosis	.122	.330	0.370
	Joint Family	Skewness	.062	.176	0.352
		Kurtosis	-.126	.351	-0.359
Family Environment	Nuclear Family	Skewness	-1.205	.166	-7.259
		Kurtosis	2.530	.330	7.667
	Joint Family	Skewness	-.776	.176	-4.409
		Kurtosis	1.143	.351	3.256
Psychological Well Being	Nuclear Family	Skewness	-.201	.166	-1.211
		Kurtosis	-.763	.330	-2.312
	Joint Family	Skewness	.206	.176	1.170
		Kurtosis	-.789	.351	-2.248
Midlife Crisis	Nuclear Family	Skewness	-.438	.166	-2.639
		Kurtosis	.508	.330	1.539
	Joint Family	Skewness	-.458	.176	-2.602
		Kurtosis	.031	.351	0.088

Table 4.2.3 presents the result of the normality test of Resilience, Family Environment, Psychological Well-Being, and Midlife Crisis for nuclear and joint families depending on their skewness and kurtosis values and standard errors. In case of Resilience, for joint and nuclear families, distribution is almost normal. For the skewness Z-value (2.307) in nuclear families, it crosses only the required limit (± 1.96) and marks mild positive skewness, but for the kurtosis Z-value (0.370) in nuclear families, it comes in the permissible range, showing no significant fluctuation in peakiness or flatness of the distribution. Both the skewness (0.352) and kurtosis

(-0.359) Z-values in joint families are well within acceptable limits, indicating a symmetrical and normally distributed form.

Family Environment shows significant deviations from normality in both categories of families, specifically nuclear families. For nuclear families, the skewness Z-value (-7.259) and kurtosis Z-value (7.667) are highly significant, indicating extreme negative skewness (there are more responses at the upper end) and a sharply peaked (leptokurtic) distribution. The joint families' values of skewness Z-score (-4.409) and kurtosis Z-value (3.256) are also outside tolerance, suggesting that it has a negative skew and a moderately pointed distribution. From these, one would think that there are polarized family environment experiences recorded by but more pronounced for nuclear families.

For Psychological Well-Being, the distribution is closer to normal in both families. In nuclear families, skewness Z-value (-1.211) and kurtosis Z-value (-2.312) are within or close to the acceptable limit, indicating a relatively symmetrical but slightly flat (platykurtic) distribution. In joint families, the skewness Z-value (1.170) is within the normal range, but the kurtosis Z-value (-2.248) indicates a flatter distribution with increased spread in responses.

For Midlife Crisis, the distribution is quite normal for both family types. For nuclear families, the skewness Z-value (-2.639) is just outside the acceptable range, indicating mild negative skewness, while the kurtosis Z-value (1.539) is in the acceptable range, indicating no extreme peak or flatness. Similarly, for joint families, the skewness Z-value of -2.602 is also just beyond the acceptable limits, whereas the kurtosis Z-value of 0.088 is well within the acceptable limits, indicating a symmetrical and even distribution.

Overall, Resilience and Psychological Well-Being are normally distributed for both types of families, while Family Environment greatly departs from normality, especially for nuclear families, whose data is more negatively skewed and peaked. Midlife Crisis is symmetrical for both families with slight negative skewness but no significant shape deviation.

Table 4.2.4: Normality of data with respect to Socio-Economic Status

Variables	Age Group	Normality	Statistics	SE	Z value
Resilience	Upper Lower Class	Skewness	.235	.493	0.477
		Kurtosis	-.262	.422	-0.620
	Lower Middle Class	Skewness	.222	.212	1.047
		Kurtosis	-.252	.422	-0.597
	Upper Middle Class	Skewness	.083	.255	0.325
		Kurtosis	-.584	.506	-1.154
	Upper Class	Skewness	-.081	.251	-0.323
		Kurtosis	-.349	.498	-0.701
Family Environment	Upper Lower Class	Skewness	-1.160	.249	-4.659
		Kurtosis	2.382	.493	4.832
	Lower Middle Class	Skewness	-1.041	.212	-4.910
		Kurtosis	1.431	.422	3.391
	Upper Middle Class	Skewness	-.430	.255	-1.686
		Kurtosis	.095	.506	0.188
	Upper Class	Skewness	-.673	.251	-2.681
		Kurtosis	1.170	.498	2.349
Psychological Well Being	Upper Lower Class	Skewness	-.278	.249	-1.116
		Kurtosis	-.807	.493	-1.637
	Lower Middle Class	Skewness	.039	.212	0.184
		Kurtosis	-.792	.422	-1.877
	Upper Middle Class	Skewness	-.040	.255	-0.157
		Kurtosis	-1.023	.506	-2.022
	Upper Class	Skewness	.174	.251	0.693
		Kurtosis	-.821	.498	-1.649
Midlife Crisis	Upper Lower Class	Skewness	-.316	.249	-1.269
		Kurtosis	-.069	.493	-0.140
	Lower Middle Class	Skewness	-.309	.212	-1.458
		Kurtosis	-.572	.422	-1.355
	Upper Middle Class	Skewness	-.782	.255	-3.067
		Kurtosis	1.426	.506	2.818
	Upper Class	Skewness	-.126	.251	-0.502
		Kurtosis	-.800	.498	-1.606

Table 4.2.4 shows the results of the normality tests for Resilience, Family Environment, Psychological Well-Being (PWB), and Midlife Crisis across different Socio-Economic Status (SES) groups: Upper Lower Class, Lower Middle Class, Upper Middle Class, and Upper Class based on skewness and kurtosis values and their standard errors.

In Resilience, distribution is almost normal for all SES groups. Z-values of skewness and kurtosis for all groups are also within the acceptable limit of ± 1.96 , which indicates quite symmetrical and well-distributed data. For example, in Lower Middle Class, skewness is 1.047* and kurtosis is -0.597*, which is within normal limit and indicates no significant

deviation from normality. Upper Class also follows normal distribution with skewness of (-0.323) and kurtosis of (-0.701) values almost equal to zero.

Family Environment is far from normality, particularly in the Upper Lower Class and Lower Middle Class. In the Upper Lower Class, skewness (-4.659) and kurtosis (4.832) Z-values are far beyond the permissible range, indicating a negatively skewed and peaked (leptokurtic) distribution. Similarly, so does the Lower Middle Class express significant negative skewness (-4.910) and excessive kurtosis (3.391), signifying scores for these SES levels congregate toward the extremity of one side of the scale with little spread. The Upper Middle Class and Upper Class have comparative small variations in which the measures of skewness and kurtosis Z-scores usually lie within or around the permissible scope.

Psychological Well-Being is relatively normally distributed in all SES groups with slight deviations. For Upper Lower Class and Upper Class, both skewness and kurtosis Z-values are within acceptable limits, showing symmetrical and well-distributed data. But for the Upper Middle Class, the kurtosis value (-2.022) shows slightly flat (platykurtic) distribution. Similarly, Lower Middle Class shows mild platykurtic with kurtosis values near the significance level.

Midlife Crisis contains mixed trends among SES groups. Upper Lower Class and Upper Class have nearly normal distributions with acceptable ranges of values of skewness and kurtosis. Upper Middle Class possesses greater deviations with values of skewness (-3.067) and kurtosis (2.818) outside the range of normal distribution, which is a negatively skewed and peaked one. The Lower Middle Class also shows minor negative skewness (-1.458) and moderate kurtosis (-1.355) values, which show some deviation but not too much.

Overall, Resilience and Psychological Well-Being have quite typical distributions by SES groups, while Family Environment is distinguished by large standard deviations, particularly in the Upper Lower Class and Lower Middle Class, with negative skewness and high kurtosis values indicating bunched and peaked responses. Midlife Crisis is more dispersed in the Upper Middle Class, indicating that higher SES groups give more varied crisis-related responses.

4.3. Shapiro Wilk Test

Table 4.3.1: Shapiro Wilk Test with respect to Age

Variables	Age Groups	Shapiro-Wilk Statistic	df	Sig.
Resilience	35-40 Years	0.990	130	0.437
	41-45 Years	0.987	144	0.195
	46 and above	0.989	131	0.396
Family Environment	35-40 Years	0.941	130	0.000
	41-45 Years	0.942	144	0.000
	46 and above	0.903	131	0.000
PWB	35-40 Years	0.983	130	0.116
	41-45 Years	0.958	144	0.000
	46 and above	0.976	131	0.019
MLC	35-40 Years	0.955	130	0.000
	41-45 Years	0.982	144	0.052
	46 and above	0.978	131	0.032

*. This is a lower bound of the true significance.

Table 4.3.1 presents Shapiro-Wilk test statistics for normality by age groups for four variables: Resilience, Family Environment, Psychological Well-Being (PWB), and Midlife Crisis (MLC). The Shapiro-Wilk test is used to identify whether data is normally distributed or not, and the finding is that if the p-value is greater than 0.05 then data is normally distributed. For Resilience, the data also follow a normal distribution in each age group because all of the p-values are greater than 0.05 ($p = 0.437$ for age 35–40 years, $p = 0.195$ for age 41–45 years, and $p = 0.396$ for age 46 and above). This shows that resilience data is satisfaction of normality assumption in each age group.

For Family Environment, values are not normal for all groups as the p-values 0.000 for 35–40 years, 41–45 years, and 46 years and above are much less than the critical value of 0.05. This shows that the family environment responses are not symmetrically distributed and are prone to outliers or skewness. Psychological Well-Being (PWB) findings are inconsistent across age groups. The findings are typically spread in the 35–40 years category ($p = 0.116$) because the p-value is greater than 0.05. It is not normal in the 41–45 years category ($p = 0.000$) and the 46 and above category ($p = 0.019$), indicating that well-being experiences may be more diverse among older adults. For Midlife Crisis (MLC), results are partially in line with normality. The data are close to normality for the 41–45 years group ($p = 0.052$), slightly above the 0.05 threshold, and thereby indicate borderline normality. The data for the 35–40 years group ($p = 0.000$) and for the 46 and older group ($p = 0.032$) are not in line with normality and suggest that responses to midlife crisis are more diverse and less consistent in these age ranges.

On average, Resilience follows the normality assumption across all ages. Family Environment is extremely non-normal across all ages, indicative of non-symmetric patterns of distribution. PWB is partially normal with young adulthood being more equable than middle age and old age groups. MLC shows near-normal patterns in middle-aged adults but increased variability for young and old adults. The above findings suggest that resilience is on par at each age, but well-being, family environment, and midlife crisis occurrence vary with age.

Table 4.3.2: Shapiro Wilk Test with respect to Gender

Variables	Gender	Shapiro-Wilk Statistic	df	Sig.
Resilience	Female	0.991	200	0.253
	Male	0.974	205	0.001
Family Environment	Female	0.921	200	0
	Male	0.947	205	0
Psychological Well Being	Female	0.982	200	0.012
	Male	0.974	205	0.001
Mid Life Crisis	Female	0.978	200	0.003
	Male	0.978	205	0.003

*. This is a lower bound of the true significance.

Table 4.3.2 presents Shapiro-Wilk normality test of gender for the variables Resilience, Family Environment, Psychological Well-Being (PWB), and Midlife Crisis (MLC). Shapiro-Wilk normality test is an affirmation to check whether data are normally distributed or not such that $p\text{-value} > 0.05$ indicates normally distributed data.

For Resilience, the female data follow a normal distribution ($p = 0.253$) as the p -value is larger than 0.05. Yet, for the males, the p -value is 0.001, smaller than 0.05, meaning that the male resilience data do not have a normal distribution significantly. It implies that the male resilience response is less symmetrical and heterogeneous compared to the female resilience response. For Family Environment, values are highly deviant from normality for both male and female with p -values of 0.000 each. This tells us that family environment responses are skewing asymmetrically distributed and prone to being skewed or containing outliers, i.e., gender-incongruent family experiences.

In Psychological Well-Being (PWB), females' data are slightly non-normal ($p = 0.012$), whereas males' data are significantly non-normal ($p = 0.001$). This means well-being responses for both sexes are not normally distributed, but the deviation is more pronounced in males. For Midlife Crisis (MLC), results indicate presence of extreme non-normality among women ($p = 0.003$) and men ($p = 0.003$), characterizing non-symmetrical distribution of midlife crisis

symptoms and proposed mediation by variability or divergence of the individual or in life situation for both samples.

Resilience is normally distributed among women but not men. Midlife Crisis and Family Environment scores exhibit high deviation from normality for both women and men, indicating skewed crisis and family experience. PWB exhibits mild deviation from normality for women but high deviation for men, indicating more differentiated crisis experience of well-being for men. These findings point out the reality that although resilience is more sex-consistent in women, family experience, health, and midlife crisis are less sex-consistent and inconsistent.

Table 4.3.3: Shapiro Wilk Test with respect to Family Type

Variables	Family Type	Shapiro-Wilk Statistic	df	Sig.
Resilience	Nuclear Family	0.988	215	0.058
	Joint Family	0.995	190	0.754
Family Environment	Nuclear Family	0.910	215	0.000
	Joint Family	0.953	190	0.000
Psychological Well Being	Nuclear Family	0.969	215	0.000
	Joint Family	0.980	190	0.007
Mid Life Crisis	Nuclear Family	0.979	215	0.003
	Joint Family	0.969	190	0.000

a. Lilliefors Significance Correction

Table 4.3.3 gives the Shapiro-Wilk test for normality value for family type (joint and nuclear families) for four variables: Midlife Crisis (MLC), Psychological Well-Being (PWB), Family Environment, and Resilience. The Shapiro-Wilk test detects whether data is normally distributed or not; a p-value greater than 0.05 verifies that data is normally distributed.

For Resilience, the values are normally distributed for both joint and nuclear families. The p-value for joint families is 0.058 (greater than 0.05), indicating that responses of resilience in individuals from joint families are normally distributed. Similarly, for joint families, the p-value is 0.754, highly justifying the normality assumption, indicating that resilience is normally distributed in joint families as well.

For Family Environment, scores significantly diverge from normality for joint families and nuclear families both having p-values of 0.000. It proves that the family environment-oriented answers are non-symmetrically distributed and might denote uneven experience as well as contrast in terms of family dynamics for both the settings of nuclear as well as joint families.

For Psychological Well-Being (PWB), the nuclear family data shows a highly large deviation from normality ($p = 0.000$), indicating that PWB responses are not normally distributed in nuclear families. For joint families, the p-value is 0.007, which is smaller than 0.05, indicating a minor deviation from normality. This indicates that although PWB responses are quite more uniform in individuals who are members of joint families, they are not normally distributed either.

For Midlife Crisis (MLC), both joint and nuclear families have extreme deviation from normality. Both the p-value in the case of nuclear families (0.003) and joint families (0.000) are less than 0.05. This indicates that the experiences of midlife crisis are not symmetrically distributed and are likely to be influenced by varying personal and family-related stressors in both types of families.

In overall, Resilience is statistically normally distributed both in nuclear and joint families, which indicates the consistency of the resilience level irrespective of family status. Family Environment and Midlife Crisis, nonetheless, are much outside normal in the case of both families, which indicates greater diversity and discontinuity in experiences related to both the family and crisis. PWB shows more deviation from normality in nuclear families compared to joint families, suggesting that people in joint families may enjoy more stable psychological well-being. These findings suggest that family structure influences ways of family functioning and crisis resolution but influences resilience to a lesser extent.

Table 4.3.4: Shapiro Wilk Test with respect to Socio Economic Status

Variables	Socio Economic Status	Shapiro-Wilk Statistic	df	Sig.
Resilience	Upper Lower Class	0.975	94	0.064
	Lower Middle Class	0.986	130	0.217
	Upper Middle Class	0.987	89	0.505
	Upper Class	0.990	92	0.694
Family Environment	Upper Lower Class	0.917	94	0.000
	Lower Middle Class	0.924	130	0.000
	Upper Middle Class	0.960	89	0.008
	Upper Class	0.954	92	0.003
Psychological Well Being	Upper Lower Class	0.941	94	0.000
	Lower Middle Class	0.977	130	0.028
	Upper Middle Class	0.964	89	0.015
	Upper Class	0.972	92	0.044
Mid Life Crisis	Upper Lower Class	0.978	94	0.116
	Lower Middle Class	0.972	130	0.008
	Upper Middle Class	0.955	89	0.004

Upper Class	0.974	92	0.066
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*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Table 4.3.4 shows the Shapiro-Wilk test statistic for normality on Socio-Economic Status (SES) by four variables: Resilience, Family Environment, Psychological Well-Being (PWB), and Midlife Crisis (MLC). The Shapiro-Wilk test determines whether the data are normally distributed or not, whereby if the p-value is greater than 0.05, then the data are normally distributed.

For Resilience, the values are within normal limits for all SES groups. The p-values are 0.064 (Upper Lower Class), 0.217 (Lower Middle Class), 0.505 (Upper Middle Class), and 0.694 (Upper Class), all greater than 0.05. This indicates that resilience levels are symmetrically distributed and equal across all socio-economic groups.

For Family Environment, the data is very far from normality for all SES groups. The p-values for the Upper Lower Class and Lower Middle Class are 0.000, which indicates that the data is highly skewed in these classes. For the Upper Middle Class and Upper Class, the p-values are 0.008 and 0.003, respectively, which are also less than 0.05, suggesting that the data distribution is not symmetrical. These results record heterogeneity in family experience across a series of diverse socio-economic groupings, more heterogeneity being found within the poorer classes. For Psychological Well-Being (PWB), the values are away from normality for most SES groups. All the Upper Lower Class (0.000), Lower Middle Class (0.028), Upper

Middle Class (0.015), and Upper Class (0.044) p-values are less than 0.05, indicating the scores of psychological well-being are not symmetric. However, the deviations are smaller proportionally with higher SES groups, indicating psychological well-being with higher socio-economic status stabilizes.

For Midlife Crisis (MLC), data is also usually distributed for the Upper Lower Class ($p = 0.116$) and Upper Class ($p = 0.066$), as the p-values in both these cases are greater than 0.05. Data is not normally distributed for Lower Middle Class ($p = 0.008$) and Upper Middle Class ($p = 0.004$), meaning midlife crisis experiences are more varied between middle-class groups. Generally, Resilience is evenly distributed among all SES groups and implies equivalence of resilience levels across socio-economic status. Family Environment, however, is characterized by large deviations from normality in all SES groups, particularly in the lower SES classes,

implying greater variability within family life. Psychological Well-Being deviates from the norm in most SES groups but to a lesser extent in more affluent SES groups, suggesting that well-being might be more stable at higher socio-economic levels. Midlife Crisis measures are more stable in higher and lower SES groups but less stable in middle-class groups.

4.4: Objective 1: To assess the relationship between family environment, psychological well-being, resilience, and midlife crisis in middle-aged people.

Hypothesis 1: Family environment, psychological well-being, and resilience would be significantly correlated with midlife crisis in middle-aged people.

Table 4.4.1: Correlation among Family Environment, Psychological well Being, Resilience and Mid Life Crisis

Variables	Family Environment	PWB	Resilience	MLC
Family Environment	1	.419**	.383**	-.211**
PWB		1	.819**	-.253**
Resilience			1	-.252**
MLC				1

***.* Correlation is significant at the 0.01 level (2-tailed). PWB: Psychological Well Being; MLC: Midlife Crisis

Table 4.4.1 shows the Pearson correlation coefficients between the research variables: Family Environment, Resilience, Psychological Well-Being (PWB), and Midlife Crisis (MLC). The correlations are tested at a 0.01 significance level (2-tailed). A high positive correlation ($r = .819, p = .000$) between Resilience and Psychological Well-Being is noticed, which suggests that the higher the resilience, the better the psychological well-being. Likewise, Resilience and Family Environment are positively correlated to a moderate level ($r = .383, p = .000$), indicating that a good family environment leads to greater resilience levels. Family Environment also shows a moderate positive correlation with Psychological Well-Being ($r = .419, p = .000$), which suggests that the psychological well-being of individuals is better when they are in a more positive family environment. On the contrary, Midlife Crisis (MLC) has a negative relationship with each of the three variables. Since negative correlation of MLC and Resilience exists ($r = -0.252, p = .000$), higher the resilience is present in the population, less would be midlife crisis in such people. Similarly, since Family Environment weakly negatively correlated exists with MLC ($r = -0.211, p = .000$), good family environment will help in avoidance or protection of one from a midlife crisis. Moreover, PWB and MLC also have a weak negative relationship ($r = -0.253, p = .000$), suggesting that those with better psychological well-being are less probable

to have a midlife crisis. Generally, Resilience, Family Environment, and Psychological Well-Being are positively correlated, whereas Midlife Crisis has a weak but significant negative correlation with all these three variables. The implication is that higher resilience and supportive family environment could increase psychological well-being and reduce occurrence of midlife crises.

4.5 : Objective 2: To examine the influence of family environment and resilience on psychological well-being and midlife crisis.

Hypothesis 2a: Family environment would significantly influence psychological well-being

Hypothesis 2c: Resilience would significantly influence psychological well-being

Table 4.5.1: Regression analysis of Family Environment and Resilience with respect to Psychological Well Being

Predictor Variable	Criterion Variable	R	R ²	Adjusted R ²	Std. Error of the Estimate	B	Std. Error	β	t-value	p-value
Family Environment	PWB	0.419	0.175	0.173	10.526	0.212	0.023	0.419	9.255	0.00
Resilience		0.819	0.67	0.669	6.6584	0.635	0.025	0.771	25.373	0.00

PWB: Psychological Well Being

Table 4.5.1 presents the results of the multiple regression analysis which examines the predictive effects of Resilience and Family Environment on Psychological Well-Being (PWB). The regression model contrasts the fit of these predictor variables to explain variance in PWB. Analysis indicates that Family Environment has a small positive correlation with PWB ($R = 0.419$), explaining 17.5% of variance ($R^2 = 0.175$, Adjusted $R^2 = 0.173$). The β value of Family Environment is 0.419 ($p = 0.000$), and this indicates that for every one-unit increase in Family Environment, PWB increases by 0.212 units. The t-value (9.255) is statistically significant, and it means that Family Environment is an important predictor of Psychological Well-Being.

Resilience, on the other hand, has a high positive correlation with PWB ($R = 0.819$), and this explains 67% of the variance ($R^2 = 0.670$, Adjusted $R^2 = 0.669$). The t-value (25.373) is highly significant, indicating a strong predictive effect of Resilience on PWB. In general, the findings are that Family Environment and Resilience are significant predictors of Psychological Well-Being, but that Resilience is a significantly better predictor than Family Environment. That Resilience accounts for a larger percentage of variance (67%) than does Family Environment (17.5%) means that

individuals who have greater resilience enjoy much better psychological well-being, although optimal family environment also adds to better well-being.

Hypothesis 2b: Family environment would have a significant influence on the midlife crisis

Hypothesis 2d: Resilience would have a significant influence on the midlife crisis

Table 4.5.2: Regression analysis of Family Environment and Resilience with respect to Mid-life Crisis

Predictor Variable	Criterion Variable	R	R ²	Adjusted R ²	Std. Error of the Estimate	B	Std. Error	β	t-value	p-value
Family Environment	MLC	0.211	0.045	0.042	5.21	-0.049	0.011	-0.211	-4.335	0.00
Resilience		0.252	0.063	0.061	5.16	-0.095	0.018	-0.252	-5.224	0.00

MLC: Midlife Crisis

Table 4.5.2 shows the multiple regression analysis of the predictive effect of Family Environment and Resilience on Midlife Crisis (MLC). The results indicate that Family Environment is weakly but significantly negatively correlated with MLC ($R = -0.211$), accounting for only 4.5% of the variance ($R^2 = 0.045$, Adjusted $R^2 = 0.042$). The t-value (-4.335) validates that this effect is statistically significant. Likewise, Resilience also shows a weak but positive significant correlation with MLC ($R = 0.252$), accounting for 6.3% of the variance ($R^2 = 0.063$, Adjusted $R^2 = 0.061$). The t-value (-5.224) also supports the effect being significant. Overall, the results indicate that Family Environment and Resilience are both good predictors of Midlife Crisis, but with modest effects. Resilience has a very slightly more negative impact on Midlife Crisis than Family Environment, which means that individuals who are more resilient are better able to manage problems during midlife. However, the fact that the explained variances by both predictors are low implies that there could be other variables that are also significant in the explanation of Midlife Crisis experiences.

4.6: Objective 3: To examine the mediator effect of resilience and the relationship between family environment and midlife crisis.

Hypothesis 3: Resilience would have a mediating effect on the relationship between family environment and mid-life crisis

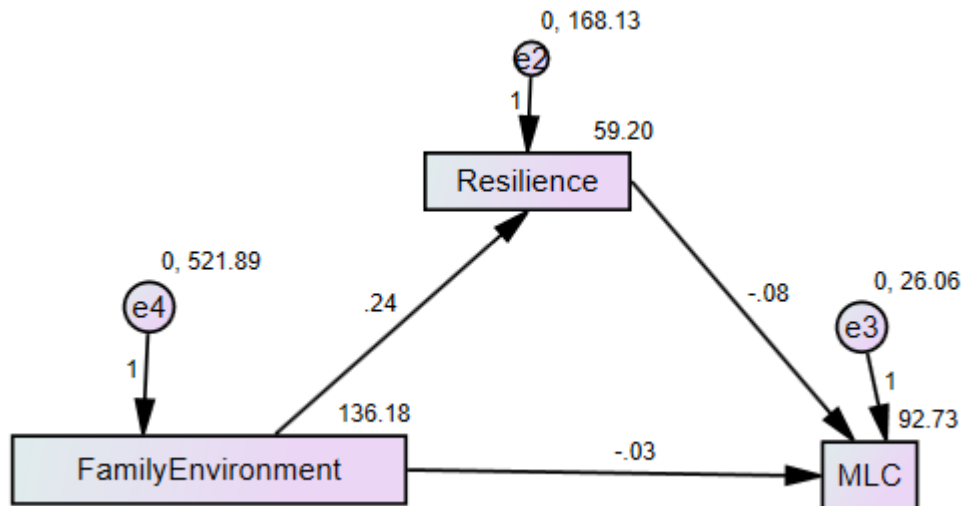


Figure 4.6.1: Mediating Role of Resilience in the Relationship of Family Environment and Midlife crisis

The path diagram (Figure 4.6.1) depicts the mediating influence of Resilience between Family Environment and Midlife Crisis (MLC). The results validate that Family Environment has a significant influence on Resilience with a standardized path coefficient of 0.24, showing a positively effective Family Environment in developing the resilient capacity of an individual. On the other hand, Resilience negatively affects Midlife Crisis with a path coefficient of -0.08, implying that individuals scoring higher in Resilience are less affected by symptoms of Midlife Crisis. Family Environment has a direct influence on MLC, which is moderate (-0.03), implying that Family Environment alone will not decrease Midlife Crisis much but does so indirectly through Resilience. This confirms that Resilience is a partial mediator, as good Family Environment promotes Resilience, which in turn facilitates coping with Midlife Crisis. The error terms for the model (168.13 for Resilience, 26.06 for MLC, and 521.89 for Family Environment) indicate the variance that is not explained in these relationships. In general, the results underscore the pivotal role played by Resilience in mediating the influence of Midlife Crisis and demonstrate the significance of a healthy Family Environment in creating psychological resilience.

Table 4.6.1: Mediating Role of Resilience in the Relationship of Family Environment and Midlife crisis

Effect Type	Family Environment → Resilience	Family Environment → Mid Life Crisis	Resilience → Mid Life Crisis
Standardized Total Effects	0.406	-0.235	-0.239
Standardized Direct Effects	0.406	-0.235	-0.239
Standardized Indirect Effects	0	-0.095	0
Total Effects - Two- Tailed Significance (BC)	0.014	0.005	0.023
Direct Effects - Two- Tailed Significance (BC)	0.014	0.63	0.023
Indirect Effects - Two- Tailed Significance (BC)	...	0.025	...

Table 4.6.1 tests the mediating role of Resilience between Family Environment and Midlife Crisis. Results show that Family Environment has a strong effect on Resilience reflected in the standardized total and direct effects of 0.406 ($p = 0.014$), which suggests that individuals with a good family environment are more resilient. Apart from that, Family Environment's net negative impact (-0.235 , $p = 0.005$) on Midlife Crisis shows that a healthy family environment reduces the frequency of midlife crises. Family Environment's direct impact (-0.235) on Midlife Crisis is insignificant ($p = 0.63$), i.e., the relationship could be due to an intermediary variable—Resilience.

The findings also reveal that Resilience has a strong negative influence on Midlife Crisis (-0.239 , $p = 0.023$), affirming its buffering role against midlife crises. Most importantly, the indirect effect of Family Environment on Midlife Crisis via Resilience is -0.095 ($p = 0.025$), showing that Resilience is a partial mediator between the two constructs. This indicates that although a good Family Environment has a direct effect in decreasing Midlife Crisis, some of its impact comes through increased Resilience. Therefore, people with supportive families are likely to build resilience, which subsequently protects them better against midlife challenges, decreasing their susceptibility to crises.

4.7. Objective 4: To find the mediator effect of resilience in the relationship between psychological well-being and mid-life crisis.

Hypothesis 4: Resilience would have a mediating effect on the relationship between psychological well-being and midlife crisis

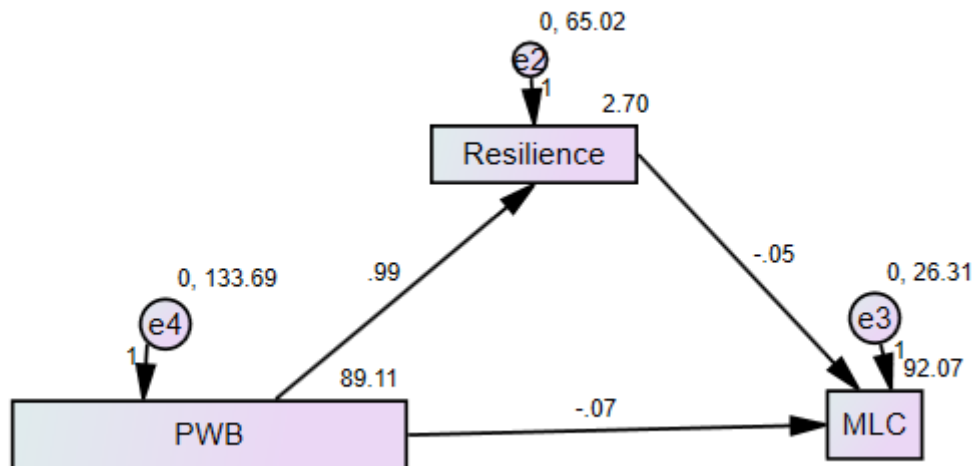


Figure 4.7.1: Mediating Role of Resilience in the Relationship of Family Environment and Midlife crisis

The path diagram illustrates the mediating effect of Resilience between Psychological Well-Being (PWB) and Midlife Crisis (MLC). The standardized path coefficient from PWB to Resilience is 0.99, which signifies a very strong positive relationship, i.e., people with greater Psychological Well-Being have more Resilience. Resilience, on the other hand, has a negative impact on MLC with a path coefficient of -0.05, suggesting that more Resilience has a lower Midlife Crisis. The direct effect of PWB on MLC is -0.07, suggesting that Psychological Well-Being alone has a weak negative effect on Midlife Crisis, but it is even more enhanced when mediating through Resilience. The error terms of the model (133.69 for PWB, 65.02 for Resilience, and 26.31 for MLC) explain the variance that is not explained in these relationships. Overall, the results indicate that Resilience mediates partially the relationship between PWB and Midlife Crisis, stressing that although Psychological Well-Being reduces directly Midlife Crisis symptoms, its effect is more efficient when individuals build Resilience.

Table 4.7.1: Mediating Role of Resilience in the Relationship of Psychological Well Being and Midlife crisis

Effect Type	PWB → Resilience	PWB → MLC	Resilience → MLC
Standardized Total Effects	0.819	-0.253	-0.135
Standardized Direct Effects	0.819	-0.143	-0.135
Standardized Indirect Effects	0	-0.11	0
Total Effects - Two-Tailed Significance (BC)	0.014	0.005	0.023
Direct Effects - Two-Tailed Significance (BC)	0.014	0.63	0.023
Indirect Effects - Two-Tailed Significance (BC)	...	0.025	...

MLC-Midlife Crisis; PWB-Psychological Well Being

Table 4.6.2 shows the mediating effect of Resilience in the relationship between Psychological Well-Being (PWB) and Midlife Crisis (MLC). PWB positively correlates with Resilience very strongly, as the standardized total effect is 0.819. This would mean that people who are higher on Psychological Well-Being would tend to be more Resilient. The total effect of PWB on MLC is -0.253, with Psychological Well-Being being seen to have a negative impact on Midlife Crisis, lessening its intensity. Though with Resilience controlled, direct effect of PWB on MLC diminishes to -0.143 while indirect effect declines to -0.11, affirming partial influence of Psychological Well-Being on Midlife Crisis via Resilience. The direct influence of Resilience on MLC is also -0.135, again affirming more Resilience assists in relieving Midlife Crisis symptoms. The values of significance ($p < 0.05$) indicate these links are statistically significant. Finally, Resilience partially mediates the link between Psychological Well-Being and Midlife Crisis such that although Psychological Well-Being directly lowers Midlife Crisis, its influence is greater when people develop Resilience.

4.8 Objective 5: To find the mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to age, gender, family type, and socioeconomic status.

Hypothesis 5a: There would be significant mean differences in the family environment, psychological well-being, resilience, and midlife crisis with respect to age.

Table 4.8.1: Mean differences of Resilience with respect to Age

Age Group	N	Mean	SD	df	F	Sig
35-40	130	90.79	13.896			
41-45	144	92.11	14.184	402	0.419	0.658
46 and above	131	90.76	14.129			

Table 4.8.1 shows the findings where the mean scores for the 35–40 years, 41–45 years, and 46 years and older are 90.79, 92.11, and 90.76, respectively. The standard deviation for these ages is 13.896, 14.184, and 14.129, reflecting the same span of resilience scores in each of these ranges. The ANOVA test returned an F-value of 0.419 and a p-value of 0.658, which is larger than the 0.05 significance level. This indicates that the variation in resilience scores between the three age groups is not statistically significant. Thus, age does not seem to significantly influence resilience in this population.

Table 4.8.2: Mean differences of Family Environment, psychological Well Being and Midlife crisis with respect to Age

Variable	Values	35–40 Years	41–45 Years	46 & above	df	H	Sig.
Family Environment	Mean	136.04	137.19	135.2	2	0.292	0.864
	SD	21.75	23.13	23.77			
Psych. Well-Being	Mean	88.45	88.97	89.9	2	1.215	0.545
	SD	11.61	12.08	10.99			
Midlife Crisis	Mean	81.66	81.27	81.71	2	1.109	0.574
	SD	6.11	5.01	4.82			

The data in Table 4.8.2 show that the means for the variables of Family Environment (FE), Psychological Well-being (PWB), and Midlife Crisis (MLC) are relatively close for each of the three groups (35-40 years, 41-45 years, and 46 years & older). The mean Family Environment scores for the groupings were 136.04, 137.19, and 135.20 with standard deviations of 21.75, 23.13, and 23.77. The mean Psychological Well-being scores were 88.45, 88.97, and 89.90 with standard deviations of 11.61, 12.08, and 10.99. The mean Midlife Crisis scores were 81.66, 81.27, and 81.71; the standard deviations were 6.11, 5.01, and 4.82 for the groups, respectively. Since the assumption of normalcy is not validated for these variables, the Kruskal-Wallis H test was performed. The H-values for FE, PWB, and MLC were 0.292, 1.215, and 1.109, respectively. The p-values for these H-values are 0.864, 0.545, and 0.574, respectively. As all p-values are greater than the 0.05 significance level, the difference in Family Environment, Psychological Well-Being, and Midlife Crisis across the three age

groups are not statistically significant. The data suggest that age is not an important factor upon Family Environment, Psychological Well-Being, or Midlife Crisis in this population according to the non-parametric Kruskal-Wallis test.

Hypothesis 5 b: There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to gender.

Table.4.8.3: Mean differences of Family Environment, psychological Well Being, Resilience and Midlife crisis with respect to Gender

Variable	Gender	N	Mean	Std. Deviation	Mann-Whitney U	Wilcoxon W	Z	Asymp. Sig. (2-tailed)
Family Environment	Female	200	136.16	23.55	20212	41327	-	0.81
	Male	205	136.2	22.25				
Psychological Well-Being (PWB)	Female	200	89.93	11.33	18852	39967	-1.4	0.16
	Male	205	88.32	11.79				
Resilience	Female	200	90.95	14.65	20064.5	41179.5	-0.37	0.71
	Male	205	91.54	13.48				
Mid-Life Crisis (MLC)	Female	200	81.59	5.31	20318	41433	-	0.88
	Male	205	81.5	5.36				

PWB: Psychological Well Being, MLC: Mid Life Crisis

The Mann-Whitney U test was used to determine gender differences between Family Environment, Psychological Well-Being (PWB), Resilience, and Mid-Life Crisis (MLC) as depicted in table 4.8.3. The test showed that there were no differences between males and females for all four variables, as the p-values for Family Environment ($p = 0.81$), PWB ($p = 0.16$), Resilience ($p = 0.71$), and MLC ($p = 0.88$) were all above 0.05. While females reported slightly greater Psychological Well-Being ($M = 89.93$) than males ($M = 88.32$) and males reported slightly greater Resilience ($M = 91.54$) than females ($M = 90.95$), these differences were not significant. Likewise, the mean scores for Family Environment and MLC were virtually the same across genders, suggesting that gender does not significantly influence these psychological variables in the sample under study.

Hypothesis 5c: There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to family type.

Table: 4.8.4: Mean Differences in Family Environment, Psychological Well Being, Resilience and Mid-life Crisis with respect to Family Type

Variable	Family Type	N	Mean	Std. Deviation	Mann-Whitney U	Wilcoxon W	Z	Asymp. Sig. (2-tailed)
Family Environment	Nuclear Family	215	136.18	22.87	17337	35482	-	2.628
	Joint Family	190	135.2	22.25				
PWB	Nuclear Family	215	89.11	11.58	17817.5	35962.5	-	2.219
	Joint Family	190	88.32	11.79				
Resilience	Nuclear Family	215	91.25	14.05	16687.5	34832.5	-	3.181
	Joint Family	190	90.17	13.98				
MLC	Nuclear Family	215	81.54	5.32	19781	43001	-	0.549
	Joint Family	190	81.5	5.36				

Psychological Well-Being (PWB), Mid-Life Crisis (MLC)

Mann-Whitney U test was employed to contrast Family Environment, Psychological Well-Being (PWB), Resilience, and Mid-Life Crisis (MLC) across family types (nuclear and joint family). The results showed in Table 4.8.4 shows a significant Family Environment variation between nuclear and joint families ($U = 17,337$, $p = 0.009$), where the latter reported more favourable family environments compared to the former ($M = 136.18$, $SD = 22.87$ vs. $M = 135.20$, $SD = 22.25$). Similarly, there was a significant difference in PWB ($U = 17,817.5$, $p = 0.026$), and more nuclear family members ($M = 89.11$, $SD = 11.58$) indicated well-being than joint family members ($M = 88.32$, $SD = 11.79$). An extremely significant difference was also found in Resilience ($U = 16,687.5$, $p = 0.001$), where individuals from nuclear families ($M = 91.25$, $SD = 14.05$) reported higher resilience than those of joint families ($M = 90.17$, $SD = 13.98$). However, the difference was found to be negligible in MLC ($U = 19,781$, $p = 0.583$) such that the experiences of mid-life crisis were similar in the case of joint ($M = 81.50$, $SD = 5.36$) and nuclear families ($M = 81.54$, $SD = 5.32$). Overall, the findings show that family

type significantly influences family environment, psychological well-being, and resilience but not mid-life crisis. Mann-Whitney U test was used to compare Family Environment, Psychological Well-Being (PWB), Resilience, and Mid-Life Crisis (MLC) between family type (nuclear and joint family). The findings indicated a significant Family Environment difference between joint and nuclear families ($U = 17,337, p = 0.009$), with the former having better family environments than the latter ($M = 136.18, SD = 22.87$ vs. $M = 135.20, SD = 22.25$). Similarly, a significant difference in PWB was noted ($U = 17,817.5, p = 0.026$), and nuclear family members ($M = 89.11, SD = 11.58$) scored higher in well-being compared to members of joint families ($M = 88.32, SD = 11.79$). There was an extremely large difference in Resilience ($U = 16,687.5, p = 0.001$) too, where the subjects of nuclear families ($M = 91.25, SD = 14.05$) were more resilient compared to the subjects of joint families ($M = 90.17, SD = 13.98$). But no significant difference was observed in MLC ($U = 19,781, p = 0.583$), indicating mid-life crisis experiences were the same in nuclear ($M = 81.54, SD = 5.32$) and joint families ($M = 81.50, SD = 5.36$). In general, the results indicate that family type plays a robust role in family environment, psychological well-being, and resilience, but not mid-life crisis.

Hypothesis 5d: There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to socio-economic status.

Table 4.8.5: Mean differences in Resilience with respect to Socio Economic Status

Socio Economic Status	N	Mean	Std. Deviation	df	F	Sig.
Upper Lower Class	94	93.98	14.47			
Lower Middle Class	130	91.74	11.94	3	2.218	0.085
Upper Middle Class	89	89.65	12.93			
Upper Class	92	89.32	16.88			

Table 4.8.5 indicates the mean differences in Resilience for Socio-Economic Status (SES). Results show that Upper Lower Class recorded the highest mean resilience score ($M = 93.98, SD = 14.47$), followed by Lower Middle Class ($M = 91.74, SD = 11.94$). The participants from the Upper Middle Class ($M = 89.65, SD = 12.93$) and the Upper Class ($M = 89.32, SD = 16.88$) reported relatively lower mean resilience scores. However, the ANOVA test showed that socio-economic group variations in resilience scores were not statistically different ($F = 2.218, p = 0.085$), which suggests that socio-economic group differences in resilience may be by chance and not due to significant differences.

Table 4.8.6: Mean Differences in Family Environment, Psychological well Being and Midlife Crisis with respect to Socio Economic Status

Variable	Socio-Economic Status	N	Mean	SD	Mean Rank	Kruskal-Wallis H	df	Sig. (2-tailed)
Family Environment	Upper Lower Class	94	138.15	23.66	215.5	6.539	3	0.088
	Lower Middle Class	130	133.32	25.96	192.96			
	Upper Middle Class	89	134.17	20.75	184.96			
	Upper Class	92	140.15	18.52	221.87			
PWB	Upper Lower Class	94	89.96	11.29	213.65	2.434	3	0.487
	Lower Middle Class	130	88.71	12.06	199.81			
	Upper Middle Class	89	87.81	11.02	189.22			
	Upper Class	92	90.08	11.72	209.95			
MLC	Upper Lower Class	94	81.27	5.18	195.98	4.658	3	0.199
	Lower Middle Class	130	81.88	5.55	211.18			
	Upper Middle Class	89	80.55	5.75	183.98			
	Upper Class	92	82.3	4.59	217.01			

PWB: Psychological Well Being, MLC: Mid Life Crisis

The table 4.8.6 also gives the mean differences of Family Environment, Psychological Well-Being (PWB), and Mid-Life Crisis (MLC) across Socio-Economic Status (SES). The Kruskal-Wallis's test was used to test if there were statistically significant differences across SES groups. For Family Environment, the mean ranks varied from 133.32 (Lower Middle Class) to 140.15 (Upper Class) with a highest mean rank seen in the Upper Class group (221.87). The Kruskal-Wallis H statistic of 6.539, however, was not significant ($p = 0.088$), showing a nonsignificant difference among SES groups for Family Environment. On PWB, the scores varied from 87.81 (Upper Middle Class) to 90.08 (Upper Class), but the Kruskal-Wallis H statistic of 2.434 was not significant ($p = 0.487$), and SES does not significantly affect PWB. For MLC, the mean scores ranged from 80.55 (Upper Middle Class) to 82.30 (Upper Class), but the Kruskal-Wallis H value of 4.658 was also not statistically significant ($p = 0.199$). In general, the findings are that differences in mean scores do occur by SES groups but none of them were statistically significant.

4.9 Discussion of Results

4.9.1 Study Overview

The present study aimed to analyse the interplay between Family Environment, Psychological Well Being, Resilience, and Mid Life Crisis in middle-aged individuals. 405 participants were included in the present study and demographic details were gathered to analyse some variables like age, gender, type of family, and socioeconomic status. The participants were then grouped into three age categories: 35-40 years, 41-45 years, and above 46 years. The computed distribution of participants across this age category revealed that 36% of the participants were in the age group of 41-45 years, 32% in 35-40 years, and 32% above 46 years. This distribution proves that most middle-aged individuals in this study were between the ages of 35 and 45 years.

The study population can be described as almost gender-balanced: 49.4% females and 50.6% males. This balance is meaningful since it will offer perspectives of both genders in the findings, which may assist in a more generalized conclusion. The study participants were also distributed according to two family types: nuclear and joint families. From the study, 53.1% were from nuclear families and 46.9% were still living in joint families. Analysis of SES demographics reveals that 32.1% of the sampled individuals came from the lower-middle class. This was followed closely by 23.2% from the upper-lower class, 22.0% from the upper-middle class, and 22.7% from the upper class. Many wide-ranging aspects the SES distributions encompass give a rather complete picture of the variations in the living conditions affecting such a person's resilience confronting psychological well-being and midlife crises.

Another focal point of the study was Resilience levels of the participants. It is defined as the ability of a person to adapt and recover from arduous stresses in life across different age, gender, and family types. The results, therefore, showed that 57.28% of participants showed moderate resilience; 23.70% showed high resilience; 19.02% protest mid-level resilience. This means that a sizable proportion of the middle-aged participants have displayed at least moderate, if not high, resilience, which could help in coping with the stresses typically associated with midlife.

The study investigated several aspects of the variable Family Environment, including

communication quality, conflict resolution, quality time, respect for individuality, role clarity, and emotional well-being. Well-communicating family was reported by most participants (79%), with fewer reporting average and less than 1% reporting poor family communication. Likewise, 82.46% of the respondents felt that their family's conflict resolution approaches were good, 16.79% felt they were average, and only 0.7% rated them as poor. In terms of the quality time invested with family members, 79% of them found it to be good, 20% average, and 1% poor. Also highly rated was respect for each other's individuality in the family, where 84.93% noted good levels of it, 14.32% noted average, and just 0.74% of them found it poor. Responsibilities and roles were clearly defined within the family for 79.5% of the respondents, 17.03% assigned an average, and 3.4% reported poor definitions. Emotional health within the family was also overwhelmingly positive, with 81.23% labelling it as good, 17.03% average, and only 1.72% as poor. Generally, the results indicate that most participants have a supportive and organized family situation with high scores in areas of communication, emotional stability, and respect for individuality.

In assessing the Psychological Well Being of the participants, 60% scored high Psychological Well Being (scores above 85) and 40% moderate Psychological Well Being (scores between 43 and 84). Interestingly, none of the participants displayed low Psychological Well Being, implying most middle-aged ones in this sample were stable emotionally. Psychological Well Being closely relates to Resilience; that is, people enjoying the highest levels of Psychological Well-Being tend to cope better with life's adversities.

One of the major components of the research is that many people experience a Mid-Life Crisis. The scores ranged from 46 to 90, which corresponded to a moderate level of mid-life crisis among 98.51% of the respondents. Scores above 91, nevertheless, experienced a high level of mid-life crisis by just 1.4%. This means that although many middle-aged people may have a crisis or transitional phase in life, this is not usually overly intense or overwhelming for most people's lives. While a midlife crisis is characterized by self-exploration, discontent, and redefinition of life objectives, such transitions naturally occur in this stage of an individual's life, yet the study implies that at varying degrees of intensity, they can be managed depending on individual factors such-as resilience.

4.9.2 Normality of Data

Application of the Shapiro-Wilk and skewness-kurtosis Z-values in tandem to determine

normality gives useful information about the pattern of distribution of Resilience, Family Environment, Psychological Well-Being (PWB), and Midlife Crisis (MLC) with respect to age, gender, family type, and socio-economic status (SES). The results determine the way social and psychological variables react in divergent ways to demographic and social variables, in evidence of the intricacies of human conduct and mental health outcomes. The measures of resilience consistently adhere to assumptions of normality for the groups by age, gender, family type, and socio economic status. This indicates resilience as a stable psychological construct and not very sensitive to differences in demographics. Windle (2011) defines resilience as possessing the ability to react favourably to adversity, which can explain its consistent distribution among the different groups. The stability of normality resilience demonstrates resilience in the sense of individuals' capacity to cope with stress and adversity is evenly dispersed in populations, in alignment with current evidence that resilience is individual and environment dependent (Fletcher & Sarkar, 2013). Yet, the minor skewness in younger age groups and males indicates that resilience levels could be affected by gender-specific and age-related stressors, as proved by research evidence of Bonanno et al. (2011), who contend that resilience is ever so slightly differentiated based on life stage and gender. On the other hand, Family Environment is not normally distributed for all demographic and social variables, especially among lower SES, females, and nuclear families.

Psychological Well-Being (PWB) is unevenly distributed among groups, which implies that well-being is not evenly spread in the population. Psychological Well Being is more normally distributed in young age groups and in higher Socio Economic Status groups, which implies that socio-economic security in the initial stages of middle age are protective factors for psychological well-being (Ryff & Keyes, 1995). Yet the extreme deviation from normalcy among the elderly and middle-aged, and among lower SES groups, would mean that life events, stress, ill-health, and material insecurity can be the causes of variation in well-being. This is in line with research by Diener and Seligman (2004) where high correlation between socio-economic status and mental well-being was highlighted. Also, the comparatively more stable PWB distribution among members of joint families indicates the buffering nature of collective family structures, enabling emotional and economic protection, as proposed by Triandis (2001). Midlife Crisis (MLC) outcomes show higher deviation from normality among younger age groups and middle SES groups, indicating higher variability in crisis experiences among these groups. Levinson's (1978) theory of adult development dictates that life structure changes structure midlife change, and this may account for Mid Life Crisis'

occurrence among middle-class groups whose stability of life is usually threatened by career and economic demands. Yet the more typical distribution of higher and lower Socio Economic Status groups dictates that being rich or poor allows more uniform life circumstances, repressing variation of symptoms of midlife crisis. Similarly, the more stable trend in later life is in line with findings that midlife crisis vanishes with increasing age as individuals become more self-aware and content with life (Lachman, 2004).

Gender differences in Psychological Well-Being and Mid-Life Crisis also highlight the role of social expectations and emotional labour. The larger deviation in Psychological Well-Being and Mid-Life Crisis in men may be an indication of the stress of traditional male roles and career demands, while the larger deviation in Family Environment scores for women indicate a greater emotional load of caregiving and domestic work (Eagly & Wood, 2012). The data confirms the Hochschild and Machung (2012) double burden hypothesis that posits that women are more likely to suffer from psychological stress through the interaction of professional and home responsibilities. The consistent deviation from normality in all family environment scores shows that family lives are significantly shaped by cultural and socio-economic organization. This fits with Bronfenbrenner's (1994) ecological systems theory, wherein there is a concern with macro-level economic status and social norms and their influence on family life and an individual's development. Also, the observation that resilience remains constant despite fluctuations in socio-economic status and domestic life suggests that coping styles and psychological resilience are more dynamics-driven internally than situational (Fletcher & Sarkar, 2013). Overall, the outcome of the test for normality reflects the complex interaction between resilience and internal crisis factors in shaping psychological and social outcomes. Resilience is a more stable personality, whereas family history and exposure to midlife crisis are more situational and have greater social and economic disparities. The inconsistent results for Psychological Well-Being reflect that well-being has both internal psychological and external socio-economic causes. These findings underscore the need for targeted mental and social support interventions aimed at the specific stressors of given demographic and social groups (Diener & Seligman, 2004).

Even though the normality assumption is often highlighted while using parametric tests, extensive research has shown that these methods are generally robust to normality violations especially when the sample sizes are large. The Central Limit Theorem (CLT) explains a critical justification for this robustness stating that when the sample size is large, the sampling

distribution of the mean tends to approximate a normal distribution regardless of the shape of the population (Lumley et al., 2002; Ghasemi & Zahediasl, 2012). In this aspect parametric tests become increasingly reliable as sample size is more with some studies noting that even moderate to substantial deviations from normality have hardly any effect on the validity of these tests (Havlicek & Peterson, 1976; Schmider et al., 2010). In the current study the sample size of 405 provides a strong basis for using parametric analysis. Pearson correlation coefficient is known to be highly robust to violations of normality. According to Bishara & Hittner, (2012), under different distributional conditions and with large sample size Pearson's r shows robustness compared the non-parametric tests even under non normality. Pearson's r also remains accurate even in extreme conditions and that becomes less impactful in larger samples (de Winter et al., 2016). Furthermore, regression analysis, another parametric test used in the study, doesn't necessarily require the independent or dependant variables themselves to be normally distributed, instead it assumes normality of the residuals. When there is a large sample the normality of the residuals becomes less critical as it assumes normality in such cases (Schmidt & Finan, 2018; Osborne & Waters, 2002)

Field (2013) further states that parametric tests such as regression and correlation are very robust if other assumptions such as linearity and homoscedasticity are met, and outliers are treated well. Provided these conditions are met, as in the case of current research, the impact of non-normality is reduced. Thus, with reference to theoretical rationality and empirical practice, use of Pearson's correlation and regression analysis in the current research study turns out to be valid and methodologically sound despite non-normal distribution of data.

4.9.3 Correlation

The results of the present study indicate significant correlations between Resilience, Psychological Well-Being, Mid Life Crisis, and Family Environment, casting great insight into the psychological processes of middle-aged adults. Resilience was found to be significantly positively correlated with psychological well-being ($r = 0.819$), as had been widely speculated, suggesting that resilient persons tend to be more psychologically healthy than less resilient individuals. This concurs with increasing levels of research that are bringing resilience into focus as a key protective factor for mental health. Resilience, which has been defined in general terms as being able to recover well after adversity, has been perceived as essential in avoiding stress influence and halting mental health disorders (Masten, 2014). Research by Tugade and Fredrickson (2020) indicates that more resilient people can sustain

positive emotions and feel satisfied with life even in times of stress. This resilience is a protection against negative emotional consequences like depression and anxiety and allows one to feel enhanced mental health outcomes despite adversity. In addition, resilient individuals are emotionally more stable, have better coping strategies, and are more hopeful in their attitudes despite having negative situations (Bonanno, 2015). Besides, not only does resilience emerge because of one's character, but also environmental factors, for example, the family environment influence it. According to this research, family environment was positively correlated with resilience ($r = 0.383$), reflecting positive family setting in the environment greatly contributes towards making an individual resilient. It is a result of previous studies in which it is illustrated that there exists the buffer function of the support provided by the family as a resilience factor (Werner, 2019). Families offer precious emotional and psychological resources making it easier to deal with stress and adversity. The family is usually the initial source of support throughout one's life, and an enabling family provides both emotional resources and role models for coping strategies (Luthar, 2015). Zhang et al. (2021) research highlights that individuals with close family relationships are more likely to have adaptive coping styles during stressful life experiences. The family as a resilience factor is especially important among middle-aged adults who could be experiencing multiple stressors like aging, work transitions, and caregiving duties. In such situations, a strong support system from the family can contribute a great deal towards increasing resilience, allowing individuals to manage better the demands of life and maintain psychological well-being.

Also, in this present study, it was validated that resilience was inversely correlated with midlife crisis ($r = -0.252$), indicating that the most resilient persons had milder midlife crises. Midlife crisis has been a firmly established psychological theory construct for decades and is usually considered an existence questioning, unhappiness, and identity confusion phase (Lachman et al., 2015). This study hypothesizes that resilient people are better equipped to deal with midlife crises, minimizing emotional distress usually experienced during this phase of life. Evidence affirms studies by Lachman (2015), which hypothesize that resilience is a buffer against midlife change, enabling one to adapt to the demands of aging, plateaus in career, and changes in personal objectives. This finding is also in accordance with the findings of the descriptive study done by John & Wani , (2025) in which the researchers also found out the negative correlation between resilience and psychological well-being with midlife crisis. Resilient people are more likely to take proactive steps towards problem-solving and

self-enhancement and thus are best equipped to deal with midlife transitions with emotional enhancement and adjustment. This conclusion is significant to the extent of implying the significance of building resilience in countering the adverse psychological effect of the midlife crises. These findings have broadizable, general effects when considered in terms of interventions as a step towards promoting psychological well-being among middle-aged people.

With the considerable role that resilience plays in constructing mental well-being and resistance to the negative effects of midlife crises, psychological interventions aimed at developing resilience can be of most benefit. Experimental research is on the side of the effectiveness of resilience training programs to heighten psychological gains. For example, a meta-analysis conducted by Wong et al. (2021) indicated that interventions for resilience had the effect of reducing symptoms of depression and anxiety significantly and of enhancing satisfaction with life overall. Interventions that may incorporate cognitive-behavioural therapy, mindfulness skills training, and social support interventions can be especially useful for individuals experiencing stress during midlife changes. Second, family support environment development can also be an important component in resilience program construction because family interactions establish those coping models and emotional supports that are the essence of resilience (Shinn, 2020). Family systems are also used to maximize individuals' capacity to adapt to life transitions, particularly at midlife. According to Shinn (2020), families that practice open communication and emotional support help build people's resilience to deal with stress and develop adaptive coping. Thus, family interventions to enhance communication, conflict resolution, and emotional support are useful resources to promote resilience and mental health. Social support programs and interventions within the community can equip individuals with the necessary strategies to build resilience and uphold mental well-being in the face of difficult stages in life. Social support interventions possess the potential to enable individuals to acquire coping strategies, provide emotional support, and instil feelings of belonging, all of which are fundamental in building resilience. Overall, this study's finding has helped us better understand the inter-relational complexities between resilience, family environment, psychological well-being, and midlife crisis.

The significant positive correlation observed between family environment, resilience, and psychological well-being, and their negative association with midlife crisis is consistent with previous research which highlights that supportive family relationships enhance emotional

stability and reduce psychological distress in midlife (Huber et al., 2010; Gilligan et al., 2017; Visaria et al., 2021). Similarly, earlier studies have reported that higher resilience is strongly associated with better psychological well-being and lower levels of midlife crisis symptoms (Beutel et al., 2009; Lachman et al., 2015; John & Wani, 2025), thereby supporting the present findings.

The high correlation between resilience and psychological well-being indicates the protective role of resilience towards mental health, and the moderate correlation between family environment and resilience affirms the buffering role of supportive family systems. In addition, the negative relationship between resilience and midlife crisis implies that resilience plays a central buffering role against midlife crises. These results imply that the strengthening of resilience with the help of psychological interventions, support networks, and social connections is likely to have a substantial positive impact on psychological well-being as well as to withstand negative impacts from midlife crises. The requirement for resilience as a solution to remediate the mental issues of midlife and for the general improvement in psychological wellness can't be asserted strong enough to justify that resilience-improvement is a central intervention measure aiming at improved mental well-being for middle-aged individuals.

4.9.4 Regression

The regression analyses conducted in this study emphasize the central role of resilience to enhance psychological well-being (PWB) in middle age. It was found that 67% of Psychological Well Being variation is accounted for by resilience, emphasizing its central role in maintaining mental wellness during midlife transitions. These findings are in line with previous research that has identified resilience as a robust predictor of psychological well-being across various life stages, particularly at midlife (Reinilä et al., 2023). Higher resilience enables individuals to deal better with stress, adversity, and positive emotional states. As suggested by Tugade and Fredrickson (2020), resilient individuals are more adept at bouncing back from difficulties, being psychologically resilient in the process of navigating life challenges. This is particularly important at midlife because individuals undergo a convergence of personal, professional, and family stressors that can threaten their mental health. The importance of resilience as a predictor of Psychological Well Being in the middle years of life is also suggested by other studies. For example, Bonanno et al. (2015) found that individuals who are more resilient are likely to have higher satisfaction with life and less

vulnerable towards mental disorders even when exposed to severe life stress. The findings of the present study further validate the premise that resilience is not only a trait but also a key element in the sustenance of mental well-being within the turbulent middle years of life. While people are facing physical, emotional, as well as economic changes associated with old age, resilience is a psychological asset that enables them to deal with these problems more efficiently (Luthar, 2015). In fact, its efforts to build resilience have been found to be very effective in improving emotional well-being and overall mental health (Wong et al., 2021), and that developing resilience can be part of the mental health policy for middle-aged adults is validated. While the Family Environment also positively contributes to psychological well-being, with a contribution of 17.5% to the variance, its effect is fractionally lower than that of resilience. Perhaps this suggests that resilience at the individual level may even be more significant in facilitating Psychological Well Being in midlife. However, the Family Environment is a key factor because safe and cohesive family relationships have also been associated in a predictable way with greater levels of psychological functioning (Gilligan et al., 2017). An affirmative Family Environment, with quality relationships and emotional support, can provide individuals with the resources necessary to cope with life difficulties and maintain Psychological Well Being in the middle age (Masten & Cicchetti, 2016). However, this study also focuses as much on the potential for ill effects of family conflict on psychological health. Gilligan et al. (2017)'s research indicates how family conflict in an interfamily relationship, like one with a spouse, sibling, or child, can jeopardize the mental health of an individual. For example, family conflict with the spouse or member of the family in middle adulthood can exacerbate stress, anxiety, and depression, thus harming psychological health. Thus, while family support encourages mental health, unfavourable family interactions can have a contrary impact and are particularly significant during midlife when one might already be afflicted with multiple strains.

For midlife crisis (MLC), resilience and family environment were the significant predictors, but they were weak in their predictive value in accounting for Mid Life Crisis, as Resilience accounted for 6.3% and Family Environment accounted for 4.5% variance, respectively. What these results suggest is that although a solid Family Environment and greater Resilience might protect against the emotional and psychological challenges that usually characterize Mid Life Crises, there are other things at play in this experience. As Lachman (2015) already pointed out, Mid Life Crisis is a multidimensional and complex process, and it appears due to numerous determinants, i.e., career satisfaction, identity conflicts, and overall life satisfaction.

The low explained variance by Family Environment and Resilience in Mid Life Crisis implies that the other variables making their contribution should be investigated, e.g., economic problems, illnesses, and social support system. As Moen et al. (2019) explained in their study that occupational stressors and economic difficulties are positive predictors for experiences of Mid Life Crises, and this suggests that Mid Life Crises not only come from intrinsic psychological reasons but also have extrinsic stressors which can cause Mid Life Crises. The comparatively low explained variance of Resilience and Family Environment also reflect the complexity of middle life transitions. Mid Life Crises cannot be established, and one should remember that individuals respond differently to middle life tests depending on their individual circumstance, resources, and coping styles (Lachman, 2015). This highlights the need for an integrated response to mental health at midlife where family and resilience are supported by other determinants like economic security, employment satisfaction, and social relationships.

The finding that resilience emerged as a significant predictor of psychological well-being agrees with earlier literature which identifies resilience as a crucial protective factor in promoting mental health during midlife (Le et al., 2021; Fan et al., 2023; Castro et al., 2023). Further, the minimal direct effect of family environment on midlife crisis aligns with previous studies suggesting that family influences often operate indirectly through psychological resources such as resilience and coping mechanisms (Thibodeau & Bouchard, 2020; Kwon & Jihyun, 2021; Rulu et al., 2024).

One of the implications of these results is that interventions that enhance individual and family functioning to increase resilience will be required. Stress management training, cognitive-behavioural therapy (CBT), and resilience-building interventions can contribute significantly to enhancing psychological well-being in middle age. Meta-analysis by Wong et al. (2021) provides evidence for the effectiveness of CBT and other therapies inducing resilience to alleviate symptoms of depression, anxiety, and stress and improve life satisfaction overall. Furthermore, coping skills training, emotional regulation, and problem-solving can more effectively facilitate management of stressors in midlife. Cognitive-behavioural therapy designed to reappraise ill-thinking and create stronger coping skills has been found to enhance resilience and mental health outcomes in middle age (Hofmann et al., 2012). Therapies do not merely permit people to handle adversity as things stand, but also the mental weaponry to thrive in the presence of impending adversity. Aside from individual resilience training, social

support and family cohesion can also play a significant role in midlife mental health. Family intervention with communication improvement, conflict resolution, and emotional support also came into being to improve family cohesion and have an effective support system for individuals undergoing stressful life change (Shinn, 2020). An optimistic home environment, together with routines to develop Resilience, can generate a healthy means of high psychological well-being and risk potential for minimization of Mid Life Crises. Lastly, this research confirms the importance of encouraging Resilience and good Family Environment to the development of Psychological Well Being and deterrence of undesirable outcomes of Mid Life Crises. Although Resilience was a more robust predictor of Psychological Well Being, Family Environment is an essential variable in the encouragement of Psychological well Being. Given the multi-dimensionality of midlife transition, an integrated mental health treatment plan with individual resilience construction, family intervention, and coping skills training would be of utmost significance in promoting psychological well-being among middle-aged persons. These findings converge on interventions that aim to address internal and external determinants of midlife mental well-being in a way that endows people with coping capacities and resources they can utilize to survive the challenges of this life phase.

4.9.5 Mediation Analysis

The mediation test in this case brings out the crucial role of Resilience as mediating variable between Family Environment and Mid Life Crises. Resilience in an individual enhances a great deal under supportive family conditions, as indicated by the standardized path coefficient of 0.24 to reduced frequency of occurrence of midlife crises (path coefficient = - 0.08). These results indicate that, although the healthy Family Environment directly reduces the risk of Mid Life Crises development, its indirect influence through increasing Resilience is more effective. This concurs with previous research on the resilience function as a protective factor against life adversity and psychological distress (Bonanno, 2004; Taylor et al., 2020). The impact of the Family Environment on the development of Resilience has been widely documented. A healthy home environment, such as supportive warm relationships, communication, and warmth of feelings, has been identified to have a significant influence in the emergence of resilience in individuals of all ages (Masten, 2016; Conger & Conger, 2002). Research has proven that children brought up in close and warm emotionally supportive families have a better capacity to cope with adversity and stress (Grych, 2021). Werner and Smith (2001) expressed that adults whose family functioning had been healthier as children

were better able to resist intense midlife distress and were more resilient. In addition, Walsh's (2015) research highlights family-based interventions of resilience as an asset against psychological adversity during phases of transition in life, such as midlife crises. The present results are in accordance with the study of Mediation analysis about resilience mediating the relationship between PWB and MLC, showing that psychological well-being reduces midlife crisis mainly through increased resilience. These findings highlight resilience as a key protective factor against midlife crisis (Geemol John & Wani, 2025)

The present study results collectively support the importance of Resilience construction in a supporting Family Environment as a preventive treatment for or attenuation of Mid Life Crises. With its salient indirect impact of Family Environment through Resilience, interventions on family functioning will need to focus more on constructing Resilience. Mental health professionals and counsellors can integrate resilience interventions, like learning problem-solving skills, expressing emotions, and coping strategies, to facilitate better adjustment to midlife transitions (Lachman et al., 2015). Interventions such as open communication, emotional support, and family problem-solving together can enhance psychological adjustment and resilience (Conger & Conger, 2002). The mediator function of Resilience between Family Environment and Mid Life Crisis indicates an important area of psychological study and intervention. The findings validate that individuals with high levels of reported family support develop greater Resilience, which guards against the adverse psychological impact of Mid Life Crisis. The findings agree with large-scale literature on Resilience theory and mental health (Masten, 2018; Windle, 2011). Subsequent research will need to examine other resilience predictors that allow for Resilience at midlife and how some family interventions may assist in increasing resilience. Developing Resilience through healthy Family Environments will allow for individuals to cope with changes during midlife more effectively and therefore decrease the frequency and severity of midlife crises.

The present finding that resilience significantly mediates the relationship between family environment, psychological well-being, and midlife crisis is strongly supported by prior research which demonstrates that a supportive family context fosters resilience, which in turn buffers individuals from midlife stress and psychological difficulties (McGinnis, 2018; Terrill & Molton, 2018; Nelson et al., 2024). Similar mediation effects of resilience in reducing midlife crisis symptoms have also been reported in earlier empirical studies (Le et al., 2021; John & Wani, 2025).

Resilience, as the capacity to recover and bounce back positively under stressful conditions, is one of the central psychological components of Mid Life Crisis prevention. The mediation analysis of the present study confirms that Resilience reduces the effect of Mid Life Crisis considerably, confirming its status as an active protective factor. This is in line with evidence showing that the stronger are better suited to cope with the stressors of midlife transition, identity change, and existence threat (Windle, 2011). Ng and Wan Sulaiman (2017) also examined the mediator role of Resilience in the link between family functioning and adolescent depression and determined that Resilience was a partial mediator in the relationship, and once more, substantiating the mediator's pivotal role in mental health outcome. At the same time, Taylor et al. (2020) established that resilience was inversely related to midlife existential distress and depressive symptoms confirming its role to emotional well-being. Family communication has also been found to be a key element in establishing resilience and averting crises. Sabah et al. (2023) examined the mediating function of family communication on how family functioning and resilience, specifically in a crisis like the COVID-19 pandemic, coexist. Their finding reveals that Resilience is a stronger protective factor for maintaining emotional resilience in adversity. This is in line with previous work which established that intimate and open communication and close relationships are the bedrock upon which Resilience is fostered, hence lowering susceptibility to psychological distress at midlife (Walsh, 2015). This has been proven through research conducted by Werner and Smith (2001), in which proper support at the family level during childhood is a pointer towards greater resilience as an adult and lower risk for a midlife crisis.

The meditational analysis further concludes that resilience is a significant mediator of Psychological Well Being (PWB) and Mid Life Crisis (MLC). The extremely positive relationship between Psychological Well Being and Resilience (path coefficient = 0.99) indicates that greater Psychological Well Being has an extremely high probability to attain high Resilience. Thus, this greater Resilience is a buffering variable itself against Mid Life Crisis, as can be inferred from its negative relationship with Mid Life Crisis (path coefficient = -0.05). This suggests, not just that high Psychological Well Being individuals are less likely to have a Mid Life Crisis, but also that they exert a stronger effect when Resilience is used as a mediator. Interestingly, the zero-order adverse effect of Psychological Well Being on Mid Life Crisis is itself relatively modest (path coefficient = -0.07), yet buffering is much increased once control for the effect of Resilience has been placed within the model. These findings are in line with earlier research emphasizing the role of Resilience as a psychological buffer that

mediates the impact of stress and adversity (Bonanno, 2004; Windle, 2011).

The buffering model of Resilience has been extensively discussed in psychological literature, but largely in the context of its moderating influence between the stressors and the mental health consequences. Resilience has been largely thought of as an individual's ability to adapt positively to adversity, maintain a stable level of functioning, and recover well from the stressors (Masten, 2014). Evidence accords with the presumption that highly resilient individuals are likely to weather life uncertainties and, in turn, reduce their risk of mental illness, such as symptoms of Mid Life Crisis (Faircloth, 2017; Taylor et al., 2020). This is consistent with findings showing that resilience as a mediator relates psychological wellbeing to family resilience and still occupies the central role for the preservation of mental wellbeing (Yousefi Afrashteh et al., 2024).

One of the reasons why resilience would mediate Psychological Well Being's association with Mid Life Crisis is that it strengthens individuals to better adapt to the universal midlife stressors, for instance, plateauing in a career, aging, financial distress, or changes in family relations (Lachman, 2015). Individuals who are stronger will use adaptive coping mechanisms like cognitive reappraisal, regulation of emotions, and problem-solving orientations, which act to safeguard against the ill effects of stress at midlife on psychological outcomes (Walsh, 2016). Optimism and self-efficacy are also connected with Resilience and act to uphold purpose and direction during midlife and, later, to decrease the potential for a crisis (Werner & Smith, 2001). Apart from this, empirical evidence supports that Resilience interventions have enormous potential to enhance Psychological Well Being and have the strength to decrease the severity of Mid Life Crisis. Cognitive-behavioural therapy, social support group intervention, and mindfulness training are seen to enhance resilience and provide individuals with effective skills to manage stress (Windle, 2011; Conger & Conger, 2002). The findings highlight the role of building resilience through system and individual interventions towards psychological well-being in the long run.

4.9.6 Mean Differences

The mean differences result of the present study indicate that gender is not a significant predictor of Resilience, Family Environment, Psychological Well Being (PWB), or Mid Life Crisis (MLC). This is being supported by a study done in Mumbai which indicates that gender is not a significant predictor of midlife crisis. The results showed no significant difference

between male and female respondents in physical crisis, and although males reported higher mean scores in some areas, gender did not emerge as an overall determining factor (Bhatia & Hani Ansari, 2023). Family type is identified as a significant variable influencing these variables, with some types of respondents' families being more resilient ($p = 0.001$), having a better family environment ($p = 0.009$), and better Psychological Well Being ($p = 0.026$). This conclusion is in keeping with previous work highlighting the relative importance of family processes in enabling Resilience and Psychological Well Being (Yang et al., 2023). The Socio Economic Status (SES) of individuals also contributes very marginally to Family Environment and Psychological Well Being ($p = 0.088$), illustrating that individuals belonging to higher Socio Economic Status have a healthier Family Environment as well as greater Psychological Well Being. Yet, neither Socio Economic Status nor age is significant in Mid Life Crisis, which again supports the argument that midlife crises are more psychologically than demographically driven. This reality has also been affirmed by research, which has shown that psychological distress more than such external determinants as education or income plays a crucial role in predicting midlife crises (Gondek et al., 2021).

Family type plays a significant role in determining how strong and sound mentally a person will be. On numerous occasions, it has been discovered through research that family resilience—how a family might be able to change positively in response to adversity—is closely connected with health in people (Walsh, 2015). Research indicates that people brought up in close-knit and affectionate family settings tend to acquire effective coping skills, problem-solving skills, and emotion regulation (Taylor et al., 2020). This might be the reason why some of the respondents belonging to certain family types are more resilient and mentally sound.

For instance, research shows that stable parental partnerships and regular caregiving in nuclear families create an environment for children and adolescents to acquire emotional resilience (Conger et al., 2010). Also, large families with extended family structures that provide other support from extended family members and grandparents have been seen to account for higher psychological stability by making available various sources of advice and emotional safety (Sabah et al., 2023). Broken family units, on the other hand, like single parents with restricted social support systems, might be resilience pacesetters due to adversity since they present more financial and emotional burdens (Masten, 2014). The evidence now favours the research that indicates individuals who have functional family

systems are more resistant and have greater life satisfaction (Yang et al., 2023). Research also verifies that intimate relationships within the family system serve as buffers against mental disorders, and they reduce the susceptibility to effects of stressors that would otherwise lead to psychological disturbance and crises (Ng & Wan Sulaiman, 2017). These results support the contention that family structure is a determinant of underlying psychological adjustment and overall health.

Even though the results of the study are that Socio Economic Status is a predictor of Family Environment and Psychological Well Being weakly ($p = 0.088$), it remains essential to consider the general importance of financial security and resource availability. Greater Socio Economic Status is generally marked by greater access to healthcare, education, and leisure activities, all of which contribute to greater mental health (Lachman, 2015). Research has proven that individuals from more economically secure backgrounds are less stressed because they enjoy more economic security and greater life opportunities (Conger et al., 2010).

The finding that family type showed significant differences in psychological well-being and resilience, while age, gender, and socioeconomic status had limited influence on midlife crisis, is supported by earlier studies which emphasize the stronger role of family structure and social support over demographic variables in midlife adjustment (Fingerman et al., 2018; Bongyoga & Risnawaty, 2021; Gondek et al., 2024). Previous literature also indicates that midlife crisis experiences are more closely related to psychosocial and environmental factors than to age or gender alone (Blanchflower & Oswald, 2020; Infurna et al., 2023).

Lastly, Socio Economic Status is also related to marital satisfaction and stability because economic security erases economic stressors and guarantees overall family well-being (Conger et al., 2010). There are additional Socio Economic Status families that engage in healthier family relationships, which lead to a healthier family environment that promotes emotional health (Taylor et al., 2020). In the current study, there is low statistical power that means although Socio Economic Status will lead to an improved family environment, it is not an influencing factor in resilience or mental health. Surprisingly, studies have indicated that even individuals from lower Socio Economic Status families are extremely resilient and psychologically adjusted if they possess supportive family systems and neighbourhood resources (Masten, 2018). This indicates that while economic security is involved in how families operate, psychological and social determinants contribute more to predicting long-term mental health.

One of the most impressive findings of the study is that neither Socio Economic Status nor age affects Mid Life Crisis to a great extent. This corroborates the argument that midlife crises are more psychological and not driven by external demographic needs. Previous research has shown that midlife crises are often triggered by existential concerns, self-consciousness, and perceived life dissatisfaction rather than material or economic conditions (Lachman, 2015). Mid Life Crisis clients also tend to complain of stagnation, regret, or concern about aging, and these are problems of a psychological kind rather than an economic one (Gondek et al., 2021).

Studies have further revealed that the severity and perception of Mid Life Crisis vary with individual psychological resilience, coping mechanisms, and personality (Bonanno, 2004). For example, individuals with extremely high emotional resilience and adaptive coping strategies are less likely to experience Mid Life Crisis regardless of whether they belong to low or high socioeconomic status (Windle, 2011). In contrast, individuals with unresolved inner conflicts or lacking compelling life goals are likely to experience a midlife crisis regardless of their economic or social status (Werner & Smith, 2001). In addition, despite the fact that age has conventionally been identified as a characterizing attribute of Mid Life Crisis, research suggests that midlife crises are not inevitably at a given age but, instead, based on life circumstances and personal experience (Taylor et al., 2020). This further buttresses the belief that Mid Life Crisis is more of an outcome of internal psychological operations than external demographic factors.

The findings of this study support the salient role of family structure in determining Resilience, Family Environment, and psychological functioning and imply the restricted role of Socio Economic Status and Gender in these domains. Effective coping strategies and professional support can help individuals navigate this midlife crisis phase successfully highlighting midlife as both a challenging and potentially enriching stage of life (Balamurugan et al., 2024)

Warm and stable family systems stimulate higher Resilience and general well-being, and disjunct or pathological family systems can impair psychological adaptation. Although Socio Economic Status also plays a diminishing role in determination of family environments, it doesn't have much to contribute toward causation of Mid Life Crisis, thus confirming the position of psychological over socioeconomic determinants for Mid Life Crisis aetiology. All these findings assign a high degree of significance on the necessity to extend research toward

resilience-inducing interventions and toward family interventions into fostering long-term psychological health.

CHAPTER 5

CONCLUSION

This chapter has three major sections. It starts with the study's findings, then offers a suggestion derived from those findings. Finally, it discusses the study's limitations and potential avenues for future research.

5.1 Conclusion

The following are the conclusions based on the objectives of the study

Objective 1: To assess the relationship between family environment, psychological well-being, resilience, and midlife crisis in middle-aged people.

The correlation analysis indicates a strong positive correlation between resilience and psychological well-being. A supporting family environment positively influences resilience and has a significant inverse relationship with midlife crisis symptoms, such that higher resilience reduces the challenges of midlife. Psychological well-being also has a negative association with midlife crises, emphasizing its protective role. A supportive home environment plays a significant role in psychological health and reduces the tendency to experience midlife crises. These findings reflect the importance of resilience and healthy home environments as means of ensuring mental health and overcoming challenges from midlife change. These participants, being healthier and more resilient, are better able to accommodate change in their lives, maintain their emotional response, and create adaptive coping systems to midlife challenges.

An ability to respond constructively to uncertainty and disappointment also promotes psychological well-being, further validating the protective function of resilience against midlife crises. Lastly, maximizing overall mental health and facilitating life transition can be long-term interventions through the development of resilience and a home environment conducive to it.

Objective 2: To examine the influence of family environment and resilience on psychological well-being and midlife crisis.

The analysis shows that resilience is a strong predictor of psychological well-being, whereas the family environment only has a minimal impact on psychological well-being. On the other hand,

neither resilience nor family environment shows any meaningful direct effect on midlife crisis, indicating that possibly some other determinant might play a relatively more influential role to shape midlife challenges. These results rather show the intricate mingling of determinant variables that build up well-being and midlife crisis, thus sending a call for further research on additional determinants. This suggests that while resilience plays a significant role in enhancing psychological well-being, its effect on midlife crisis may be indirect or moderated by other environmental and psychological variables. The multidimensionality of midlife challenges emphasizes the need to examine other influences such as personality style, life satisfaction, and coping skills that can be involved in the development of a midlife crisis. Knowledge of these interactions could provide further insight into successful interventions for the promotion of well-being and midlife transition.

Objective 3: To examine the mediator effect of resilience and the relationship between family environment and midlife crisis.

The mediation analysis confirmed that resilience strongly mediates the association between the family environment and midlife crisis. A well-functioning family environment positively influences resilience, which in turn negatively influences the levels of midlife crisis. This partial mediation, hence, suggests that resilience reduces the detrimental effects of the family environment on midlife crisis levels. To this end, the results posit resilience as a significant intervening variable in moderation of midlife crisis, highlighting family dynamics in emotional resilience and adaptive coping in the process of middle-age transition. These results indicate the usefulness of resilience in countering negative psychological effects of a less supportive family environment, enabling one to weather midlife challenge better. By building resilience, one may gain the potential to develop stronger coping strategies that reduce the stressors typical of midlife transition. Thus, family-oriented interventions targeting the cultivation of resilience might be an effective means of forestalling the onset and severity of midlife crises.

Objective 4: To find the mediator effect of resilience in the relationship between psychological well-being and mid-life crisis.

The model of mediation demonstrates that resilience is a significant mediator between midlife crisis (MLC) and psychological well-being (PWB). Higher PWB has a significant reinforcement impact on resilience, which in turn reduces the likelihood of MLC. Even though PWB has a relatively weaker direct influence on MLC, it is a necessary mediator and explains partially for

their correlation. These results are indicative of the worth of developing resilience as an addition to the beneficial impact of PWB and as a counter to midlife crisis symptomology. This implies that intervention programs designed to enhance resilience would be a very worthy addition to men's mental health, particularly for normal midlife disturbances. Additionally, resilience can be developed in a way to best utilize the buffer effect of psychological health so that emotional resilience in individuals would withstand the transition up to midlife more strongly. The mediational effect is representative of the aspect that resilient coping and intervention in order to reach resilience can be strong forces toward preventing the outcomes of midlife crisis. Lastly, training in resilience as a component of mental health intervention can be an indicator of overall improvement in well-being and prepare individuals with the psychological ability to deal with midlife adversity in a healthier way.

Objective 5: To find the mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to age, gender, family type, and socioeconomic status.

The analysis revealed that resilience was not significantly different based on age, gender, and SES but had a significant variation by family type with one being higher. Significant effects of family type were noted in family environment and PWB while no such difference was noticed regarding MLC based on family type or gender. Age and SES are not significantly different in family environment, PWB, or MLC, although SES has a marginal influence on family environment and PWB. Overall, the family type stands out as an important variable while other variables play a limited role. The results are consistent with the predominant position of family structure in the explanation of resilience, psychological adjustment, and general family functioning, with demographic variables including age, gender, and SES having minimal impact. The fact that there are no significant differences among these variables in experiences of midlife crisis indicates that psychological and situational variables have a greater influence compared to demographic variables. This underscores the need for further research to study other psychosocial predictors of midlife crisis, such as personality, coping style, and life changes, with a view to creating better interventions for the same.

Table 5: Conclusion on Research Hypothesis

S No	Hypothesis	Significant / Insignificant	Accepted / Unsupported
H1	Family environment, psychological well-being, and resilience would be significantly correlated with midlife crisis in middle-aged people	Significant	Accepted
H2a	Family environment would significantly influence psychological well-being	Significant	Accepted
H2b	Family environment would have a significant influence on the midlife crisis	Significant	Accepted
H2c	Resilience would significantly influence psychological well-being	Significant	Accepted
H2d	Resilience would have a significant influence on the midlife crisis	Significant	Accepted
H3	Resilience would have a mediating effect on the relationship between family environment and mid-life crisis	Significant	Accepted
H4	Resilience would have a mediating effect on the relationship between psychological well-being and midlife crisis	Significant	Accepted
H5a	There would be significant mean differences in the family environment, psychological well-being resilience, and midlife crisis with respect to age.	Insignificant	Unsupported
H5b	There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to gender	Insignificant	Unsupported
H5c	There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to family type	Significant except MLC	Accepted except MLC
H5d	There is a significant mean difference in the family environment, psychological well-being, resilience, and midlife crisis with respect to socio-economic status	Insignificant	Unsupported

5.2 Recommendations

Based on such evidence, resilience-focused intervention ought to be recruited, which targets both the person and the family concurrently to respond to midlife adversity with an optimal coping system as well as with emotional support. Because psychological wellness is in so close an interrelation with resilience, intervention is required to ensure that people manage stress, maintain emotional control, and be optimally positive during adversity. These could include psychological training like cognitive-behavioural therapy (CBT), mindfulness classes, and stress workshop courses that make middle-aged individuals proficient in improving their skills to handle this stage more efficaciously.

In addition, fostering support-oriented family life is also equally important, as it plays the important role to shape resilience and guard against midlife crisis symptoms. Interventions based on the family must target enhanced communication, emotional expression facilitation, and reinforcing family ties since these elements have been established to play a major role in increasing psychological well-being. Community interventions fostering family unity and offering arenas for conflict resolution and emotional intelligence development can be useful means to this end.

In addition, more studies may investigate how resilience interacts with other individual and environmental factors to affect the extent of its moderating effect. Resilience studies on whether resilience differentially influences socio-economic groups, family environments, or cultural backgrounds would yield more precise information on individualized intervention methods. By identifying such subtleties, policymakers and mental health professionals can get engaged in developing specifically tailored interventions to meet the specific needs of diverse groups so that support systems may be made maximally effective for their optimization.

Taken cumulatively, these findings confirm the need for the inclusion of resilience-building therapies and family support systems in middle-aged mental health therapy. Balancing these features not only alleviates symptoms of midlife crisis but also induces long-term psychological stability to enable individuals to confront this phase more stability and satisfactorily.

5.3 Implications

Based on these findings, it can be pointed out that family support interventions and resilience building must be offered at community and individual levels. Mental health programs for middle-aged persons must incorporate programs for emotional intelligence development, adaptive coping skills, and stress management. Through the acquisition of such skills, people become psychologically flexible and therefore are able to manage midlife crises confidently and stably. In addition, work wellness programs could also play a critical function in maintaining mental well-being, given that job stressors often are among the causes of midlife problems. Providing employees with counselling, peer support groups, and stress management training could be preventive measures for midlife distress.

Second, since family type and socio-economic status both influence mental health outcomes, the interventions would be designed to address the needs of various types of families and varying economic strata. Poorer socio-economic status families, for instance, may have other stressors that weigh on their ability to provide emotional and financial support. Community interventions that offer financial planning assistance, relationship therapy, and resilience education would be far-reaching in improving psychological well-being in such groups. In the same way, support groups tailored to single-parent families or multi-generational families would aim at specific issues of family functioning and emotional resilience.

Longitudinal investigations to clarify how resilience is developed over a life course, and the influence of family support networks on late-life mental health, may also be rewarding in the design of preventive interventions. Long-term consequences of family environment and resilience on midlife mental health, considering societal as well as cultural problems, should also be explored in future investigations. How different cultural settings influence resilience and coping mechanisms could form a platform on which universally effective mental health interventions can be developed.

Finally, the evidence points to a need to integrate resilience-enhancing programs, family-level support networks, and socio-economic factors into mental health policy and public health program elements. Through an integrated policy that deals with both environmental and individual determinants, policymakers, therapists, and health professionals can implement more effective interventions for helping middle-aged adults during the decisive stage of life. Through doing these things, midlife crises can be transformed into an opportunity for self-understanding and personal growth, leading to more satisfying and strong lives.

5.4 Suggestions and Future Research

Subsequent research needs to explore more thoroughly the complex interactions between psychological well-being, resilience, and midlife crisis over time through longitudinal designs. Tracking how resilience shifts across different stages of midlife would allow for a more effective understanding of its dynamic effect on mental health. Tracking participants over multiple time points would also help address whether resilience remains a stable buffer factor or is compromised and changed because of life events, stressors, and environmental influences. This kind of study design would also help determine whether resilience-enhancement interventions have sustained positive impacts in reducing midlife crisis symptomology and overall psychological well-being.

Plotting out how resilience is built or lost during the transition across midlife would give some indication of how age-appropriate psychological interventions might need to shift to meet people's evolving needs. Furthermore, sociodemographic determinants of family functioning must be investigated more thoroughly, within some cultural contexts. Cultural norms and values also play a significant role in influencing family functioning, coping, and psychological resilience. For instance, interdependence and family cohesion in collectivistic cultures may be more key to psychological adaptation than in individualistic cultures, where autonomy and independence are valued. An exploration of the way cultural contexts buffers the relationship between family functioning and midlife crisis experience could reveal important cross-cultural variation in resilience-fostering strategies. This could also help identify culturally unique intervention models that are better at promoting psychological well-being across various populations. More studies should also dissect the factors of the family environment to isolate which elements have the most impact on midlife crises and psychological well-being. Emotional support, communication style, conflict resolution strategies, and family cohesion are all important factors that play a role in an individual's ability to cope with stress and develop resilience. Understanding whether certain family relationships, such as open emotional expression or conflict management styles, are more effective protective factors against midlife crises can be a means to propel the development of family therapy programs designed to intervene. Such findings can also guide the creation of public health programs aimed at sustaining or enhancing family functioning and promoting resilience through structured interventions, such as parent-child relationship education, marriage therapy, and stress management classes.

It is also worth exploring the ways in which external support systems outside the familial situation make psychological resilience in midlife possible. Community networks, support from work, access to therapy, social connection, and peer groups all engender a sense of emotional stability and wellness. A study of how these external influences operate together with family dynamics and resilience could provide a more complete picture of the greater ecosystem that helps to drive midlife transition. For instance, examining the efficacy of group therapy sessions or community mental health programs in enhancing resilience can yield practical lessons on how society can enhance the lives of middle-aged individuals.

Future research should also examine how different age segments within midlife understand resilience and psychological well-being, and if these understandings vary across social and cultural settings. Midlife is never an equal experience, and factors such as career stage, parenting,

and illness may affect individuals differently across different age subgroups. For example, individuals in their 40s may have different midlife stressors than those aged in their 50s. An understanding of these differences would allow for more accurate and specific intervention that addresses the unique psychological needs of each subgroup of midlife.

Cross-cultural research is also needed to determine whether resilience works the same way all over the world and in every society. Since cultural expectations, family structures, and coping mechanisms differ widely, it is important to assess whether resilience has an international function in preventing midlife crises or if its function depends on culture. Such research would inform the creation of culturally specific mental health interventions that recognize the numerous varied ways in which people experience midlife transitions.

Ultimately, follow-up research must work to further customize evidence-based treatments through greater specificity about how resilience operates over time and across cultures. By so achieving that, mental health clinicians, researchers, and policymakers are thus positioned to design better, evidence-based strategies improving psychological wellness as well as thwarting midlife crises that resonate with the special needs of targeted groups. Through such information, findings not only expand our science, but results are also directly communicated in constructing resilience-stimulating and emotion-holistic policy as well as programming, informed over the course of individuals' lifetimes.

5.5 Limitations of the Study

Second, the cross-sectional design indicates that although associations may be made between midlife crisis, psychological health, resilience, and family environment, causal relations among variables may not be assumed. With a longitudinal survey, one would be able to explore how the variables change across time, yielding more information about causal effects as well as longer-term trends in psychological well-being in the middle age.

The second significant limitation is the reliance on self-report measures of outcomes, useful as these are in assessing individual experience and perception, subject to social desirability bias and inaccuracy due to retrospection. The subjects can overestimate, or underestimate resilience, well-being, or symptoms of midlife crisis based on their own subjective judgment and not some objective estimate. Follow-up research would be enabled by utilizing multi-informant sources of

data, i.e., family report or clinical evaluation, in an effort to have a more general and objective view of these psychological constructs.

The limited diversity of the sample in the study also limits its generalizability. As all the participants were recruited from a single geographical site, the findings might not represent the experience of people from different cultural, economic, or social backgrounds. Local variations, cultural norms, and social expectations could play a substantial role in influencing the experience and perception of midlife crises, and the role of family support and resilience in preventing them. Extending future research to diverse groups in other cultures and socio-economic strata would further develop a more universal explanatory paradigm for these dynamics. Also, the research just looked at limited predictors and would have possibly missed other determinants of psychological welfare and midlife crises. Physical health conditions, chronic diseases, living conditions, work stressors, and inherited tendencies can also contribute significantly towards midlife psychosocial disturbances. Having those as variables for future research studies would give more insight into variables that affect midlife phenomena as well as mental outcomes.

To transcend these constraints, it is necessary for future research to employ longitudinal designs to track the evolution of psychological well-being and resilience over time, instead of capturing a cross-sectional snapshot. Mixed-methods design, combining quantitative survey and qualitative interview, would also enable improved exploration of adversity in midlife. Increasing the sample size and adding multiple socio-demographic and cultural backgrounds would enhance external validity of results, enabling generalizability to more than just a small population. Finally, inclusion of contextual factors like health, work-related stress, and genetics would enable us to better comprehend the complex interaction of variables responsible for midlife psychological health and crisis resolution.

5.6 Delimitations of The Study

The research was constrained by limitation imposed to gather results with concerted research and attainment of specific purposes in research. Emphasis was placed on testing the interrelation of family background, psychological well-being, resilience, and middle-age crisis in middle-aged adults. Choice of essential variables, i.e., age, sex, family composition, and SES was clear and directed and examined if measurable impacts through such variables did or did not occur on psychological impacts felt in the middle part of life. Nevertheless, even though such a constraint

allowed careful and systematic research analysis, this was also inclusive of certain constraining factors for which acknowledgment to take future work ahead should be understood. One of the typical limitations was geographical limitation of research to Punjab's Dobaba area. While this population provided a productive setting in which to investigate the intersection of family life and midlife mental health, the findings cannot be optimally generalized to others living in other economic, cultural, or social contexts. Other groups and cultures will have different family patterns, coping styles, and attitudes toward midlife crises that would alter observed associations. A more extensive exploration of a few regions with disparate populations would provide the external validity of the findings and a richer understanding of issues of midlife psychological problems. Furthermore, data collection was according to standardized tests of psychology which, although highly promising in their reliability and measurability consistency, might have failed to detect important contextual and subjective factors.

Standardised scales provide an authoritative method of assessment of psychological constructs but are not capable of the lived experience, cultural background, and personal story that drive individuals to their mental resilience and well-being. The study would have benefited from adding qualitative measures such as interviews or open-ended questionnaires to the participants' experiences of midlife difficulty and family relations in order to gain further insight into subjective experience. The second limitation was that certain other potentially strong variables that could potentially influence psychological well-being and midlife crisis were not considered. Although the study considered demographic, family background, and resilience factors, some important variables such as lifestyle options, genetic predispositions, stress at work, and the physical aspect of being well have been excluded from the study. Much evidence has been found by researchers that diseases such as hereditary mental frailties, occupational stresses, and long-term illnesses tend to significantly affect how the individual feels in the middle age. By including these variables in subsequent studies, a more complete picture can be obtained of psychological well-being at midlife. Furthermore, the reliance on self-report data gives rise to sources of bias like social desirability bias and recall errors.

The respondents may have provided socially acceptable answers rather than their real experiences, and this could have influenced study outcomes. Self-reports also depend on one's memory of past experiences and emotions as they occurred, which could be challenging, particularly in psychological research. Future studies would need to examine whether adding objective measures, such as observation of behaviour or reports from others who know them well, to self-reports would

enhance validity. Notwithstanding these limitations, the constraints of the study were necessary to have a manageable and specific range of research.

By narrowly aiming the research question at certain variables and a given geographic area, the study developed a more intense exploration of the relationships selected. But subsequent research must use such findings as a starting point to build upon with more heterogeneity of samples, with more psychological and environmental variables, and using mixed method approaches to better represent the depth and scope of midlife crises, resilience, and psychological well-being.

5.7 Contribution of the Study

This research greatly extends understanding of the relationship between family circumstances, mental wellbeing, and resilience in predicting experiences of midlife crisis. Establishing resilience as the mediator between these, this research illustrates the buffering potential of resilience and how it becomes pivotal in suggesting interventions with special note to resilience development in the attempts to cut the tide of midlife adversity. The inclusion of demographic factors such as socioeconomic status, family type, gender, and age add depth to the analysis since they are also found to influence midlife psychological well-being in different ways.

The study also has methodological contributions by employing standardized family environment, resilience, and midlife crisis measures and therefore ensuring future research reliability. Utilizing these established scales provides a good platform for cross-cultural and longitudinal studies in this field.

Beyond the scholarly world, these findings also have implications for policymakers and practitioners working in mental health. Workplace interventions, family therapy, and community mental health intervention programming aimed at resilience are needed by the current study to better assist individuals during midlife. Finally, through its focus on family processes and resilience, this research lays the groundwork for increased psychological support and policy intervention promoting flourishing during midlife transition.

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APPENDICES

Participant Information Sheet

1. Title of the research study/project: Family Environment, Psychological Well-Being, Resilience, and Midlife Crisis in Middle-aged People

2. Aims and methods of the research: This descriptive survey research determines the inter-relational dynamics of family environment, psychological well-being, resilience, and midlife crisis in middle-aged people. A family environment refers to the atmosphere, interactions, and relationships within a family, including how family members communicate, support each other, and handle conflicts. Psychological well-being is the overall mental state of an individual encompassing their emotional balance, life satisfaction, and a sense of purpose. Resilience is adapting and recovering from adversity, stress, or difficult situations. Midlife crisis refers to a period of emotional turmoil, self-reflection, and re-evaluation that some people experience during middle age. It often involves questioning one's life's choices, achievements, and sense of purpose. The data of the proposed research will be collected from 400 middle-aged people including men and women from the Doaba region of Punjab using questionnaires.

3. Expected duration participation in the study: Tentatively Six Months of data collection

4. The possible benefits/advantages of participating in the research to the subject or others: This research can provide valuable insights into personal well-being and contribute to developing better support systems and interventions for middle-aged individuals experiencing similar challenges.

5. Any foreseeable risk/discomfort to the subject for participation in the study. There can be below minimal risk because of the emotional disclosure while answering the questionnaires. It can be mitigated by emotional support and reassurance. There won't be any monetary benefits to the participants for being a part of the study.

6. Maintenance of confidentiality of subject's data or information: The collected data will be kept confidential

7. Voluntary participation and free to withdraw from the research at any time without penalty or loss of benefits to which the subject would otherwise be entitled: Yes, Participants are allowed to withdraw themselves at any time during the study.

8. If the blood sample is to be taken, how much quantity and how frequently it should be taken needs mention: the NA

9. The telephone number/contact address of the PI must be mentioned: 8806168447

Informed Consent Form

- Study Title: Family Environment, Psychological Well-Being, Resilience, and Midlife Crisis in Middle-aged People
- Study Number:
- Subject's Full Name:
- Date of Birth/Age:
- Address:

1. I have been explained the nature of the study by the Investigator and had the opportunity to ask questions.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.

3. I agree not to restrict the use of any data or results that arise from this study provided such use is only for scientific purpose(s)

4. I agree to take part in the above study

Signature (or Left Thumb impression) of the Subject/Legally Acceptable Representative:

Date:

Signature of the Witness:

Date:

Name of the Witness:

Signature of the Investigator:

Date:

Name of the Investigator:

SOCIO-DEMOGRAPHIC DATA (MODIFIED KUPPUSWAMI SCALE)

	Answer	Score
Age		
Gender		
Place		
Family Type (Nuclear /Joined Family)		
Occupation of the Head Score		
Legislators, Senior Officials & Managers 1		
Professionals		
Technicians and Associate Professionals		
Clerks		
Skilled Workers and Shop & Market Sales Workers		
Skilled Agricultural & Fishery Workers		
Craft & Related Trade Workers		
Plant & Machine Operators and Assemblers		
Elementary Occupation 2		
Unemployed		
Education of the Head		
Profession or Honours		
Graduate		
Intermediate or diploma		
High school certificate		
Middle school certificate		
Primary school certificate		
Illiterate		
Updated Monthly Family Income in Rupees		
>=123,322		
61,663-123,321		
46129-61,662		
30,831-46,128		
18,497-30,830		
6,175-18,496		
< 6174		

BHARATHIAR UNIVERSITY RESILIENCE SCALE (FORM A)

Name(Optional):

Gender:

Age & Date of Birth:

Education:

Occupation:

Kindly go through each one of the statements given in the questionnaire carefully. Judge whether the statement concerned is true in your case or not. Mark your judgment about each of the statements in the questionnaire using the following code:

Write 5 if the statement is most appropriate in describing you

Write 4 if the statement is appropriate to a large extent in describing you

Write 3 if the statement is moderately appropriate in describing you

Write 2 if the statement is marginally appropriate in describing you

Write 1 if the statement is not at all appropriate in describing you

Answer as quickly as possible. DO NOT OMIT ANY STATEMENT.

SN	Statement	Response
1	I can remain balanced in my emotions irrespective of whether I succeed or fail in	1 2 3 4 5
2	I can easily revise my plans without accepting defeat when I get stuck up.	1 2 3 4 5
3	I usually get back to my cheerful self pretty soon no matter what failures occur in	1 2 3 4 5
4	When the situation is very demanding I can pull myself up and handle all of it	1 2 3 4 5
5	I do not waste my time on lamenting over the past however bad it might have	1 2 3 4 5
6	During times of trouble I sink with feeling helpless.	1 2 3 4 5
7	I easily break down at the crisis and it takes longer for me to recover myself.	1 2 3 4 5
8	People say that I have a strong heart which can withstand any disappointment.	1 2 3 4 5
9	I can recover from bad mood quickly and easily after facing any sad event.	1 2 3 4 5
10	I suffocate a lot when facing problems.	1 2 3 4 5
11	When in trouble I get impatient and am impulsive.	1 2 3 4 5
12	Challenges are not problems but are opportunities for rising to the occasion.	1 2 3 4 5
13	My efficiency significantly drops down at difficult times.	1 2 3 4 5
14	When I fight, I fight only to have the gusto feelings it gives me, no matter	1 2 3 4 5
15	When I am in a difficult situation, I can usually find my way out of it.	1 2 3 4 5
16	I don't venture on any project where I had failed earlier.	1 2 3 4 5
17	I cannot recover from frustration for long time.	1 2 3 4 5
18	Life will be barren if there were no problem at all.	1 2 3 4 5
19	I stay cool even when things don't go the way I expect.	1 2 3 4 5
20	I can handle any critical situation with confidence since I have successfully done	1 2 3 4 5
21	Nothing can stop me from proceeding on any task once I begin my work.	1 2 3 4 5
22	Even a severe setback can only make me bend down but never to break down.	1 2 3 4 5
23	If I am defeated in anything the first thing that comes to my mind is how to bounce	1 2 3 4 5
24	I usually get so confused about which way to move when I face problems.	1 2 3 4 5
25	Problems do not ditch me out of my sources but enrich me with finding new	1 2 3 4 5
26	Whether the disappointment is small or big I feel miserable about it.	1 2 3 4 5
27	The greater the problem I confront with the greater will be my efforts to solve	1 2 3 4 5
28	I feel so weak to begin any venture as I have experienced many frustrations in	1 2 3 4 5
29	Past failures cannot deter me from taking up any project I want to take.	1 2 3 4 5
30	Failures and frustrations can never deter me from my efforts for long.	1 2 3 4 5

FAMILY ENVIRONMENT SCALE

Instructions: The Family Environment Scale is a criterion-keyed, examiner-administered, 5 Likert Scale type of questionnaire. It contains 33 statements which are worded at the eighth grade reading level. The results of each grade are presented in an easy-to-understand format designed to add ease to your understanding.

Read each question carefully: Make sure to read the question carefully and think about your answer before responding.

Answer honestly: There are no right or wrong answers to these questions. Please answer each question as honestly as possible based on your thought's feelings and behaviours.

Choose the best answer: Each question will have a set of response options. Choose the option that best represents your experience over the past months or years.

Don't spend too much time on any one question: Try to answer each question in a reasonable amount of time. If you are unsure about a question, make your best guess.

- Write 5 if you strongly agree with the statement
- Write 4 if you agree with the statement
- Write 3 if you do not agree or disagree with the statement
- Write 2 if you disagree with the statement
- Write 1 if you strongly disagree with the statement

S No	Statements	5	4	3	2	1
1.	We openly address conflicts and work toward resolution					
2.	Family members are willing to compromise to resolve agreements					
3.	We seek common ground to find resolutions that satisfy everyone.					
4.	We use clearcut communication to navigate through the conflicts of our family					
5.	We have established methods for resolving conflicts that promote understanding					
6.	It is encouraged for family members to voice their worries and find a solution.					

7.	Family members openly express their thoughts and feelings					
8.	We have regular family discussions about important matters					
9.	Family members listen to each other attentively without interrupting					
10.	Family decisions consider the preferences of all members.					
11.	Differences in preferences and opinions are acknowledged and honored.					
12.	Differences of opinion are discussed calmly and respectfully					
13.	We encourage every family member to express their own choice and ideas					
14.	We make an effort to understand each other's perspectives					
15.	We check in with each other regularly to see how we're doing					
16.	Family members feel comfortable sharing concerns with each other.					
17.	Emotional challenges are met with empathy and understanding.					
18.	We show affection through hugs, kisses, and verbal expressions of love.					
19.	Our family gives equal importance to the emotional and mental health of its members					
20.	We take time to check in on each other's emotional well-being regularly					
21.	In our family, disagreements are resolved amicably and sympathetically					
22.	Our family encourages a nurturing and supportive communication environment					

23.	Family members engage in recreational activities together.					
24.	Shared activities are enjoyable and foster bonding					
25.	We cherish the moments we spend together as a family.					
26.	Family members enjoy each other's company and look to spend quality time together					
27.	We have rituals or routines that involve quality time activities					
28.	We are always involved in spending fruitful time together which strengthens our relationships					
29.	Spending quality time with one another is a cherished					
30.	Family members perceive our communications as valuable and heard.					
31.	We communicate openly about tasks and responsibilities.					
32.	In our family we have clear expectations about our roles and responsibilities					
33.	In our family there is a fair distribution of all the responsibilities of the household					

MIDLIFE CRISIS QUESTIONNAIRE (MLCQ-27)

Instructions: The MLCS is a criterion keyed, examiner-administered, 5 Likert Scale type of questionnaire. It contains 30 statements which are worded at the eighth grade reading level. The results of each grade are presented in an easy-to-understand format designed to add ease to your understanding.

Read each question carefully: Read the question carefully and think about your answer before responding.

Answer honestly: There are no right or wrong answers to these questions. Please answer each question as honestly as possible based on your thought feelings and behaviours.

Choose the best answer: Each question will have a set of response options. Choose the option that best represents your experience over the past months or years.

Don't spend too much time on any question; Try to answer each question in a reasonable amount of time If you are unsure about a question, make your best guess.

- Write 5 if you strongly agree with the statement
- Write 4 if you agree with the statement
- Write 3 if you do not agree or disagree with the statement
- Write 2 if you disagree with the statement
- Write 1 if you strongly disagree with the statement

S No	Statement	5	4	3	2	1
1.	I'm experiencing health-related concerns due to aging					
2.	I feel uneasy about the physical changes that come with age					
3.	My present worries are influencing my health behaviors					
4.	I'm reevaluating my goals and aspirations ®					
5.	I feel uncertain about my identity and my life's purpose					
6.	I am reconsidering what I want from life at this stage					
7.	I am reassessing my values and priorities at this stage of life.					
8.	I desire to change my life to align with my true self. ®					
9.	I question my life choices and the paths I've taken.					

10	I want to break free from my routine®					
11	I feel the need to reinvent the aspects of my life. ®					
12	Midlife's changes and challenges frequently leave me feeling overwhelmed.					
13	I have gone through emotional ups and downs during my middle years.					
14	This transition has impacted my relationships					
15	I am questioning the depth and the meaning of my relationships					
16	I am seeking more meaningful connections®					
17	I am navigating changes in my relationships and social circle. ®					
18	Concerns about my parent's well-being weigh on me.					
19	My present ff/crisis is intertwined with my concerns for my family					
20	I have experienced changes in the dynamics of my family relationships during my existing life.					
21	I've sought guidance or therapy to strengthen my present relationships. ®					
22	I'm reassessing my social support network's role in my current crisis.					
23	I'm reviewing my life's ambitions and objectives considering my mortality.					
24	I'm making efforts to make sure that my loved ones will have a legacy from me®					
25	I am contemplating pursuing new professional directions®					
26	My present worries are influencing my approach to work and ambition					
27	I am preoccupied with my image in the eyes of others					



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LPU/CRDP/PHD/EC/20230807/002457

Dated: 30 May 2023

Geemol John
VID: 12207921
Programme Name: Doctor of Philosophy (Psychology)

Subject: Letter of Candidacy for Ph.D.

Dear Candidate,

We are very pleased to inform you that the Department Doctoral Board has approved your candidacy for the Ph.D. Programme on 30 May 2023 by accepting your research proposal entitled: “FAMILY ENVIRONMENT, PSYCHOLOGICAL WELL-BEING, RESILIENCE AND MIDLIFE CRISIS IN MIDDLE AGED PEOPLE”

As a Ph.D. candidate you are required to abide by the conditions, rules and regulations laid down for Ph.D. Programme of the University, and amendments, if any, made from time to time.

We wish you the very best!!

In case you have any query related to your programme, please contact Centre of Research Degree Programmes.

Head

Centre for Research Degree Programmes

Note:-This is a computer generated certificate and no signature is required. Please use the reference number generated on this certificate for future conversations.

Jalandhar-Delhi G.T.Road, Phagwara, Punjab (India) - 144411

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Dated: 6 Feb 2024

AUTHORITY LETTER

Dear Sir/Madam

Mr./Ms. GEEMOL JOHN is a bonafide student
of PH.D IN PSYCHOLOGY of this University
under registration no. 12207921 and pursuing research for completion of his/her
thesis/dissertation on the topic FAMILY ENVIRONMENT, PSYCHOLOGICAL
WELLBEING, RESILIENCE AND MIDLIFECRISIS IN MIDDLE AGED PE

He/She may be allowed to consult your Rural & Urban Area/ *Psychiatry, Hospital*
School/College/Institute and Library for collection of data. Your kind cooperation in this regard
will be appreciated.

Thanking You

Yours Truly

Supervisor

Lovely Professional University
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Tehsil: Phagwara (Kapurthala)
(Punjab) India

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LIST OF PUBLICATIONS

Type of Paper	Title	Indexing
Research Paper	Psychometric Development of a Midlife Crisis Questionnaire (MLC-Q): A Dual Approach Using Exploratory and Confirmatory Factor Analysis	Q1: Scopus
Research Paper	Exploring Resilience, Psychological Well Being and Midlife Crisis among Middle-Aged People: A Descriptive Study from Punjab	Q3: Scopus
Review Paper	Navigating the midlife crisis: a bibliometric exploration of peer-reviewed articles from 2000 to 2023	Q3: Scopus
Review Paper	Adapting to Change: A Thematic Review of Resilience in Midlife from 2015 to 2023	Q4: Scopus
Book Chapter	Thriving amidst Challenges: Exploring Family Environment, Resilience, and Midlife Crisis among Rural Women Entrepreneurs in India	Scopus
Book Chapter	The Impact of Mobile Addiction on Mental Health and Academic Performance of School Going Adolescents: A Narrative Review	Scopus
Book Chapter	Fostering Dissertation Motivation: A Key to Doctoral Research Success	Scopus
Book Chapter	Enhancing Diagnostic Accuracy: The Role of Critical Thinking in Psychological Assessment and Diagnosis	Scopus
Book Chapter	Supporting Teachers' Social-Emotional Well-Being: A Pathway to Stronger Teacher Retention	Accepted
Scale Manual	Assessing Family Dynamics: A Manual for the Family Environment Scale	Google Scholar, DOAI

CONFERENCE PRESENTATION CERTIFICATES



Certificate



This is to certify that

Geemol John

has successfully presented a paper on *Navigating the Midlife Crisis: A Biometric Exploration of Peer Reviewed Articles From 2000 to 2023*

in the One Day International Conference on LITERATURE, CULTURAL STUDIES, EDUCATION AND SOCIAL SCIENCES (ICLCSESS) organized by IQAC, Govt. Saitual College and Centre for Humanities and Social Sciences Research (CHSSR) at Govt. Saitual College on 4th September, 2024 (Wednesday).


Liansangpuii Khiangte
Convener,
ICLCSESS


HK Vanlalhluti
Coordinator,
IQAC, Govt. Saitual College


Lalzarmawia
Principal,
Govt. Saitual College


Debbie Lalrinawmi
Director,
CHSSR

CERTIFICATE

OF PAPER PRESENTER

IS PRESENTED TO

Ms. Geemol John

For Presenting Paper On 'Resilience in Midlife-A Thematic Review of the Studies from 2015-2023' During 4th Virtual International Conference on "Mindful Trauma Management and Happy Relationship" Dated 16th and 17th March, 2024 Under The Aegis Of Speakingcube

Deepika

Dr. Deepika Chamoli Shahi

Founder and Director SpeakingCube
Ph.D Cognitive Psychology &
Clinical Hypotherapist

Rita Kumar

Dr. Rita Kumar

Advisor Speakingcube
Senior Professor, AIPS
Amity University, Noida

Chetan

Dr. Chetan Sharda

Col. (Retd.) MD Internal Medicine
Advisor Speakingcube
Yashoda Hospital

CERTIFICATE
OF BEST PAPER PRESENTATION
IS PRESENTED TO

Geemol John

For Presenting Paper On 'Resilience in Midlife-A Thematic Review of the Studies from 2015-2023' During 4th Virtual International Conference on "Mindful Trauma Management and Happy Relationship" Dated 16th and 17th March, 2024 Under The Aegis Of Speakingcube

Deepika

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Founder and Director SpeakingCube
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Clinical Hypnotherapist

Rita Kumar

Dr. Rita Kumar
Advisor Speakingcube
Senior Professor, AIPS
Amity University, Noida

Chetan

Dr. Chetan Sharda
Col. (Retd.) MD Internal Medicine
Advisor Speakingcube
Yashoda Hospital



**National Positive Psychology Association
(NPPA)**

Certificate Of Participation

THIS IS TO CERTIFY THAT

Geemol John

HAS PRESENTED A PAPER TITLED

The Impact of Mobile Addiction on Mental Health and
Academic Performance of School Going Adolescents: A Systematic Review

AUTHORED & CO - AUTHORED BY

Geemol John

IN THE SCIENTIFIC ORAL SESSION OF THE

1ST INTERNATIONAL CONFERENCE ON POSITIVE PSYCHOLOGY BY NPPA 2023

HELD ONLINE ON 3RD - 4TH MARCH 2023

Vimala Veeraraghavan

Prof. Vimala Veera Raghavan
President - NPPA

SinghK

Prof. Kamlesh Singh
Secretary & Treasurer-NPPA



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School of Social and Behavioral Sciences
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This is to certify that

Geemol John

has participated in the
Two-day International Conference organized by the Department of Psychology
on 27th & 28th January 2023.

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Convenor, Assistant Professor
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