

Appendix A: What's Normal? What's Not?

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As our values shift and the foundations of our previous assumptions about life begin crumbling during our midlife years, we enter a period of feeling uncertain and anxious. We may feel unsure, even undeserving, of our achievements. Our thinking may feel cloudy; we are not sure if we really know what we know. For women, peri-menopause can bring on a feeling of disorientation and short-term memory loss. These are normal experiences in midlife and important parts of our development.

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

'Life has lost its meaning for me.'

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

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

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

Adjustments in Midlife

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

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

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

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☑ Out Your Symptoms

The charts below highlight the concerns and mood responses we may experience in our midlife years. They indicate which of these are usually considered “normal” or “of concern.”

How to Use the Charts in Appendix A

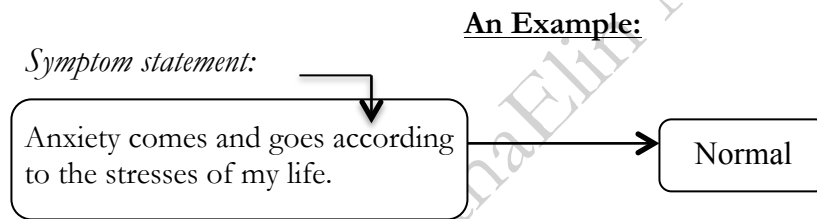
Use the charts to explore concerns and mood responses you may be experiencing in midlife. Follow the directions in three steps:

Step 1. Read a symptom statement.

Example: “*Anxiety comes and goes according to the stresses of my life.*”

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

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



⚠ PLEASE NOTE: These charts are *not* intended for diagnosing! To make a clinical diagnosis requires professional training and insight. It requires the consideration of a wide range of medical and psychological factors which are not included here. If you are concerned about symptoms you experience, make an appointment with your physician to discuss your concerns and have them evaluated appropriately.

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

Anxiety comes and goes according to the stresses of my life. → Normal

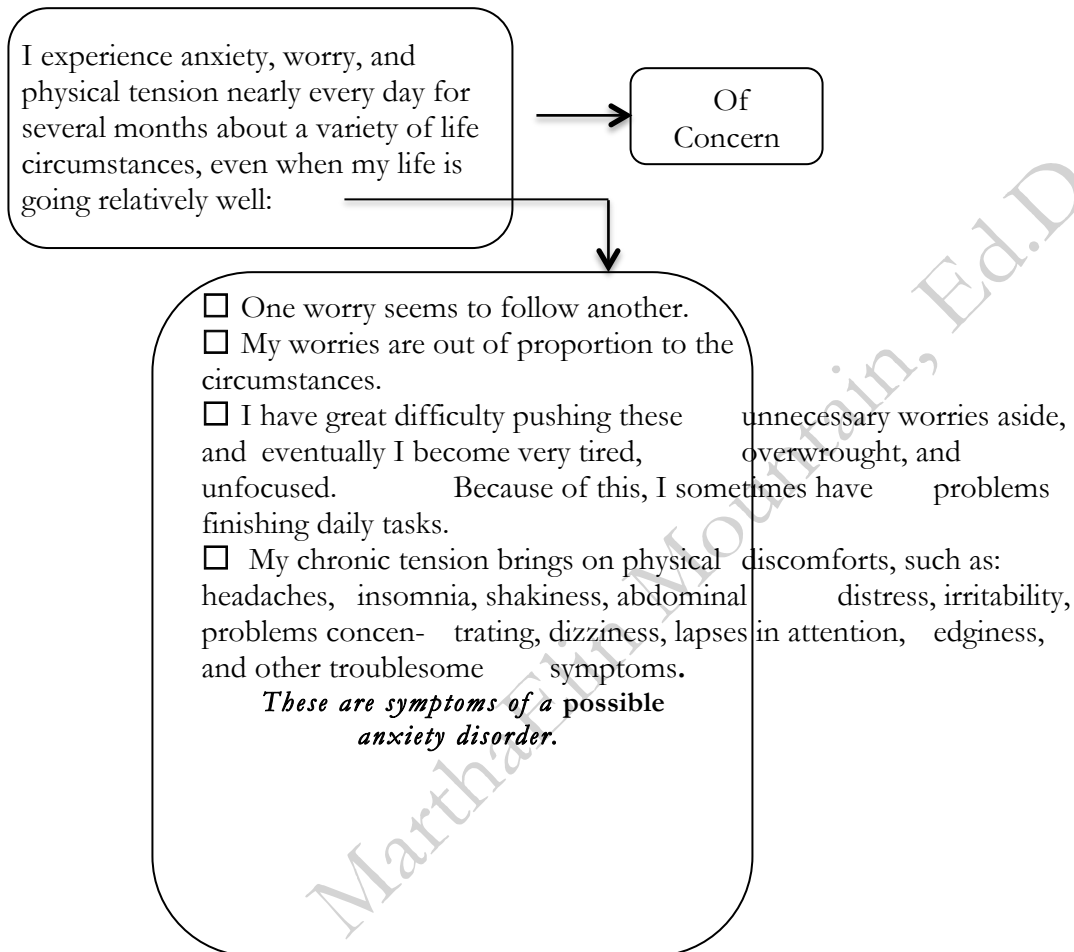
Even though it can be extremely upsetting and bothersome, my anxiety usually subsides when the immediate stress is over. → Normal

The anxiety I experience in response to a stressful event is usually out of proportion to the event, but eventually goes away. → Normal

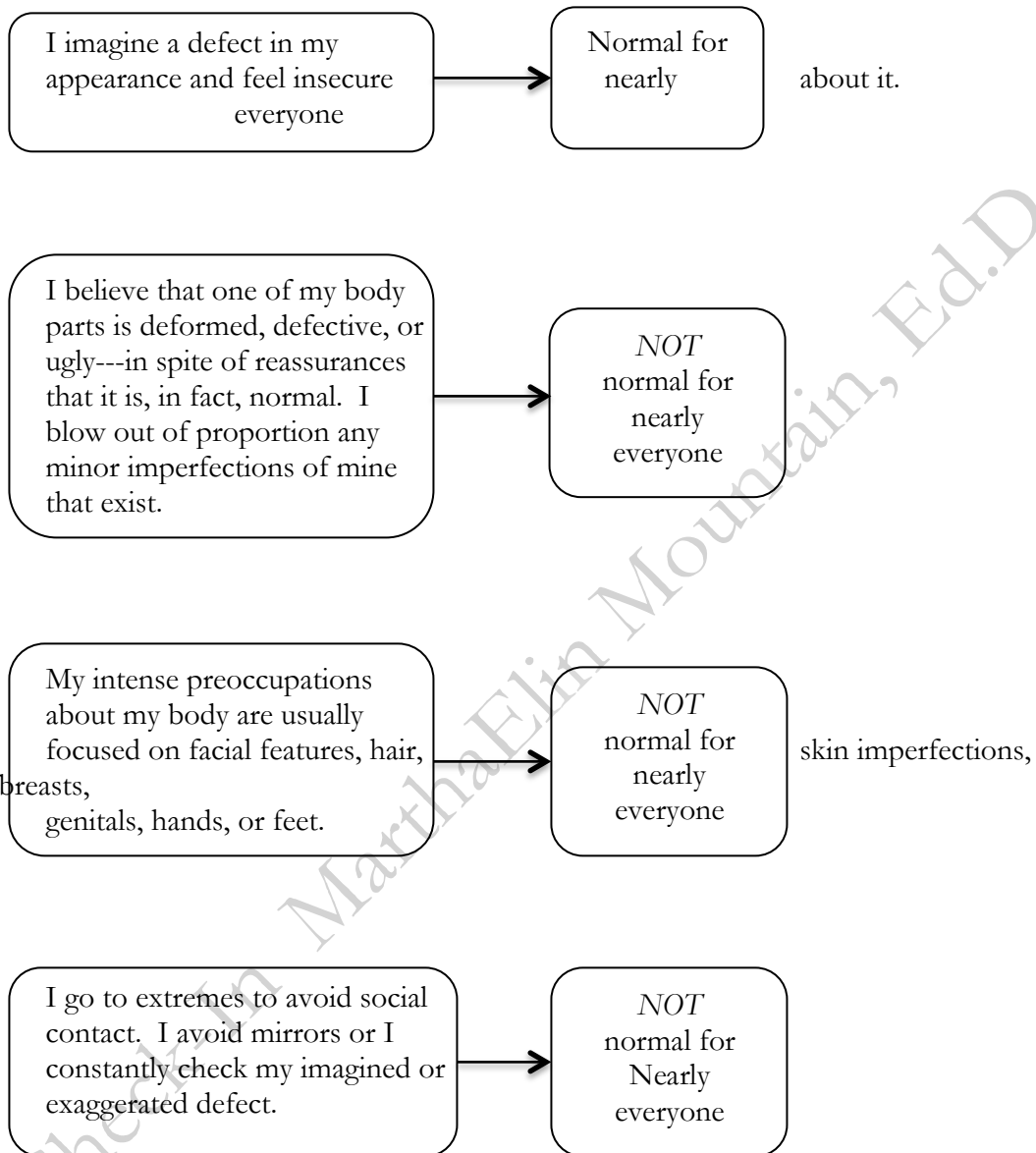
My anxiety persists for a few weeks after the stressful situation is over, but it eventually goes away. → Normal

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ANXIOUS MOOD
TRIGGERED BY REAL-LIFE EVENTS, Continued:



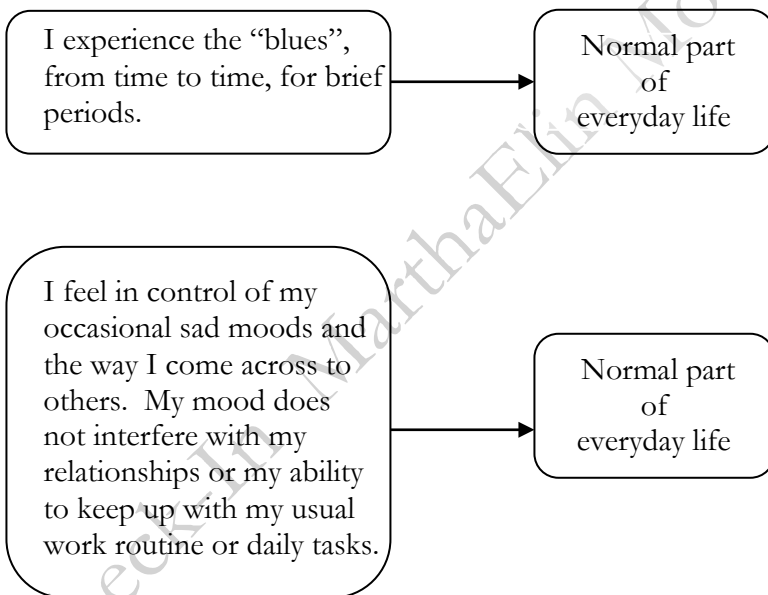
**ANXIOUS MOOD
TRIGGERED BY IMAGE CONCERNS**



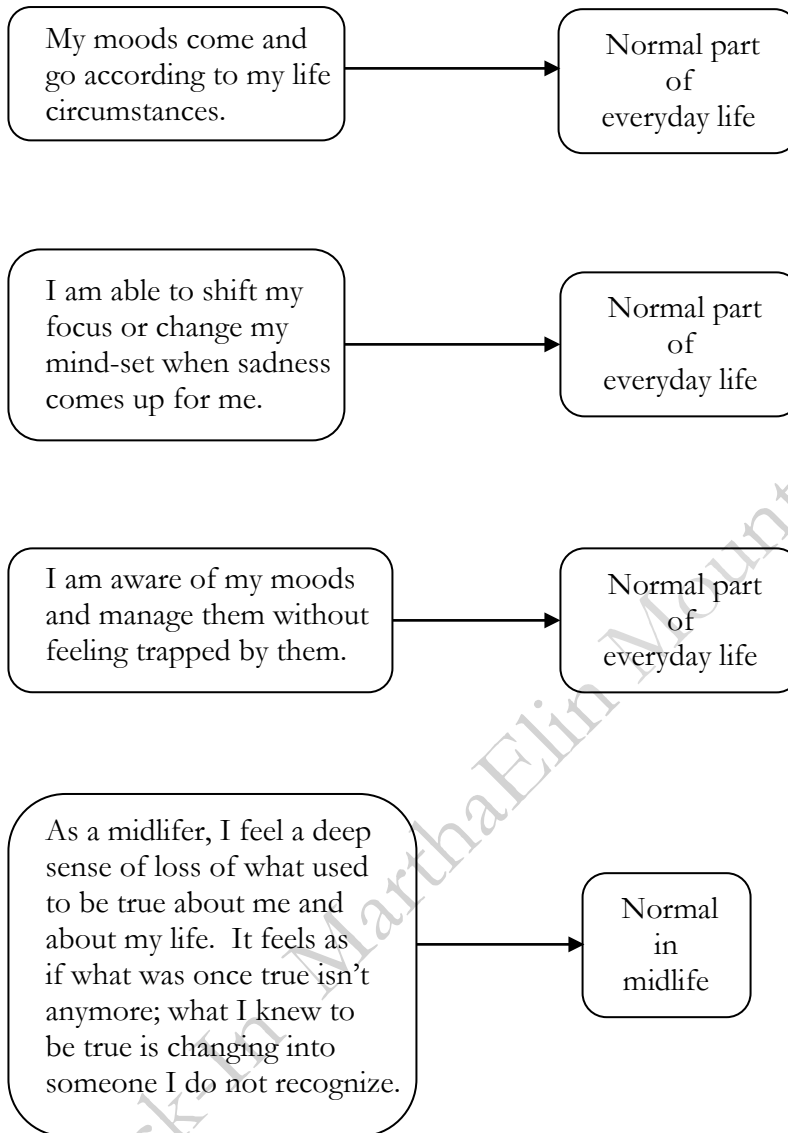
NOTE: Feeling uncertain and anxious are normal experiences in our midlife years. They are important parts of our development. Having to wrestle with our memories, feelings, and insecurities in this “in-between” place is a healthy and essential part of deepening our self-awareness and meeting new truths of who we are.

In addition to normal anxiety that is triggered by life events, changes, and image concerns, the following symptoms or factors may also be related to one’s anxiety in midlife: mild depression, feelings of panic, substance abuse, adjustment to normal life shifts. *If you are experiencing any of these, please consider seeking professional support.*

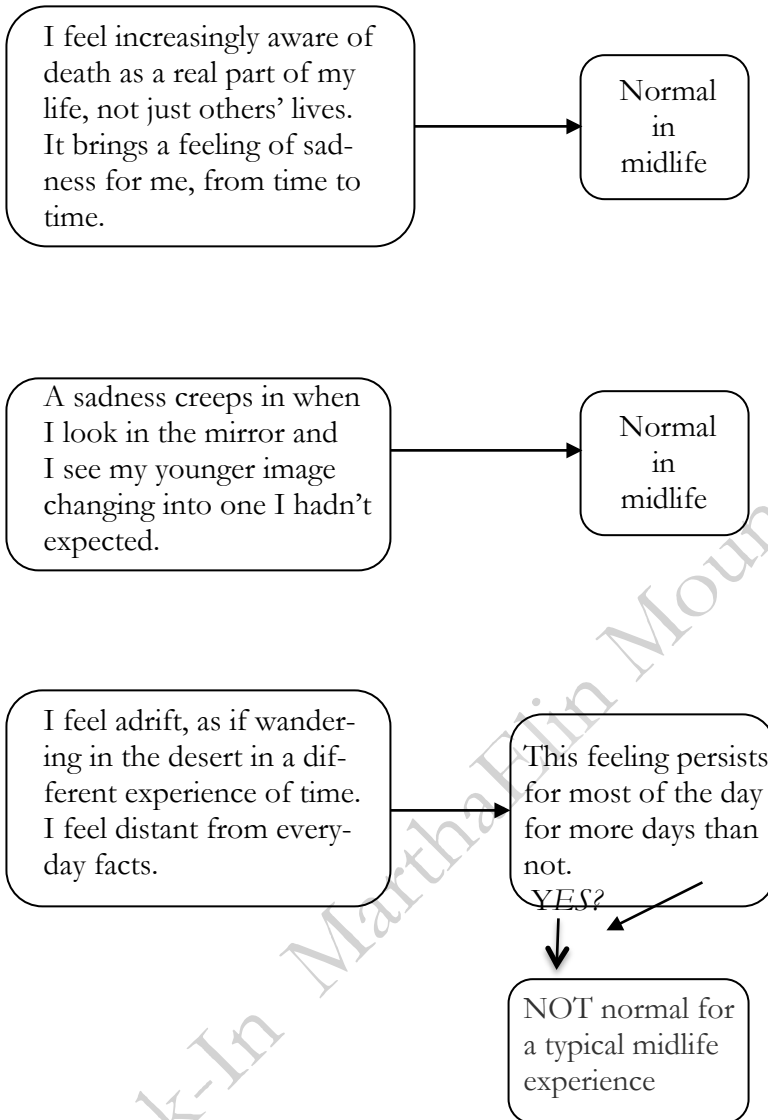
DEPRESSED MOOD



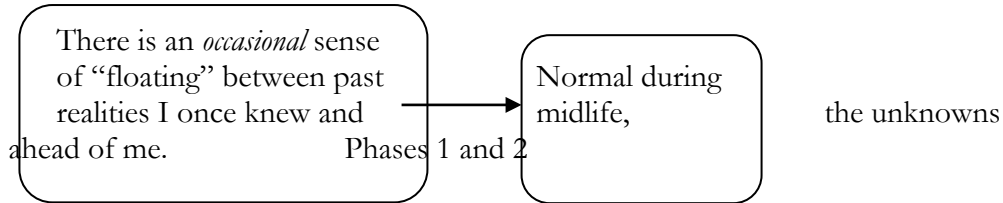
DEPRESSED MOOD, continued:



DEPRESSED MOOD, continued:



DEPRESSED MOOD, continued:



NOTE: Several factors interact and influence each other to contribute to a depressed or chronically sad state. These include: biology, body chemistry, genetics, stress, personality patterns, and negative attitudes. Diagnoses for thyroid issues, ADHD, PTSD, and specific situations such as bereavement are not diagnoses of depression.

According to findings from the Study of Women’s Health Across the Nation (SWAN), a multiethnic study of women’s health at midlife (2007, 2011), a woman’s odds for developing depressive symptoms rise as she moves through the menopausal transition. SWAN findings *suggest* that peri-menopause and early post-menopause are a high-risk time for major depression. “*Some women may be particularly vulnerable to the changing hormonal milieu and the unpredictability of menstrual cycles that mark the transition.*” Given this, however, depression is *not* an *assumed* experience for women in midlife.

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

Depression Can Also Come From:

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



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