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**Addressing the Midlife Happiness ‘Dip’:
An Evidence-informed, Mindfulness-based Approach to Support & Promote
Women’s Well-being**

Shelby Wayte

Lesley University

May 2020

Dr. Melissa Jean and Dr. Andrew Olendzki

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Dedication

For middle-aged women struggling with stress and overwhelm.

You're doing just fine.

Abstract

This work articulates the need for and introduces a novel model of supportive care: a mindfulness-based wellness intervention that holistically addresses the unique implications and stressors of middle-aged women. Midlife remains the most poorly understood and understudied period of the lifespan. Research suggests that not only are middle-aged people less happy, they have the lowest levels of life satisfaction and experience the most anxiety and stress compared to both younger and older age groups. This marks a trend currently being analyzed: Happiness dips gradually in early adult life until it reaches its lowest point, approximately around a person's mid-40s to early 50s, and seemingly starts to rebound in older age. This well-being and happiness 'U-curve' pattern is now referred to as the 'midlife slump,' and it's especially intriguing due to its consistency across individuals, countries, and cultures. While midlife is undoubtedly a period fraught with chronic stress for all genders, a number of physiological, psychological, and psychosocial factors may mean this midlife low, or 'dip,' is seemingly more pronounced for women. This work clearly demonstrates the need for targeted well-being interventions for middle-aged women.

While it's encouraging that the happiness U-curve seemingly rebounds in older age, it would also be encouraging to think midlife malaise could be improved with a specifically targeted mindfulness and wellness protocol informed by evidence-based best practices. Considering the unique, well-documented pressures and stressors to midlife well-being, this area represents a rich opportunity for future study and potential. Introduced in this work, the **Midlife Mindfulness Reappraisal Model (MMRM)** may potentially fill the gap here — taking the edge off of the lowest point of the dip, thereby enhancing women's midlife health, happiness, and well-being.

Keywords: mindfulness, meditation, midlife, well-being, happiness.

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Addressing the Midlife Happiness ‘Dip’: An Evidence-informed, Mindfulness-based Approach to Support & Promote Women’s Well-being

Some illuminating statistics on women’s well-being and mental health as well as a few surprising trends and data on midlife happiness were the impetus to the research of this thesis. Mental Health America (2019) reports that approximately 12 million American women experience clinical depression each year, and women experience depression at approximately twice the rate of men (Mental Health America, 2019; Brody et al., 2018). Anxiety and Depression Association of America (ADAA) (2019) suggests women are twice as likely as men to be affected by Generalized Anxiety Disorder (GAD) and in the 2017 Happiness Survey by Harris Poll, as reported in *Time* magazine (Sifferlin, 2017), women’s happiness levels were lower than the reported levels of men. Finally, more than one half of women polled, according to a Mental Health America (2019) survey on public attitudes and beliefs about clinical depression, believe anxiety and depression is a ‘normal’ part of aging. I was eager to see what would be uncovered, in terms of the gendered differences on happiness and well-being, in the peer-reviewed, academic literature.

A few intriguing midlife well-being statistics further piqued my curiosity. A study from the Office for National Statistics in the United Kingdom (Gayle, 2016) found people aged 40-59 to be the least happy. The data suggests that not only are middle-aged people less happy, they have the lowest levels of life satisfaction and experience the most anxiety compared to both younger and older age groups (Gayle, 2016). This marks a trend currently being discussed and analyzed by social scientists, well-being and happiness researchers, and scholars: Happiness dips gradually in early adult life until it reaches its lowest point, approximately around a person’s mid-40s to early 50s, and seemingly starts to rebound in older age (Blanchflower & Oswald,

2008; Blanchflower & Oswald, 2016; Graham & Pozuelo, 2017). This well-being and happiness ‘U-curve’ pattern, to be defined and discussed further in this paper, is being referred to as the ‘midlife slump’ – replacing ‘midlife crisis’ in the current lexicon as it’s more indicative of the gradual and general midlife malaise experienced during this stage of life (Blanchflower & Oswald, 2008; Blanchflower & Oswald, 2016; Graham & Pozuelo, 2017).

Relating this midlife data to the women’s mental health statistics and to the gendered well-being and happiness gap I shared at the start of this Introduction, I wondered, then, if midlife depression and anxiety are more probable and symptomatic for women. This informed assumption was the springboard that catalyzed and guided my research process and, ultimately, led me to the **objective of this thesis**: To develop an evidence-informed, mindfulness-based wellness intervention for women that aims to support and promote midlife well-being and happiness. My intent with developing this intervention is to address the specific health, happiness, and well-being factors that most affect and contribute to this ‘slump’ in middle-aged women. While it’s encouraging that the happiness curve seemingly rebounds in older age (Blanchflower & Oswald, 2008; Blanchflower & Oswald, 2016; Graham & Pozuelo, 2017), it would also be encouraging to think midlife malaise could be improved with a specifically targeted mindfulness and wellness protocol informed by evidence-based best practices.

To that end, this literature review/rationale paper synthesizes the academic and scientific dialogue surrounding midlife well-being research, with special focus on the factors that may be contributing to the happiness decline in the midlife women's population spanning several countries and cultures. To potentially address and/or remedy this well-being ‘dip’ in middle-aged women, midlife mindfulness and mindfulness well-being research will also be contextualized to inform the development of the program.

The paper begins with an overview of the research process used to develop this thesis project. This is followed by an introduction of key terms, including mindfulness, meditation, well-being, and happiness, as well as a prelude on happiness and well-being from a Buddhist perspective – an important foundation that contextually sets the stage, in addition to the literature, for the intervention. The ‘U-curve’ well-being pattern, or happiness dip, will then be defined and contextualized with relevant and engaging evidentiary support. Further building the case that this dip may be more pronounced for women as the Introduction of this paper begins to argue, a discussion on gendered midlife experiences, nodding to the existence of a gendered midlife happiness gap, will be included. The unique psychosocial, psychological, and physiological implications impacting women’s midlife well-being will be reviewed, and mediating factors, such as self-compassion and gratitude, will be discussed. The latter half of the paper will parse out key considerations and supporting rationale from midlife mindfulness research and mindfulness and well-being literature. Important research limitations will also be addressed, both organically throughout the text as well as in summary near the conclusion of the rationale paper. Finally, the **Midlife Mindfulness Reappraisal Model (MMRM)**, a targeted mindfulness-based wellness intervention for middle-aged women, will be introduced in the creative project portion of this thesis.

Methods, Methodology, & Positionality

The objective of this thesis, as stated in the Introduction, is to develop an evidence-informed, mindfulness-based model for enhanced midlife well-being and happiness for women. The methods and protocols put forth in this thesis project are grounded in and informed by the key findings and evidence presented in this comprehensive literature review/rational paper. Six

main topical bodies of research were canvassed for this project. The overarching themes and categories researched include:

- i. Literature on midlife and wellbeing (and happiness) to gain a robust understanding of the factors contributing to the U-curve well-being pattern (the midlife ‘slump’), and to understand how well-being and happiness are defined and contextualized in scientific literature.
- ii. Literature on women’s well-being and happiness in midlife to identify the psychological, psychosocial, and physiological factors impacting this specific demographic.
 - a. Additionally, as research indicates women are twice as likely to experience anxiety and/or depression than men, I researched gendered differences in midlife well-being and happiness, and gendered differences in anxiety and/or depression to further understand this.
 - b. Finally, as the majority of the research studies in this particular topical area reflect and depict the experiences of primarily Caucasian women, I researched midlife and well-being literature specifically as it relates to women minorities, as well as literature reflecting midlife women’s varying identities and experiences across economic strata and socioeconomic positions for a more inclusive understanding and approach. It should be noted that literature representing midlife experiences for women across cultures and within varying degrees of socioeconomic positions and identities is limited.
- iii. Literature addressing mindfulness for, specifically, midlife/middle-aged women.

Research in this area was limited; as such, this represents a potential gap in the literature.

I broadened this category by searching for general mindfulness (and/or meditation) and midlife (non-gendered) literature; research in this category, again, was not extensive.

- iv. Mindfulness research correlated to or otherwise addressing happiness.
- v. Mindfulness research correlated to or otherwise addressing well-being.
- vi. Mindfulness research addressing the impact of positive mood/affect (related to well-being).

For each of these research categories, I used a database search strategy focusing on a comprehensive number of key words and phrases. **Databases** included, Academic Search Premier (EBSCO), ProQuest Central, and JSTOR on the Lesley University library, as well as Google Scholar. **Search terms** included:

- Women and well-being and midlife (and/or middle-aged)
- Women and happiness (or well-being or life satisfaction) and midlife
- Middle-aged (and/or midlife) women and happiness
- Middle-aged (and/or midlife) women and well-being
- Middle-aged (and/or midlife) women and stress
- Middle-aged (and/or midlife) women and anxiety
- Gender (and/or gendered) differences in midlife well-being and/or happiness
- Gender (and/or gendered) differences in anxiety and/or depression
- Middle-aged (and/or midlife) women and happiness (or well-being or life satisfaction) and minorities
- Middle-aged (and/or midlife) women and happiness (or well-being or life satisfaction) and social class
- Middle-aged (and/or midlife) women and happiness (or well-being or life satisfaction) and socioeconomic positions
- Middle-aged (and/or midlife) women and happiness (or well-being or life satisfaction) and diversity
- Mindfulness (and/or meditation) and midlife
- Middle-aged (and/or midlife) women and mindfulness (and/or meditation)
- Mindfulness (and/or meditation), midlife (and/or middle-aged), and minorities
- Mindfulness (and/or meditation) and happiness
- Mindfulness (and/or meditation) and well-being
- Mindfulness (and/or meditation) and positive affect

- Mindfulness (and/or meditation) and positive emotions
- Mindfulness (and/or meditation) and integrative health (and holistic health)
- Mindfulness (and/or meditation) and eudaimonic well-being
- Mindfulness (and/or meditation) and eudaimonic happiness
- Mindfulness and subjective well-being (SWB) (and/or hedonic well-being)
- Mindfulness and psychological well-being (PWB) (and/or eudaimonia)

Important to note in relation to methodology and positionality is that it's quite possible my research is/was influenced by my interest and work in holistic health, well-being, and happiness. As a former journalist and vice president of public relations, I still keep one foot in the media/corporate door as a consultant and/or writer; topics that I've previously written about generally fall broadly under the umbrella of women's health and wellness. During my thesis development, I was consulting with one of the most downloaded meditation apps (Breethe) and accepted a full-time position with the company as the VP of Brand; our primary demographic is middle-aged women. Finally, I'm also a certified integrative, holistic health practitioner. All of this said and, admittedly, I ultimately believe that mindfulness practices and/or interventions could potentially improve and enhance women's well-being, particularly during midlife. While my intervention is informed and shaped by key findings uncovered in the academic and scientific literature, it is possible that my values, biases, and assumptions regarding health and wellness somewhat influence how I'm perceiving the research. I also think, to some extent, several of the researchers, particularly of the studies addressing positive reappraisal and mindfulness, and meaning and mindfulness (Garland et al., 2015; Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017), prescribe to a more self-actualized, meaning-centered approach to well-being versus happiness in terms of merely measuring positive affect against negative affect. If they didn't, I'm not sure they'd be researching the link between mindfulness, meaning, and well-being. Important to note, happiness and well-being constructs and terms will be unpacked in a future section of

this paper. Second, I, too, also relate to a more meaning-centered, personal growth approach to happiness and well-being, and it's important this bias is mentioned here. To mitigate this, I address research weaknesses and limitations throughout the paper, as well as directly noting, for example, when research is not very extensive, as is the case for mindfulness midlife research. Finally, I offer clarification on the fact that this intervention is not a 'treatment' for a specific clinical diagnosis, as I am not a psychologist, therapist, or physician, but rather a mindfulness-based wellness regimen intended to support well-being in relatively healthy individuals who may be feeling the effects of the midlife 'slump.'

Now, the constructs of mindfulness and meditation will be explored.

Mindfulness and Meditation: Defined

In *Coming to Our Senses: Healing Ourselves and the World Through Mindfulness* (2005), mindfulness meditation expert and author, Jon Kabat-Zinn, describes **mindfulness** as paying attention, in a particular way, in the present moment, and doing so non-judgmentally. In *Mindsight: The New Science of Personal Transformation* (2010), Dr. Daniel Siegel defines mindfulness as "...a form of mental activity that trains the mind to become aware of awareness itself" (p. 86). Siegel describes it as a form of "self-observation" enabling one to tune-in to the ever-fluctuating "internal seascape of the mind" (p. 86). Both perspectives suggest mindfulness is a mental state, a particular form of cultivated and focused awareness, achieved by noticing and attending to whatever is unfolding in the present moment. It represents one's ability to be fully present, without being overly reactive to or overwhelmed by what's taking place. Additionally, one cultivates this capacity to not only focus on the present moment, but to meet whatever arises in that moment, including feelings, thoughts, and internal sensations — and regardless of whether they're pleasant, unpleasant, or neutral — with calm acceptance. Each thought, bodily

sensation, and emotion is temporary; by observing and witnessing their passing nature, one realizes there is no need to overly identify with such fleeting physical and mental phenomena (Kabat-Zinn, 2005). This capacity to accept what is unfolding in the moment as impermanent, as well as the unique, reflective aspects of self-observation and self-knowing, are distinct characteristics of mindful awareness that differentiate it from the act of otherwise being engaged in an activity or task. Kabat-Zinn states that mindfulness – this capacity for awareness and for self-knowing – is the “...final common pathway of what makes us human” (p. 11).

Cultivating mindful awareness, or paying attention to the present moment without being swept up in thought, requires practice; mindfulness techniques can help one to “...move toward well-being by training the mind to focus on moment-to-moment experience” (Siegel, 2010, p. 83). One of the most commonly practiced methods in which the art of paying attention is developed and refined, is that of **mindfulness meditation** (Kabat-Zinn, 2005). Derived from the Buddhist tradition, mindfulness meditation is a practice or exercise in awareness, usually practiced while seated on a chair or meditation cushion, in which the practitioner focuses on the breath and internal sensations; it’s a practice of allowing mental stimuli and sensations to arise and subside as they may. The meditator practices seeing the true, illusory nature of one’s thoughts in efforts to reduce suffering caused by mental attachments and delusions, such as greed, ignorance, and anger (Kabat-Zinn, 2005). Mindfulness meditation is unique in that it is not necessarily practiced with the intent to change; Kabat-Zinn (2005) suggests it “...is the embrace of any and all mind states in awareness, without preferring one to another...we might say that [mindfulness] meditation is really a way of being appropriate to the circumstances one finds oneself in, in any and every moment” (p.59).

In the literature comprising this rationale paper, mindfulness is defined and referenced in the context outlined above – the ability to pay attention to one’s present-moment experience in a non-judgmental way – while meditation is a practice by which to cultivate mindfulness (Frisvold et al., 2012; Lee & Bang, 2010). Before defining the constructs of well-being and happiness, as delineated in the literature, a grounding in mindfulness, happiness, and well-being from a Buddhist perspective is beneficial as it contextually sets the stage, in addition to the research, for the intervention.

Happiness & Well-being: A Buddhist Perspective

In an essay discussing the intersection of Buddhism and happiness, Buddhist scholar William Edelglass (2017) references two modern benchmarks for happiness, popular in psychology and scholarly research: a measure of life satisfaction and/or frequent positive affect to be discussed further in the next section. While feelings of being content and satisfied with life, as well as a life where one experiences frequent positive emotions (positive affect), would seem like a solid framework upon which to measure and understand happiness, Edelglass (2017) suggests many Buddhist philosophers and scholars would disagree. This hedonic, or increased pleasure and decreased pain, happiness model is based upon conditionality and, as Edelglass argues (p. 72), “The Buddha, in contrast, speaks of the happiness – indeed, the pleasure – beyond sense pleasure.” The Buddha discussed a form of happiness that comes from awakening, from seeing how the nature of one’s conditioned reality and the context of craving produces suffering.

To define and validate his argument, Edelglass (2017) draws heavily upon thinking from Santideva, an 8th-century Indian Buddhist monk and scholar, who suggested that one should not necessarily prioritize actions, behaviors, and decisions based on what immediately increases positive affect, while decreasing or avoiding that which is unpleasant. One should not determine

what to do, in any given moment, with the primary goal of increasing pleasure; doing so would actually be counterproductive. Quoting Santideva, Edelglass (2017, p. 75) writes, “Those desiring to escape from suffering hasten right toward suffering. With the very desire for happiness, out of delusion, they destroy their own happiness.” It could be argued, instead, that prioritizing the cultivation of attention, awareness, compassion, and wisdom sets one on the path to happiness, which arises indirectly as a result (Edelglass, 2017).

Predicating all of Buddhist thought, this insight into the nature of suffering and one’s conditioned reality is the pivotal thread of the Buddha’s doctrine. He shared the conceptual framework – the truth of suffering (*dukkha*), the truth of the cause of suffering, the truth of the end of suffering, and the truth of the path (the Noble Eightfold Path) that leads to the end of suffering (Harvey, 2013) – to cultivate such wisdom in his dharma teachings and philosophies. From a mindfulness and Buddhist perspective, true happiness arises *not* from sense gratification but from training oneself to ‘awaken’ – to *see* the conditioned way one’s ‘reality’ actually arises.

Now that happiness has been reviewed from a mindfulness and Buddhist perspective, the terms of ‘well-being’ and ‘happiness’ will be positioned and defined in the context of the literature and as used in this literature review/rationale paper.

Well-being and Happiness: Constructs Defined

Well-being and happiness are complex, and, at times, confusing constructs as presented in the literature; a discussion on the inconsistent use of the terms will be addressed below. Additionally, well-being and happiness, specifically, subjective well-being (SWB) and psychological well-being (PWB), will be defined.

Inconsistent Use of Terms in Literature

An inconsistency that presents in the literature, and one that may have had a minor influence on the research process, is the use and treatment of the following terms: ‘well-being’ and ‘happiness.’ The terms are often used interchangeably. This is most likely a stylistic choice on behalf of the studies’ authors to avoid redundant word choice and phrasing or, in other instances, it’s contextually apparent that ‘happiness’ is a facet of the ‘well-being’ construct and is commonly measured by perceptions of life satisfaction (Cowan, 2019; Feicht et al., 2013; Seear & Vella-Brodrick, 2013). While often used synonymously, the implication is actually a sense that happiness *improves* overall well-being.

Subjective Well-being and Psychological Well-Being

Well-being and happiness are often evaluated from two perspectives and conceptualizations: hedonic or **subjective well-being (SWB)** and eudaimonic or **psychological well-being (PWB)**. **SWB**, or the more hedonic conceptualization of happiness, emphasizes life satisfaction by increasing positive or pleasurable emotions and decreasing or avoiding unpleasant feelings (Delle Fave et al., 2011; Hanley et al., 2015; Ryan et al., 2008; Seear & Vella-Brodrick, 2013). Conversely, eudaimonia, or **PWB**, refers to a happiness and well-being philosophy characterized by a sense of meaning and purpose (Della-Fave et al., 2011; Hanley et al., 2015; Garland et al., 2015; Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017; Ryan et al., 2008). Self-actualization, personal growth, and positive engagement with life, even under challenging conditions, are additional distinctions of eudaimonic well-being (Della-Fave et al., 2011; Hanley et al., 2015; Garland et al., 2015; Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017).

Rarely is happiness explicitly defined (Cowan, 2019). Literature either implies (Cowan, 2019; Feicht et al., 2013) or directly states (Seear & Vella-Brodrick, 2013), however, that happiness is generally more closely related to the hedonic SWB model, again, characterized by high levels of both life satisfaction and positive affect, and low levels of negative affect (Della-Fave et al., 2011; Hanley et al., 2015; Seear & Vella-Brodrick, 2013). Remaining consistent with the somewhat inconsistent treatment of the two terms in the literature, this review will continue to use well-being and happiness in an interrelated context, with a nod to the predominant understanding that happiness is closely tied to hedonic life satisfaction, a distinct measure of SWB, yet is something that can arguably enhance *both* psychological well-being models (Delle Fave et al., 2011). With this understanding, the midlife happiness and well-being ‘dip’ will now be examined.

Midlife ‘Slump’: The U-curve Well-being Pattern

There is an increased interest among social scientists in the study of human well-being to understand the relationship between age and happiness (Blanchflower & Oswald, 2016). An increasing amount of literature argues that mental well-being follows an approximate U-shape throughout one’s lifetime, with well-being and happiness levels reaching their lowest point in midlife, approximately around a person’s mid-40s to early 50s (Blanchflower & Oswald, 2008; Blanchflower & Oswald, 2016) or between 40 and 60 years old (Graham & Pozuelo, 2017). This ‘midlife slump’ coincides with measured levels of mental distress (Blanchflower & Oswald, 2008) and stress (Graham & Pozuelo, 2017), both reaching their highest points at relatively the same time, forming a reverse and correlated U-pattern. Research studies demonstrate, even when controlling for potentially confounding factors such as income, health, gender, and employment, that happiness gradually declines with age for approximately two decades to midlife and then

seemingly rebounds, turning upward in the U-pattern, as it increases with age (Blanchflower & Oswald, 2008; Graham & Pozuelo, 2017). This is congruent with the ‘paradox of aging’ theory also reflected in well-being literature (Barrett & Toothman, 2016; Degges-White & Myers, 2006b; Xu et al., 2010); at a time when health, income, and social connections, for example, may be declining, happiness and life satisfaction are, conversely, increasing.

A novel finding of Graham and Pozuelo (2017) is that the U-curve turns earlier, rebounds upward for “happier people” and “people in happier places” (p. 3), while the curve is not as strong/does not hold in places where it may be particularly difficult to age due to lack of decent healthcare; for example, in sub-Saharan Africa. This is suggestive of the correlated relationship between happiness and both physical and mental health.

Additional Evidentiary Support

The evidence for this consistent relationship between age and happiness is strong, despite the fact that it remains a somewhat debated hypothesis as the reasons for the midlife happiness dip are unclear and somewhat speculative (Blanchflower & Oswald, 2008; Graham & Pozuelo, 2017), and despite the findings that demonstrate a weakened curve in countries lacking in healthcare (Graham & Pozuelo, 2017). That said, the majority of the literature suggests the U-curve is “particularly striking” (Graham & Pozuelo, 2017, p. 2) due to its consistency across individuals, countries, and cultures. The U-shape was reflected in 44 of the 46 countries analyzed in the Graham and Pozuelo (2017) study, with the inverse U for measured stress evidenced in almost as many. Additionally, Blanchflower and Oswald (2008 & 2016) corroborate the international evidence and trend: A U-shape in age was apparent in 72 developed and developing nations.

Building on the research, and acknowledging that the self-reported happiness tools and surveys commonly used in well-being studies represent a potential limitation in the literature, Blanchflower and Oswald (2016) examine data on the use of antidepressant pills as a measure of mental distress in 27 European nations. Findings suggest people in midlife are approximately twice as likely to be taking antidepressants compared to both a younger and older age group, and the probability of using antidepressants reaches a maximum point in approximately one's late 40s. The probability of taking antidepressants was also higher for females. Similar to the inverse U-shape that stress creates in midlife (Graham & Pozuelo, 2017), antidepressant use forms a congruent pattern (Blanchflower & Oswald, 2016). This seemingly suggests mental distress is particularly strong in midlife and is consistent with previous research on the midlife low or 'slump.'

Reasons for this midlife happiness dip remain somewhat speculative at this stage. Literature suggests various biological factors in the aging process could be at play (Weiss et al., 2012, as cited in Graham & Pozuelo, 2017); happier people may live systematically longer potentially representing a selection effect in the U-curve (Blanchflower & Oswald, 2016); and/or midlife may represent a transitional time in which one learns to adapt to challenges, while coming to terms with how their life aspirations are aligning with their current reality (Blanchflower & Oswald, 2016; Graham & Pozuelo, 2017).

While the exact reasons of such midlife malaise have not been definitively studied and identified, the next two sections of this rationale paper will evaluate current literature on gendered, middle-age experiences and then, more specifically, on women's midlife well-being and health to better understand the influences on this particular age demographic, and the possible factors contributing to the midlife low. To generate educated assumptions and theories

that may potentially help to mitigate this middle-aged happiness deficit or dip, key findings informed the development of this thesis project.

Gendered Midlife Experiences

Midlife remains the most poorly understood (Lachman, 2001, as cited in Degges-White & Myers, 2006b) and understudied (Degges-White & Myers, 2006a) period of the lifespan. In relation to this poor understanding of middle adulthood comes several cultural and gender stereotypes (Degges-White & Myers, 2006a). For example, and as a topic that will be further addressed in this paper, studies of midlife experiences of minority women are “notably lacking” (Huffman & Myers, 1999, as cited in Degges-White & Myers, 2006a, p. 136) and women’s middle-aged experiences are often highlighted only in the physiological, instead of psychological, context of the menopause transition (Degges-White & Myers, 2006a; Degges-White & Myers, 2006b). However, from 40 onward, for *all* genders, middle adulthood is a time of transition, reflection, and introspection, characterized by intensified self-evaluation and life assessment (Degges-White & Myers, 2006b). The middle years are often an expansive time of new developments and activity and, as such, do not necessarily reflect a time of “tying up loose ends” (Degges-White & Myers, 2006b, p. 76) or a “period of inactivity and stagnation” (Degges-White & Myers, 2006a, p. 147), as has previously been stereotypically portrayed in literature and mainstream culture.

In a *Journal of Aging Studies* research study, “Gendered Experiences in Midlife: Implications for Age Identity,” researcher and scholar Anne E. Barrett (2005, p. 163), states:

As a result of negative stereotypes of elderly persons and the high cultural value placed on youth in the U.S. (and other Western societies), few people eagerly anticipate the process of moving through the middle and later years of life.

Challenging this stigma – one rooted in the cultural devaluation of age – may influence self-perceptions of all genders (Barrett, 2005) in Western cultures, and may potentially contribute to increased midlife anxiety and the happiness low (dip). Additionally, all genders may assess their own age and location in the life course by comparing the timing and/or occurrence of major life events and transitions, such as work promotions, marriage and children, to those in their social sphere (Barrett, 2005). Research suggests that experiencing normative events ‘off-time’ relative to one’s peers is associated with worse psychological outcomes, for example, anxiety and depression, in middle-age and as one ages (Lennon, 1982; Lopata, 1979; McGoldrick, 1989; Rook et al., 1989, as cited in Barrett, 2005).

One aspect that may contribute to differing middle-aged experiences for men and women is how they process and react to circumstances in contrasting ways. In a *Journal of Psychiatry & Neuroscience* article contextualizing why depression is more prevalent in women, scientist Paul R. Albert (2015) elucidates that women internalize symptoms, while men externalize symptoms (Bartels et al., 2013, as cited in Albert, 2015). Their reactions to and processing of midlife experiences are fundamentally different. For example, literature indicates women experience more unpleasant affect than men (Lucas & Gohm, 1999, as cited in Bergman & Daukantaite, 2009). Yet, additional and somewhat contrasting literature (Wood et al., 1989, as cited in Bergman & Daukantaite, 2009) suggests women report higher levels of positive affect, a measure of subjective well-being. While it may seem initially contradictory, the cumulative results suggest that women tend to experience both positive and negative emotions more strongly and frequently (Bergman & Daukantaite, 2009); the highs are higher, and the lows are lower relative to men. When the averages of the highs and lows are considered, this could be a contributing factor that may help to explain the results of the Harris Poll Happiness Survey

(Sifferlin, 2017) mentioned in the Introduction of this review; the survey suggests women's overall happiness levels were lower than the reported levels of men. This could mean that in midlife, the happiness dip may potentially be even lower and more pronounced for women.

The next section will further evaluate the unique psychosocial, psychological, and physiological factors that may influence women's middle adulthood experiences – an important foundation to understand when developing a mindfulness-based wellness model to address the midlife well-being dip in women.

During the Middle Years: Women and Well-Being

The analysis of the women and well-being literature begins, first, with an important prelude on a potential deficit in the research. The analysis is then categorized into five subsections: Midlife Psychosocial Stressors, Midlife Depression; Midlife Physical Health Considerations; Midlife Perceptions & Attitudes as a Mediator of Well-being; and Midlife Gratitude. Midlife Psychosocial Stressors, Midlife Depression, and Midlife Physical Health Considerations will address the unique psychosocial, psychological, and physiological factors that may potentially be contributing to the midlife happiness dip in women. The final two subsections, Midlife Perceptions & Attitudes as a Mediator of Well-being and Midlife Gratitude, will explore how mediating factors, such as a positive attitude toward aging, self-compassion, and gratitude, could potentially help to balance the negative effects of the midlife 'slump.'

A Deficit in Inclusive Literature

Before synthesizing the academic and scientific dialogue surrounding women's midlife well-being, an important clarification, and potential deficit in the research, to address is that the literature predominantly reflects the views and experiences of American and European

Caucasian women. That said, and when possible and available, literature referencing and including considerations of minority women, whether cultural, race, and/or sexual orientation, was consulted. Additionally, literature reflecting women's varying identities and experiences across economic strata and socioeconomic positions was also canvassed and used to inform this thesis in order to gain an understanding in providing culturally competent (midlife) support for women in diverse and complex sociocultural contexts. Research referenced includes: Eyler et al. (1999); Gallo et al. (2011); Im et al. (2009); Ingraham et al. (2017); Lee and Bang (2010); Ryff et al. (2003); Sampelle et al. (2002). There is a clear deficit in inclusive midlife well-being research; the literature representing midlife experiences for women across cultures and within varying degrees of socioeconomic positions and identities is limited.

Midlife Psychosocial Stressors

Women in midlife are often facing unique and simultaneous challenges and changes in their personal and professional lives (Darling et al., 2012), and the stressors that midlife women experience have been associated with lower life satisfaction and lower quality of life across racial, ethnic, and socioeconomic groups (Avis et al., 2004, as cited in Darling et al., 2012; Eklund et al., 2010). Middle adulthood may represent prolonged life firsts, such as children or attending college, that were once associated with younger women (Degges-White & Myers, 2006a; Degges-White & Myers, 2006b), and may also reflect a loss of the familiar due to changing work and family dynamics; midlife can also represent a significant turning point with new roles and experiences (Helson & Soto, 2005, as cited in Darling et al., 2012).

As discussed in the previous section, the predominantly Western cultural devaluation of age that affects all genders, may be felt and internalized even more intensely in women. It's been argued in the literature that the social and psychological consequences of aging may be greater

for women (Barrett, 2005). Contributing to this is aging gender inequality; there is a general, pervasive societal view that negatively associates women and aging, a result of the cultural preference for youthful and attractive women (Barrett, 2005; Degges-White & Myers, 2006a; Degges-White & Myers, 2006b, Platt et al., 2016). Additionally, societal expectations regarding the timing and sequencing of a woman's life course are more severe relative to a man's (Degges-White & Myers, 2006a; Degges-White & Myers, 2006b). Counselors and researchers Suzanne Degges-White and Jane E. Myers (2006a), suggest (p. 135), "...women may be especially vulnerable to psychological distress resulting when they experience transitions that are out of synch with culturally embedded age norms."

Additional psychosocial influences that may be contributing to heightened midlife stress in women include, 'role overload' (Platt et al., 2016; Lee & Bang, 2010), a sense of 'perceived control' over one's daily life (Barrett, 2005; Lee et al., 2009; Platt et al., 2016), and discrimination (Platt et al., 2016; Ryff et al., 2003). Although men and women are, generally, working similar hours per week, most women in heterosexual relationships/households report more time and effort spent on daily domestic roles than their partner (Platt et al., 2016). Many professional women are shouldering the burden of social, community, parenting and family, and household responsibilities on top of their career goals. The increased time and energy demands create a multiple role strain and this "role overload" (Platt et al., 2016, p. 6) has been linked to increased stress, sleep loss, and mood and anxiety symptoms (Gjerdingen et al., 2001, as cited in Platt et al., 2016). Additionally, many middle-aged women are often affected by the "sandwich generation" phenomenon (Frisvold et al., 2012, p. 266) of caring for aging parents while simultaneously raising their own children.

Related to role overload is ‘perceived control’ (Platt et al., 2016), a concept central to many theories of physical and emotional well-being (Lee et al., 2009; Barrett, 2005). Women facing the time constraints of role overload, for example, or women experiencing a lack of financial control due to working (unpaid) in a domestic capacity, may experience a general sense of not being able to control the demands of day-to-day life. Literature suggests that ‘perceived control’ has a significant impact on a range physical, emotional, social, and occupational well-being indicators (Steptoe & Appels, 1989; Walker, 2001; Wallston et al., 1987, as cited in Lee et al., 2009). Lower perceived control over one’s daily affairs is associated with a decrease in mental well-being as well as a decrease in physical health, evidenced by the worsening or increasing of medical conditions and symptoms (Lee et al., 2009). Conversely, high perceived control is associated with higher reported levels of mental health and optimism, and lower levels of stress and depression (Lee et al., 2009).

In addition to gender inequality mentioned earlier in this section, a study (Ryff et al., 2003) – using Midlife in the U.S. (MIDUS) data and examining the relationship between discrimination and eudaimonic well-being – determined that “perceived discrimination” (p. 287) is a consistently negative predictor of psychological well-being; however, such perceptions are specific to women and not men. This was consistent for all subgroups in the analyses including, African American, Mexican American, and Caucasian women. It was both majority and minority women, and not men, with significant amounts of discrimination in their daily lives whose sense of growth, mastery, autonomy, and self-acceptance were comprised (Ryff et al., 2003). Finally, literature also suggests that gender discrimination, specifically, may be a prominent explanation for gendered mental health and well-being disparities (Platt et al., 2016).

Midlife Depression

As shared in the Introduction, women experience depression at approximately twice the rate of men (Mental Health America, 2019; Brody et al., 2018) and women may be twice as likely to be affected by Generalized Anxiety Disorder (GAD), often symptomatically linked to depression (Anxiety and Depression Association of America, 2019). While these statistics are not necessarily specific to midlife, there is literature that suggests *middle-aged* women are more likely to suffer from major depression relative to men (Albert, 2015; Hasin et al., 2005, as cited in Degges-White & Myers, 2006b). Additionally, vulnerability for a *first* episode of major depression during midlife increases for women (compared to men), even in those without a prior history (Kessler et al., 1994, as cited in Bromberger et al., 2009).

The risk of depression appears to increase during the perimenopausal transition (Albert, 2015; Bromberger et al., 2009), essentially, early middle adulthood. Recent evidence suggests that biological factors, including fluctuating hormone levels with, particularly, a decrease in estrogen, may contribute to the increased prevalence of depression and anxiety in midlife women (Albert, 2015). Adding to this are internalized reactions (Albert, 2015) to stressful events and/or other psychosocial stressors; stress and anxiety are well-established risk factors for depression in women with current or prior histories of depression (Kessler, 2003, as cited in Bromberger et al., 2009).

An increased prevalence of depression in midlife women is also reflected in prescriptions for antidepressant medications (Albert, 2015). This is consistent with the Blanchflower and Oswald (2016) research discussed in the U-curve well-being section; findings suggest people in midlife are approximately twice as likely to be taking antidepressants compared to both a younger and older age group, and the probability of taking antidepressants was also higher for

females, indicating the midlife low may be even more pronounced for women. Also consistent with the U-curve well-being pattern, at approximately 65 years and older, both men and women show a decline in depression rates (Albert, 2015); the U-curve is seemingly progressing upward post-midlife.

Behavioral interventions, including regular exercise and/or relaxation, have shown some efficacy in reducing depression (Ernst et al., 1998; Blumenthal et al., 1999, as cited in Bromberger et al., 2009) as well as symptoms associated with menopause that may exacerbate depression (Steward & Khalid, 2006, as cited in Bromberger et al., 2009).

Midlife Physical Health Considerations

It was noted in the previous Midlife Depression subsection how certain biological factors, such as hormone variations, may be a contributing factor to increased depression in women during the perimenopausal transition (Albert, 2015). However, and of particular relevance, there are a few more key physical health considerations worth noting, such as chronic stress linked to cardiovascular health, that may potentially be contributing to women's midlife happiness low and also demonstrate why addressing women's seemingly heightened midlife anxiety is of vital importance.

In a study of women, aged 46-54 years, anxiety was related to an increased risk of premature mortality, predominantly, cardiovascular in nature (Denollet et al., 2009). This study's findings also suggest that anxious women relative to non-anxious women are more likely to have depressive symptoms and an unhealthy lifestyle characterized by, for example, a high body mass index (BMI), an increased risk of hypertension and diabetes, and a proclivity to engage in habitual, unhealthy behaviors like smoking and not exercising (Denollet et al., 2009). In a midlife women's study on stress and health (Darling et al., 2012), findings indicate that women

who experienced more stressful life changes and had higher BMI scores, slept fewer hours and had increased physical and psychological health stress, resulting in lower life satisfaction. Furthermore, prolonged exposure to high levels of stress, sleep problems, and depression are associated with higher rates of fatigue and burnout (Evolahti et al., 2013), thus, negatively affecting women's work potential. Perceived stress was also related to higher allostatic load (AL) – a measure of the physiological health consequences of chronic stress in the body – with a stronger association in women than men (Goldman et al., 2005, as cited in Gallo et al., 2011). Finally, psychosocial stress was evidenced as a significant risk factor of heart disease; as the literature has demonstrated, midlife is a period characterized, for women in particular, by increased psychosocial stress (Frisvold et al., 2012).

Literature suggests that happiness and health, associated with mortality rates, are jointly dependent. Poor health and uncertainty (associated with anxiety) correlate to lower levels of well-being (Graham & Pozuelo, 2017), and health is the factor with the strongest association to quality of life (QoL) (Patrick & Chiang, 2000, as cited in Eklund et al., 2010). This relationship between health and QoL is widely recognized in the literature (Patrick & Chiang, 2000, as cited in Eklund et al., 2010). Considering that women relative to men relate to lower QoL measures (Eklund et al., 2010), especially when compounded by midlife anxiety and depression, a focus on healthy lifestyle to offset mental and emotional midlife turmoil and angst could be beneficial. This is evidenced in the literature; a primary finding of a study on women, habitual physical activity, and well-being (Netz et al., 2008) posits that sufficient physical activity is clearly associated with better self-reported psychological well-being among middle-aged women, and other studies note that higher levels of physical activity are related to a decrease in depression (Harris et al., 2006, as cited in Darling et al., 2012).

Midlife Perceptions & Attitudes as a Mediator of Well-being

Literature specifies that wellness is a significant predictor of life satisfaction and is a construct that includes behaviors as well as attitudes, perceptions, and feelings (Degges-White & Myers, 2006b). Midlife women who engage in health-promoting activities and who cultivate and maintain *positive attitudes*, express greater life satisfaction and well-being relative to women who do not engage in these behaviors (Degges-White & Myers, 2006b). Key findings that have greatly informed the development of this intervention indicate that attitudes surrounding one's personal experience to aging are influential in shaping midlife health and well-being (Brown et al., 2016). In fact, those with positive attitudes to aging have been found to live 7.5 years longer than those with negative attitudes (Levy et al., 2002, as cited in Brown et al., 2016). Conversely, negative aging perceptions, aligned with negative stereotypes of aging, can become a self-fulfilling prophecy, influencing people to become less active, have lower confidence, and derive less meaning from life (Levy & Myers, 2004; Wurum et al., 2013, as cited in Brown et al., 2016).

Furthermore, attitudes to aging may potentially be more amenable to change during midlife relative to older age (Miche et al., 2014, as cited in Brown et al., 2016). An important implication here could be that identifying "modifiable factors" (Brown et al., 2016, p. 1036) that contribute to positive, middle-aged attitude formation may be helpful to inform targeted, healthy-aging interventions. Investigating the relationships between attitudes to aging and well-being outcomes among middle-aged women, the Brown et al. (2016) study found self-compassion to be a promising modifiable factor that could potentially help to create positive aging attitudes, which, in turn, could improve physical and mental health. Literature specifies those with high self-compassion, or the ability to embrace imperfection, experience several well-being benefits,

including high levels of emotional balance and life satisfaction, curiosity and a sense of life purpose, and low levels of psychological distress (Neff et al., 2007; Tanaka et al., 2011, as cited in Brown et al., 2016).

There is also evidence for successful self-compassion interventions; a recent trial has shown that a six-week program could increase self-compassion and well-being, with gains evidenced at the 12-month follow-up (Neff & Germer, 2013, as cited in Brown et al., 2016). Brown et al. (2016), elucidates, "...if self-compassion is shown to predict positive attitudes to aging, then this information could be applied clinically, using self-compassion as a strategy to bolster attitudes to aging, which would in turn promote health and well-being" (p. 1036). When considering that women report lower levels of self-compassion than men (Brown et al., 2016), and in relation to the increased psychosocial stressors and heightened anxiety potentially confronting women in middle adulthood (as previously detailed), this is a relevant and important consideration. Finally, additional literature indicates females tend to be more self-critical and have more of a ruminative coping style relative to men (Nolen-Hoeksema et al., 1999, as cited in Lee & Bang, 2010), clearly showing the increased importance of self-compassion.

Closely related to self-compassion and aging attitudes, additional literature posits that optimism (Daukantaite & Zukauskienė, 2012; Bergman & Daukantaite, 2009) and a sense of coherence (SOC) (Evolanti et al., 2013), or how one perceives their environment as manageable and meaningful, are highly important to subjective well-being (SWB) in midlife. Additionally, focus groups of Caucasian and African American middle-aged women (Sampelle et al., 2002) seemingly advances the positive attitudes on aging and well-being theory. When midlife was framed as a time of authenticity and as an opportunity for rich personal growth, women associated the developmental changes they were experiencing as having positive effects on their

psychological well-being (Sampsel et al., 2002). Another key factor contributing to positive attitudes toward aging, and to overall health and well-being, is that of social support and the literature shows this is increasingly important in minority American groups (Eyler et al., 1999). Satisfaction with social support was consistently and positively associated with well-being (Darling et al., 2012). The following subsection on midlife gratitude is also closely related to positive attitudes and well-being while aging.

Midlife Gratitude

Literature suggests a strong correlation between gratitude and well-being across a range of populations and cultures (Chan, 2011; Emmons & McCullough, 2003; Hill & Allemand, 2011; Toussaint & Friedman, 2009, as cited in Robustelli & Whisman, 2018). A *Journal of Happiness Studies* article (Robustelli & Whisman, 2018), “Gratitude and Life Satisfaction in the United States and Japan,” explores the relevance of gratitude on distinct measures of well-being during midlife, including satisfaction with work, relationships, and health, as well as life satisfaction overall. Participants for the study were drawn from two samples of middle-aged adults, female and male, from the Midlife Development of the U.S. and the Midlife Development of Japan studies (Robustelli & Whisman, 2018). While the sample is mixed gender, the results of the female subset were evaluated for, and are relevant to, the development of this thesis project.

Defined as the perception of a positive personal outcome (Emmons & McCullough, 2003, as cited in Robustelli & Whisman, 2018), gratitude was associated with increased happiness, optimism, positive affect, and self-esteem (Robustelli & Whisman, 2018). The associations between gratitude and the four measures of well-being were all statistically significant; people who reported higher levels of gratitude also reported higher levels of satisfaction in each category (Robustelli & Whisman, 2018). However, the results suggest gratitude may be more

closely related to relationship satisfaction and life satisfaction overall, compared to that of work and health (Robustelli & Whisman, 2018). The results are consistent with additional literature that indicates gratitude is positively associated with relationship quality and social support – potential influencing factors in terms of increased life satisfaction and well-being (Chen et al., 2014; Kong et al., 2014; Lin & Yeh, 2014, as cited in Robustelli & Whisman, 2018). For example, being grateful was associated with the increased use of active coping styles and social support, leading to increased overall well-being in the United States (Lin & Yeh, 2014, as cited in Robustelli & Whisman, 2018) and China (Kong et al., 2014, as cited in Robustelli & Whisman, 2018). Furthermore, higher levels of gratitude predicted higher levels of self-esteem and life satisfaction (Kong et al., 2014; Lin & Yeh, 2014, as cited in Robustelli & Whisman, 2018). Finally, studies have successfully used interventions to increase gratitude, thereby increasing subjective well-being (Emmons & McCullough, 2003; Lambert et al., 2009; Watkins et al., 2003; as cited in Robustelli & Whisman, 2018), as well as life satisfaction and positive affect as a result (Lambert et al., 2009; Watkins et al., 2003, as cited in Robustelli & Whisman, 2018).

Relative to study participants, a limitation exists. The participant sample only included people who were married with children (Robustelli & Whisman, 2018). When considering the strong correlation between gratitude, relationships, and well-being, this is important to note. However, and despite this limitation, the strong correlation between gratitude and midlife well-being is substantiated in the literature and, as such, was considered in the development of this thesis project.

There are many unique challenges and implications for women in midlife; these include: aging gender inequality and discrimination; prolonged life ‘firsts’ once associated with younger

women; role overload; loss of a perceived sense of control over daily life; vulnerability to increased anxiety and depression; and the physiological effects associated with both chronic midlife stress and the perimenopausal transition. Potentially balancing the factors contributing to this heightened midlife malaise, positive midlife mediators documented in the literature include: maintaining positive and healthy attitudes around aging, with particular emphasis on feelings of self-compassion and gratitude; social support; framing midlife as a time of rich personal growth, meaning, and transformation; and maintaining a physically healthy and active lifestyle. The next two sections will evaluate midlife mindfulness, and mindfulness and well-being research to further extrapolate informed considerations and rationale used in the development of this intervention.

Midlife Mindfulness Research Considerations

This category of academic research – mindfulness and midlife, specifically – is extremely limited and represents a potential gap in the literature. Found to date were only two published articles/studies (Frisvold et al., 2012; Lee & Bang, 2010) and a doctoral dissertation on midlife, mindfulness, and health behavioral change written by one of the article's authors (Frisvold et al., 2012). In this respect, and considering the unique, well-documented pressures and stressors to midlife well-being, this area represents a rich opportunity for future study and potential. While more research in this specific area is needed, existing midlife, mindfulness-based intervention research has demonstrated evidence for the decrease of psychological and psychosocial stressors and symptoms, while enhancing mental health and emotional well-being (Frisvold et al., 2012; Lee & Bang, 2010). This midlife and mindfulness research analysis begins with a synopsis citing the increased need of stress reduction in midlife, particularly for women, and then evaluates the

interventions of Mindfulness-based Stress Reduction (MBSR) and Mindfulness-based Cognitive Therapy (MCBT), with a self-compassion component, on well-being.

Stress & Mindfulness-based Stress Reduction

Mindfulness, as defined in the beginning of this paper, refers to the ability to pay attention to one's present moment experience in a non-judgmental way (Lee & Bang, 2010.) Echoing previous research and literature cited in this review, stress issues are salient to mental health in midlife (Lee & Bang, 2010); role stress in middle-aged women leads to increased psychological distress (Lee & Bang, 2010); chronic stress is at a lifetime high; and this constant, active stress reaction may lead to adverse health symptoms and states (Frisvold et al., 2012). Although cardiovascular health was touched on in the Midlife Physical Health Considerations section of this review, Frisvold et al. (2012) makes an important and relevant point justifying the need for more study in this particular area; although cardiovascular disease increases with age in both men and women, there is an additional increase in women linked to the menopausal transition (Rosano et al., 2007; Stevenson, 2007, as cited in Frisvold et al., 2012). Perimenopause, a time of increased stress and increased cardiovascular risk, could be an important period for an intervention to "...reduce stress, promote health, and optimize quality of life" (Frisvold et al., 2012, p. 267). Additionally, such increased midlife stress may result in self-destructive, unhealthy behaviors; to that end, teaching middle-aged women effective and healthy ways to cope with and manage stress is critical (Frisvold et al., 2012). Mindfulness-based intervention research has demonstrated significant evidence for the decrease of psychological symptoms, while promoting better mental health and emotional well-being (Lee & Bang, 2010). Literature posits that mindfulness techniques may reduce the frequency and intensity of the fight-

or-flight response and may lead to positive health outcomes, such as a reduction in stress and anxiety, as well as improved quality of life (Kabat-Zinn, 2005, as cited in Frisvold et al., 2012).

Developed by mindfulness meditation expert Jon Kabat-Zinn in the 1970s, Mindfulness-based Stress Reduction (MBSR) is an evidence-based intervention that utilizes secular mindfulness training to assist patients/participants in coping with and managing, for example, stress, anxiety, depression, and pain (Frisvold et al., 2012). Frisvold et al.'s (2012) qualitative study revealed that the effects of a MBSR program on stress and quality of life may be long-lasting and effective for middle-aged women. Key findings were lessened rumination and internalization, an increased ability to find balance in life despite the increasing demands of midlife, and an increased sense of spirituality associated with improvements in health (Frisvold et al., 2012).

Self-compassion & Mindfulness-based Cognitive Therapy

A key consideration of the midlife women and well-being section, self-compassion has been “fueled” (Lee & Bang, 2010, p. 342) by a trend toward integrating Buddhist constructs and philosophies into Western psychological approaches. Lee and Bang (2010) argue that mindfulness and self-compassion are intimately linked, and that self-compassion is a powerful predictor of mental health. Increased self-compassion has been found to predict improved psychological health (Gilbert & Procter, 2006, as cited in Lee & Bang, 2010) and to explain decreased stress following participation in a stress-reduction program (Shapiro et al., 2005, as cited in Lee & Bang, 2010). Lee and Bang's (2010) study explored the effects of Mindfulness-based Cognitive Therapy (MCBT) with self-compassion training on the psychological well-being of middle-aged Korean women struggling with role specific distress. MCBT is an intervention using cognitive behavioral therapy and mindfulness techniques and, for this specific study, was

combined with self-compassion training via a lovingkindness mindfulness meditation. Key findings of the intervention evidence that post-treatment psychological symptoms were significantly lower than the baseline scores and levels of self-compassion and mindfulness also significantly improved (Lee & Bang, 2010). Lee and Bang (2010) conclude that MBCT combined with self-compassion training could be a potentially effective intervention in relieving and reducing midlife psychological distress, especially anxiety, depression, hostility, and other somatic symptoms.

While Lee and Bang's (2010) findings seemingly support self-compassion as a positive well-being mechanism, there is conflicting literature; in a meta-analysis review (Gu et al., 2015) evaluating how MBCT and MBSR improve mental health and well-being, insufficient evidence was found supporting self-compassion as a mechanism underlying the efficacy of mindfulness-based interventions. However, when evaluating the Lee and Bang (2010) MCBT/self-compassion analysis combined with the evidence on self-compassion interventions previously detailed (in the Midlife Perceptions & Attitudes as a Mediator of Well-being section), a strong case for self-compassion and mindfulness training/interventions, particularly for midlife women, can be made.

Considering the literature on, specifically, mindfulness and midlife is limited, research on, more broadly, mindfulness and well-being was also canvassed to form a robust foundation upon which to develop the curriculum. Key findings are shared in the following section.

Mindfulness and Well-being Research Considerations

Current findings in both mindfulness and midlife, and mindfulness and well-being literature reflect that mindfulness can be cultivated (Lee & Bang, 2010) and doing so could be potentially beneficial for one's well-being (Lee & Bang, 2010; Brown et al., 2007; Giluk, 2009).

That said, additional literature notes that the underlying psychological mechanisms relating mindfulness to well-being are not fully understood (Chang et al., 2015). While not fully understood, however, there is strong evidence positively interrelating mindfulness to well-being. This analysis contextualizes the relationship between mindfulness and enhanced well-being; explores how mindfulness not only reduces negative affect but may also encourage positive emotions/experiences; and explores the theoretical connection between mindfulness and happiness through the cultivation of meaning in life, all of which may potentially have a holistic impact on an individual's well-being.

Correlation between Mindfulness & Enhanced Well-being

Mindfulness interventions targeted to women have been shown to reduce psychological distress, improve eating behaviors, and improve metabolic health (Daubenmier et al., 2012; Ludwig & Kabat-Zinn, 2008; Tortora & Derrickson, 2012, as cited in Ingraham et al., 2017). Additionally, Brown et al. (2007) detail several processes affecting the therapeutic effects of mindfulness, including insight, nonattachment, and enhanced mind-body, integrated functioning. A meta-analysis on the effects of mindfulness on psychological health (Keng et al., 2011), for example, concludes that mindfulness fosters several positive effects on mental health, including increased subjective well-being, improved behavioral regulation, reduced psychological symptoms, and less emotional reactivity. Additionally, mindfulness is related not only to self-report measures (a consistent limitation in well-being research) of psychological health, but also to observable (and tangible) differences in brain activity via functional neuroimaging methods (Keng et al., 2011); observed brain activity in individuals who practice mindfulness demonstrated that they may be better able to regulate emotional responses and reactivity

(Creswell et al., 2007, as cited in Keng et al., 2011). The documented correlation between mindfulness and enhanced well-being is seemingly strong and consistent.

Generative Models: Mindfulness and Positive Affect

A few key considerations from the literature significantly influenced this thesis project. While ultimately associated to improved psychological well-being, the vast majority of mindfulness and well-being literature and mindfulness intervention research adopts a more reductive approach; for example, mindfulness as mechanism to reduce negative affect and negative psychological symptoms such as stress. Mindfulness, happiness, and well-being researchers acknowledge this deficit in mindfulness-based literature: Most scientific models of mindfulness primarily offer an “eliminative account” (Garland, Kiken, et al., 2017, p. 382) of its beneficial and therapeutic effects, emphasizing the reduction or elimination of maladaptive habits and/or negative states, rather than the promotion or creation of more resilient behavior and positive states of mind (Garland et al., 2015; Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017). Garland et al. (2015, p. 2) summarizes:

In the pursuit of alleviating suffering, considerable empirical and theoretical efforts have been made to clarify the mechanisms by which mindfulness reduces unpleasant cognitive emotional and physical experiences. However, considerably less effort has been directed towards specifying the mechanisms by which mindfulness encourages positive experiences and psychological well-being.

However, a few pieces of literature do place empirical emphasis on how/if mindfulness directly impacts and generates positive mood/affect to enhance well-being and happiness (Garland et al., 2015; Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017; Geschwind et al., 2011; Lindsay et al., 2018; Seear & Vella-Brodrick, 2013). This represents an important area

of study when in relation to midlife women's well-being; as shared earlier in this paper, midlife women who engage in health-promoting activities and who cultivate and maintain *positive attitudes*, express greater life satisfaction and well-being relative to women who do not engage in these behaviors (Degges-White & Myers, 2006b).

Literature posits that positive emotions are important independent of negative emotions. Positive emotions, for example, broaden the scope of attention, allow for more pliable thoughts and behaviors, and build personal resources that translate to better health, personal fulfillment, and meaning (Fredrickson, 1998, as cited in Lindsay et al., 2018). Experiencing positive emotions and having a positive mindset have beneficial effects on mental and physical health in general (Seligman et al., 2005, as cited Geschwind et al., 2011). Referencing work by Watson and Clark (1997), Lindsay et al. (2018, p. 945-946) further elucidates:

Importantly, the presence of positive emotions is more predictive of resilience, life satisfaction, and physical health than the *absence* of negative emotions. Further, the absence or reduction of negative emotions does *not* necessarily lead to the generation of positive emotions.

A key to happiness, as posited in the literature, is the experience of positive emotions, which encourages better relationships, career success and fulfillment, and longer, healthier lives (Lyubomirsky et al., 2005, as cited in Lindsay et al., 2018). The key implication here is that the absence of 'bad' doesn't necessarily mean an improvement of 'good,' at least in the context of happiness and well-being, an important consideration in the development of a mindfulness intervention to address women's midlife happiness dip.

Literature indicates that happiness is a skill that can be learned and cultivated at any age, yet initiatives for pursuing happiness need to be intentional, with the understanding that they

require time and effort (Feicht et al., 2013). To that end, there is an increased academic and scientific interest in practical methods for enhancing happiness; scholars have recently focused their attention on ways of enhancing well-being through positive psychology interventions (Sin & Lyubomirsky, 2009, as cited in Seear & Vella-Brodrick, 2013). Positive psychology interventions help to implement habits and activities aimed at cultivating happiness and other positive emotions, as well as increasing positive behaviors and cognitions (Feicht et al., 2013).

Mindfulness interventions, to increase meaning in life and to generate positive affect, are also being explored in a similar and related context (Garland et al., 2015; Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017; Geschwind et al., 2011; Lindsay et al., 2018; Seear & Vella-Brodrick, 2013). Although mindfulness meditation does not intentionally involve the cultivation of positive or pleasant feelings, recent theorizing suggests that positive affect can emerge through mindfulness practice (Garland et al., 2015). For example, MCBT intervention studies show that more advanced meditators experience more positive emotions (Easterlin & Cardena, 1998-1999, as cited in Geschwind et al., 2011) and participants report more positive emotions when in a mindful versus non-mindful state (Brown & Ryan, 2003, as cited in Geschwind et al., 2011). MBCT has also been associated with increased experience of momentary positive feelings, as well as greater appreciation of and engagement with pleasant daily life activities (Geschwind et al., 2011). In two studies (Lindsay et al., 2018) conducted to test how the components of mindfulness interventions increase positive affect among stressed adults, findings suggest that interventions not only boost positive affect and happiness in daily life, but that *acceptance*, an integral component of mindfulness training, was found to be the key mediator contributing to the boost.

From a health and psychology perspective, reductions in distress and negative affect are one important consideration linking mindfulness interventions with improvements in health, happiness, and well-being (Creswell & Lindsay, 2014, as cited in Lindsay et al., 2018), but the cultivation of positive emotions is a second important factor that may independently promote well-being (Garland et al., 2015; Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017; Geschwind et al., 2011; Lindsay et al., 2018; Seear & Vella-Brodrick, 2013). Though a substantial amount of literature demonstrates the efficacy of mindfulness training in reducing psychological distress, including stress, depression, and anxiety (Khoury et al., 2013, as cited in Lindsay et al., 2018), it's this second, less explored consideration that examines the capacity for mindfulness to generate positive affect, that may significantly enhance mental health and well-being (Garland et al., 2015; Lindsay et al., 2018).

Mindfulness, Meaning, and Well-Being

Framing midlife as a rich opportunity for personal growth and transformation, meaning was an important consideration cited in the women's well-being section of this review. To that end, and as related to the happiness-generative aspects of mindfulness, positive affect independent of negative affect, encourages *meaning* in life (King et al., 2006, as cited in Lindsay et al., 2018). In "The Meaning Connection Between Mindfulness and Happiness," a *Journal of Humanistic Counseling* article, clinical counselor and researcher Zvi J. Bellin cites an important observation: "Practitioners of mindfulness meditation are often perceived as happier by outside observers" (Choi et al., 2012, as cited in Bellin, 2015, p. 221). Bellin (2015) proposes a theoretical connection between mindfulness meditation and happiness through the cultivation of *meaning* in life. Whereas mindfulness is a construct that is generally defined and understood in academic literature in the cognitive sense (Bellin, 2015; Garland et al., 2015; Garland, Hanley, et

al., 2017; Garland, Kiken, et al., 2017), it undeniably has a holistic impact on an individual's well-being (Bellin, 2015). With nods to autonomy/free will, self-efficacy, and self-actualization, Bellin (2015) links mindfulness, meaning in life, and happiness through a humanistic psychological lens – an approach that emphasizes an individual's inherent need for personal growth. This subsection further evaluates the literature that distinctly and explicitly interrelate mindfulness and meaning in the happiness construct.

In contrast to the eliminative mindfulness models that predominantly comprise the scope of literature, and despite the debated context of well-being, there have been recent research studies interrelating mindfulness and, specifically, eudaimonic (meaning-centered) well-being. Recent research studies posit mindfulness is closely associated with a deeper sense of meaning and psychological well-being (PWB) (Hanley et al., 2015); is characteristic of people who are engaged in eudaimonic living (Ryan et al., 2008); and may promote eudaimonic well-being by generating and/or increasing positive psychological processes (Garland et al., 2015; Garland et al., 2017a; Garland, Kiken, et al., 2017). While the majority of the literature has emphasized the efficacy of mindfulness in decreasing various types of psychological distress, such as anxiety and depression, the rise of clinical mindfulness-based interventions may be partly due to their potential to enhance eudaimonic well-being (Brown and Ryan, 2003, as cited in Garland, Kiken, et al., 2017).

Research suggests that through the mechanism of positive reappraisal, mindfulness may generate eudaimonic meaning and encourage flourishing in life (Garland et al., 2015; Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017). As a cognitive strategy, positive reappraisal is the adaptive process through which stressful or negative experiences are reconstrued and evaluated as benign, meaningful, and/or even growth promoting (Lazarus & Folkman, 1984, as

cited in Garland et al., 2015). It may involve reframing a stressful or negative occurrence in a more positive way (Garland et al., 2015; Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017). Considering that emotional turmoil and suffering is often a result of one's interpretations and perceptions of an event rather than the occurrence itself (McCormick, 2006, as cited in Giluk, 2009), this could potentially be an increasingly important tool to help one reshape negative experiences. To address the question of how the practice of mindfulness may affect "downstream emotion regulatory processes" (Garland et al., 2015, p. 293) to impact a sense of meaning in life, two generative models — Mindfulness-to-Meaning Theory (MMT) and Mindfulness-Oriented Recovery Enhancement (MORE) — both with positive reappraisal at their core, are elucidated (Garland et al., 2015; Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017). The MMT and MORE theories posit that mindfulness broadens attention and evokes a metacognitive, flexible state of awareness which suspends habitual tendencies via decentering, or the ability to create the psychological space/distance necessary to observe thoughts and feelings (Garland et al., 2015; Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017). Studies suggest that this 'psychological distance,' a core component of mindfulness and necessary for positive reappraisal, may facilitate meaning-making and the ability to form new appraisals in response to negative events (Kross & Ayduk, 2011, as cited in Garland et al., 2015). In this regard, mindfulness provides a buffer from one's conditioned, automatic reactivity, with enough psychological space for reframing circumstances and experiences (Garland et al., 2015).

Study findings provide support for MMT's and MORE's mindful reappraisal hypothesis. In multivariate latent growth curve analyses, increases in the trajectory of state mindfulness experienced during meditation were associated with more frequent use of positive reappraisal during an eight-week mindfulness-based intervention (Garland, Kiken, et al., 2017). Evidence

was also found that suggested the degree of mindfulness achieved during a meditation predicted the extent to which one might engage in positive reappraisal during the following week (Garland, Kiken, et al., 2017). Such findings may be interpreted as a mutually reinforcing, positive feedback loop; mindfulness may amplify positive reappraisal, which, in turn, may increase the chances that the person experiences mindful states in the future (Garland, Kiken, et al., 2017).

Another key distinction made in the literature addresses how mindfulness and positive reappraisal potentially increase appreciation of positive experiences. This is a slightly controversial topic considering that, historically, contemplative science literature and mindfulness models emphasize observing and non-attachment, without a particular goal in mind and without getting swept away by, or attached to, the narrative (Garland et al., 2015). Both MMT and MORE, however, include “broadening the scope of appraisal” (Garland et al., 2015, p. 295) to appreciate how even negative and aversive experiences could represent potential moments of personal transformation and growth. In this manner, one learns to develop a new, potentially healthier and positive relationship to the ‘bad’ and/or stressful occurrences of daily life. Garland et al. (2015) makes the claim that this reflection and focus on positive experiences should not be “taboo” (p. 295) in contemporary mindfulness training as long as it is not conflated with “...clinging to such experiences when they arise” (p. 295). Additionally, Brown et al. (2007, p. 227) infer:

...mindfulness is not a form of escape that results in passivity or disconnection from life; rather, it is thought to bring one into closer contact with life by helping to circumvent the self-generated accounts *about* life that act to pull one away from it.

Mindfulness, with positive forms of reappraisal, may be a central means of adapting to the challenges and complexities of life (Garland et al., 2015). Positive reappraisal is not merely a

form of “saccharine positive thinking” (p. 297) or an avoidance of reality; it offers one the ability to increase resiliency and reframe painful or stressful events as inherently meaningful for personal development. In this regard, mindfulness is a practice that *enhances* meaning in life (eudaimonia). Meaning in life might then be contextualized as an appropriate bridge between the cognitively grounded practice of mindfulness meditation and the experience of happiness (Bellin, 2015).

Finally, and relating to how improved health correlates to improved happiness and well-being in midlife women, positive reappraisal as an active coping strategy has salutary effects on stress physiology, including immune, neuroendocrine, and cardiovascular aspects (Bower et al., 2008, as cited in Garland et al., 2015).

Mindfulness helps one create the psychological distance necessary to observe thoughts and process feelings; this space can potentially help one to reframe negative events via positive reappraisal, thereby deriving more meaning from painful or stressful experiences. When more meaning (‘good’) can be evidenced from the ‘bad,’ happiness and well-being may potentially be enhanced.

Limitations

In several instances, specific limitations, research inconsistencies, and topical categories where research was limited, such as mindfulness and midlife, were mentioned organically throughout this paper. I intentionally did this as I feel it’s beneficial to know this context when digesting the research. That said, this section summarizes the main limitations that broadly apply to the majority of research referenced in this review and paper.

An inconsistency that presents in the literature, and one that may have had a minor influence on the research process, is the use and treatment of the terms ‘well-being’ and

‘happiness.’ The terms are often used interchangeably or, in other instances, it’s contextually apparent that ‘happiness’ is a facet of the ‘well-being’ construct, commonly measured by perceptions of life satisfaction. While often used synonymously, the implication is actually a sense that happiness improves overall well-being. That said, misinterpretation of the terms could potentially affect how the research is/was consumed and applied.

Additionally, a consistent and important limitation that exists across the vast majority of happiness, well-being, and mindfulness research is the use of self-report tools and instruments. Self-reported measurement tools, such as questionnaires, scales, and surveys, are commonly used in well-being and happiness research to measure, for example, overall life satisfaction perceptions, positive and negative affect, health, job and relationship satisfaction, conceptions of meaning and purpose, and various other psychological concepts and dimensions to assess overall well-being. The majority of mindfulness studies and interventions also commonly use self-reported instruments, such as the Mindful Attention Awareness Scale (MAAS), Five Facet Mindfulness Questionnaire (FFMQ), and State Mindfulness Scale (SMS) to measure states of mindfulness, attention, and awareness pre- and post- study/intervention. The subjectivity of such self-report tools and instruments could be a disadvantage; self-reported answers may be inflated, participants may be too embarrassed to respond honestly and accurately, and various biases, such as skewing responses in favor of what’s socially acceptable, may also be at play.

Discussion

Research has demonstrated that stress and mental distress peak in midlife, while happiness reaches its lowest point in the life course for all genders, reflected by the U-curve happiness pattern and correlated, reverse-U stress pattern. While midlife is undoubtedly a period fraught with heightened and chronic stress for both men and women, a number of physiological,

psychological, and psychosocial factors may mean this midlife low, or dip, is seemingly more pronounced and compounded for women. The need for targeted well-being interventions for middle-aged women is clearly demonstrated. Furthermore, the literature collectively points to the need for an intervention utilizing a more holistic approach; the method should aim to not only reduce stress, but also support and improve other dimensions of health and well-being, such as physical health, for the best possible efficacy during this turbulent period of life. To that end, the **Midlife Mindfulness Reappraisal Model (MMRM)**, outlined in the second half of this paper, is a targeted intervention to help middle-age women reduce stress and reframe the negativities and discrimination surrounding aging, while also improving additional markers of health to collectively and positively impact happiness and overall well-being.

MMRM will slightly differ from some of the traditional, stress-reducing mindfulness-based interventions (MBIs) included in the literature by, again, the inclusion of other health and wellness elements, as well as with its treatment of positive emotion regulation. As the literature posits, personal transformation and meaning-making, rather than a mere focus on reducing negative states, enriches life. The Ryan et al. (2008) article positions this concept as ‘living well’ (eudaimonic) versus ‘feeling good’ (hedonic). Ryan et al. (2008) also suggest that ‘living well’ can arguably enhance happiness in the hedonic sense: “...eudaimonic living might not only be of value as a guide to a more complete and meaningful life; it should also yield more stable and enduring hedonic happiness.” The Lindsay et al. (2018) research supports this sentiment; it suggests the absence or reduction of negative emotions doesn’t necessarily lead to the generation of ‘good’ or positive feelings.

Relating this to the happiness and Buddhism perspective shared earlier in this paper, this makes sense. Overly desiring and clinging to the pleasant, as well as resisting and avoiding the

unpleasant keeps one stuck, perpetually chasing happiness. In this respect, MMRM goes against the grain of several traditional MBIs by *not* solely emphasizing the reduction or elimination of negative states, as the literature indicates that doing so may not necessarily cultivate the ‘good.’ Yet, the turbulent midlife period can arguably use a dose of ‘good’ to somewhat lift the measured happiness dip. Taking context from the MMT and MORE mindful reappraisal models included in the literature, MMRM will aim to somewhat enhance positive affect by reframing the negative with both mindfulness and positive reappraisal strategies. As addressed previously in this paper, this is a somewhat controversial consideration; mindfulness generally emphasizes observing with no particular goal in mind, and without judging or attaching to feelings, thoughts, and/or sensations. However, new theorizing supports that with proper nuance and care, mindfulness models may help an individual to develop a new, potentially healthier and positive relationship to the ‘bad’ and/or stressful life situations negatively impacting one’s health and well-being. Reframing of negative experiences in midlife may bring about more meaning, resiliency, and personal growth in one’s life and could also help one to appreciate the ‘good’ when it’s noticed; mindfulness undoubtedly enables one to notice the ‘good’ more often. Important to note, however, is that MMRM will emphasize instruction not to cling to such feelings during the mindfulness practices or in daily life moments.

The literature indicates that midlife may be an especially potent time to work with beliefs and views on aging; attitudes on aging may be more amenable to change during midlife as opposed to, for example, later in life. Additionally, the literature posits that middle-aged women who engage in health-promoting activities and who cultivate and maintain positive attitudes, reflect higher measures of life satisfaction and well-being. In fact, the literature notes that women who cultivate positive attitudes to aging live longer than those with negative attitudes. That said,

self-compassion, acceptance, and gratitude as potential mediators to well-being will be emphasized in the intervention's mindfulness instruction and positive reappraisal practices. This is an important nuance considering that, as evidenced in the literature, women have less self-compassion than men and self-compassion is correlated to better health and well-being. Additionally, literature suggests self-compassion and positive reappraisal techniques may help women not to internalize as deeply and as often, which was one factor cited as a potential cause of heightened midlife stress. Finally, gratitude was associated with increased happiness and optimism, as well as the higher likelihood of using active coping mechanisms, such as social support, to increase overall well-being. This could potentially mean that feeling grateful may make one more willing to try various coping strategies, such as those recommended in a self-development and/or wellness intervention.

The MMRM pilot program, which combines traditional mindfulness instruction with a positive reappraisal strategy utilizing self-compassion, acceptance, and gratitude, will now be introduced and discussed.

Midlife Mindfulness Reappraisal Model: An Intervention

The research reviewed in this paper inspired me to potentially fill a gap in the mindfulness field: supportive care in the form of a mindfulness-based wellness intervention that addresses the unique needs and stressors of middle-aged women. The literature in addition to my own work and training in the integrative health field influenced the specific techniques and practices, as well as the duration and structure of the intervention. The findings of the literature review suggest that a mindfulness practice/intervention could be an effective coping strategy, helping women to reduce stress, increase positive affect, and reframe or potentially find meaning in the particularly challenging, stressful, or negative experiences often associated with midlife.

To that end, the **Midlife Mindfulness Reappraisal Model (MMRM)** is envisioned as a 12-week mindfulness-based intervention (MBI) with additional health and wellness components to support and enhance women's midlife well-being and happiness. The following subsections outline the approach, participants, structure, duration, mindfulness practices and supplemental philosophy, as well as the health and wellness components comprising the intervention. An outline of the MMRM Facilitator's Manual is included and, to conclude, a recommended 12-week curriculum is detailed.

Approach

MMRM is an introductory pilot program/intervention adapted from traditional MBIs often used to reduce stress, such as the eight-week Mindfulness-Based Stress Reduction Program (MBSR) by Jon Kabat Zinn, as well as the Mindfulness-Oriented Recovery Enhancement (MORE) intervention – a novel approach informed by the Mindfulness-to-Meaning Theory (MMT) (Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017) discussed in the literature. MMT was recently proposed as a model of mindful, positive emotion regulation connecting mindfulness to more enduring, positive markers of health, such as eudaimonic well-being (Garland et al., 2015; Garland, Hanley, et al., 2017). In a similar fashion, MORE integrates traditional mindfulness meditation techniques with, specifically, positive reappraisal training (Garland, Hanley, et al., 2017; Garland, Kiken, et al., 2017). The MMRM pilot program also combines traditional mindfulness instruction with a positive reappraisal strategy utilizing self-compassion, acceptance, and gratitude exercises, and is intended to assist participants in the reframing of particularly stressful and challenging experiences. Finally, as an intervention, MMRM includes additional healthy lifestyle components to further support stress reduction and to address the unique midlife physical health considerations delineated in the literature.

Participants

MMRM is a mindfulness and wellness intervention for women in midlife, approximately 40 – 55 years old, who are generally in ‘good’ physical and mental health, but could benefit from improving their wellness routines to better support them during this stressful, transitional period of life. This program is not recommended for women who may have suffered physical or emotional abuse and/or trauma, or who may be currently going through a particularly traumatic experience. This program is also not intended for those with past or present mental health diagnoses, unless the participant’s therapist, physician, and/or psychologist has recommended and approved it. Finally, this program is not to be considered or positioned as a medical ‘treatment’ for any kind of specific condition or diagnosis; the program should be used and viewed as a supportive supplement to a typically healthy lifestyle.

Structure and Duration

MMRM is recommended as a 12-week intervention with both in-person and online instruction and support. While several MBIs utilize an eight-week format, the severity of midlife chronic stress, as evidenced in the literature, as well as my experience in the integrative health behavioral change process, guided me to structure this as a 12-week program instead of the standard eight-week approach. This allows for more time to not only integrate the practices and techniques into one’s daily life for the duration of the program, but it lends itself to deeper habit development and behavioral change. It is my educated assumption that the additional time helps the practices ‘stick,’ so to speak. That said, a risk of a longer-length intervention could potentially be dwindling engagement. To address this, online social support via a private MMRM social media (Facebook) group, is used for encouragement, support, ongoing education, and accountability.

The MMRM intervention includes:

- In-person group classes/sessions (3)
- A robust, self-guided home schedule (MMRM program roadmap)
- Direct one-to-one ongoing support via email/text with program facilitator
- Online group support with participants and facilitator(s) (private MMRM Facebook group)

The three in-person, group classes include:

- The first two-hour introductory class
- A 90-minute class at approximately the mid-way point (six weeks)
- A 90-minute class to conclude the intervention

During the two-hour introductory class, the core mindfulness practices (to be discussed in the following subsection) are taught, and the nutrition and physical fitness guidelines are also reviewed at this time. To accommodate the training and review necessary to effectively begin the program, the first session is two hours. During the first class, participants are provided with the MMRM program roadmap/schedule to continue the daily practices and wellness routine on their own at home, emulating many self-guided MBI approaches. The second (group) in-person class at the six-week point provides a mid-program check-in, and a final 90-minute group session concludes the program.

The literature indicates that social support, in particular, is a key factor contributing to positive attitudes toward aging and is correlated to better overall health and well-being. Additionally, literature posits that social support is increasingly important in minority American groups. To that end, group classes and a group online forum are strategic elements intended to build a sense of community and camaraderie within the program. This social sharing and

commiserating, ideally, translates to increased program engagement, as well as increased positive attitudes.

A robust, preliminary in-person training, a program schedule/roadmap to follow at home, direct one-on-one support with facilitator via email/text, group in-person support, and group online support are all intended to provide a structured experience, which, ideally, ensures a sense of safety and security for the participants. Factors adding to the stress load for women during midlife include, specifically, ‘role overload’ and a ‘sense of lower perceived control’ over one’s daily affairs and time; according to the literature, both correlate to lower well-being statistics. A program that is *not* turn-key, that is not clearly organized, specific, and structured, may feel like too much work to the participant who is already pulled in several directions due to role overload; a program that seemingly has too much heavy lifting at the onset may exacerbate the ‘lack-of-control’ feelings already plaguing this population. The facilitator would be wise to think along the lines of ‘help her help herself’ with simple, clear, and actionable instructions and support.

Evaluation Tools

To ensure participant safety and eligibility, a **Medical History Form** that I’ve been trained to use through my certification with the Institute for Integrative Nutrition, was adapted to determine current and past medical history and, ultimately, to determine program eligibility. Considering the program will not necessarily be facilitated by a physician, therapist, and/or psychologist (more on this in the Facilitator subsection), those with past or present trauma, past or present mental health diagnoses, and/or those with a history of substance abuse, will require approval and written consent from their medical care team in order to participate. The participants are required to sign this form, acknowledging the information provided is truthful and accurate. Additionally, a **Health Waiver Form** is required; all participants must sign the

waiver, ensuring they are responsible for consulting their medical care team prior to beginning a new wellness program/intervention and, ultimately, are choosing to participate at their own risk.

While this intervention is not intended for research/academic study purposes and no original data/research will be collected, facilitators can consider instructing participants on the use of the **Five Facet Mindfulness Questionnaire (FFMQ)** to determine states of mindfulness pre- and post- intervention; forms should be completed during the first and last group classes. I would recommend that, if used, this solely be for the benefit of the participants; the forms should not be returned to the facilitator(s). Participants can be instructed to note interesting patterns, associations, improvements, and changes, and this can be collectively discussed during the last in-person class. The FFMQ was frequently used in the research studies comprising this literature review/paper. Additionally, students in Lesley University's Master's of Mindfulness graduate program received instruction on the use of this assessment in the 'Meditation and the Brain: Introduction to Contemplative Neuroscience' course.

Finally, while several of the research studies referenced in this paper use specific psychological assessment tools to measure happiness, well-being, positive affect, and/or positive reappraisal, I cannot recommend use of such tools unless the intervention is specifically facilitated by a licensed psychologist or researcher. However, I have adapted a life satisfaction tool that is commonly used in the wellness and coaching industries: **The Wheel of Life** (Whitworth et al., 1998) exercise. As evidenced in the literature, life satisfaction is often a measure of well-being and happiness. I received training in the use of this assessment through my Institute for Integrative Nutrition certification process and feel comfortable advising other facilitators on this measure. The Wheel of Life exercise requires that participants consider specific life domains, such as career, relationships, family, health, financial security, and leisure

time/hobbies, and then rate these domains on a scale of one to 10 – from not at all satisfied, to completely satisfied (Whitworth et al., 1998). The goal is for the participant to assess their perceived satisfaction/dissatisfaction in the different domains of life (Whitworth et al., 1998). In this regard, life satisfaction becomes a way to indirectly measure overall well-being and happiness. This assessment should be used pre- and post- intervention and is, again, for the participants' edification.

Mindfulness Practices, Techniques, and Teachings

Research has shown that stress and mental distress peak in midlife for both men and women, while happiness reaches its lowest point in the life course; this is reflected by the U-curve happiness pattern and correlated, reverse-U stress pattern discussed in the literature. Furthermore, this midlife low, or dip, is seemingly more pronounced for women relative to men due the unique physiological, psychological, and psychosocial factors contributing to chronic midlife stress. This clearly demonstrates the need for targeted well-being and stress-reduction interventions for middle-aged women. As evidenced in the literature, mindfulness interventions and practices reduce stress and are correlated to positive outcomes in terms of one's health and well-being. However, when considering the sobering midlife statistics in the literature on specifically women and increased midlife depression and anxiety, is merely reducing stress *enough*? It's in this respect that the MMRM program goes against the grain, so to speak, relative to traditional, stress-reducing MBIs. While the intervention includes stress-reducing mindfulness practices, and nodding to the meaning-making and positive emotion regulation models of MMT and MORE discussed in the literature, MMRM additionally emphasizes self-compassion, acceptance, gratitude, meaning-making, and positive attitudes as mediators to midlife well-being.

To that end, the MMRM model leverages a strategic mix of both reductive (stress) and generative (positive affect) tools.

Traditional mindfulness meditations are used for both stress-reduction and for decentering, defined in the literature as the process of suspending habitual reactions and tendencies to create the psychological space or distance needed to observe thoughts and feelings. Then, practices to cultivate meaning and resiliency via positive reappraisal, self-compassion, and gratitude help to generate more favorable thoughts and feelings around the midlife experience. The MMRM program is comprised of the following mindfulness-based practices:

Reductive (stress) mindfulness practices:

- **Diaphragmatic ('Belly') Breathing** – is taught first as a fundamental breathing technique to use while meditating. I learned in my integrative health trainings that many stressed adults are not actually breathing correctly from the diaphragm. This technique will serve as an important and safe foundation for participants' practice. Deep, diaphragmatic breathing is a popular stress-reducing practice in many yogic disciplines.
- **Focused Attention (FA) Mindfulness Meditation** – Scientific mindfulness literature categorizes FA meditation as a practice of focusing one's attention on a single object, such as the breath. The goal is to keep the attention focused on the object. When the mind has drifted, one practices bringing the mind back, without judgement or without getting swept away by narratives, to the anchor of attention. Participants are instructed to use the breath as the anchor for this practice.
- **Open Monitoring (OM) Mindfulness Meditation** – OM, or non-directive meditation, is the opposite of a focused attention practice. Instead of focusing attention on an object, awareness remains open to attend to any and all thoughts, feelings, and experiences

noticed. The goal is to remain open to sensations and stimuli as they arise, without judging oneself and/or the experiences. Instead of getting caught up in thoughts or feelings, for example, one simply witnesses and remains present to what is transpiring.

- **Mindfulness Meditation Body Scan** – Midlife is time of chronic and heightened stress. When an individual is in an extremely anxious state, he/she may not be attuned to the physical signs of stress, such as increased heartrate, that may be manifesting in the body. A meditative body scan is a helpful practice to notice and reduce stress, as well as an effective tool to help participants tune in to both their mind and body. The practice is a mental scan of the body; one brings awareness to each body part from head to toe, noticing pain, tension, sensations, and discomfort. One practices staying present with and breathing into the sensations to alleviate stress.

Generative (positive affect) practices:

- **Lovingkindness (Metta) Meditation Practice** – to cultivate more self-love and self-compassion, and to address the many fears that arise during this challenging, transitional time. The Buddha first taught metta meditation as an antidote to fear (Salzberg, 1995, p. 20). Lovingkindness meditation teacher Sharon Salzberg (1995, p. 25) explains, “The practice of metta, uncovering the force of love that can uproot fear, anger, and guilt, begins with befriending ourselves. The foundation of metta practice is to know how to be our own friend.” Participants learn traditional metta phrases and practices to strengthen qualities of kindness and self-compassion, an important consideration in the literature, and to, essentially, cultivate a mind and heart that is better safeguarded from fear. Salzberg makes the important distinction that a metta practice doesn’t mean fear will never arise, but when it does, it will not easily “overpower” a mind that has cultivated the

qualities of lovingkindness and equanimity (p. 21). Participants are guided to consider and understand metta as an *intention* of friendliness and well-being; understanding the intentionality aspect helps them to experience the practice as both a process and a promise – a promise to a compassionately and intentionally stand next to whatever arises during midlife, with friendliness, compassion, gentleness, and calm acceptance.

- **Daily Gratitude Journaling Practice** – to increase gratitude in daily life. There is a strong correlation between gratitude and midlife well-being, as substantiated in the literature. Gratitude was associated with increased happiness, optimism, positive affect, and self-esteem, all important dimensions of midlife health and well-being. To help participants develop and strengthen the habit of gratitude, an end-of-day journaling exercise is utilized. The exercise requires participants to end their day by writing three things they're happy or thankful for from that day in a journal. Literature shows that highly anxious individuals often experience sleep problems. Ideally, this evening practice not only generates deeper gratitude, but also helps participants shift into a more positive and appreciative mind state before bed.
- **Guided Meditations for Positive Reappraisal** – to help participants reframe midlife as a time of transformation and meaning, to cultivate acceptance, and to develop more resilient thoughts around the aging process. Similar to MMT and MORE techniques, guided meditations that include the noticing and 'savoring' of positive experiences, with instructions not to cling or attach to pleasant sensations, are included. To help participants shift their mindset and perceptions around the aging process, additional guided meditations specifically addressing common midlife challenges and fears are also

utilized. Recordings of the guided meditations are available online in the MMRM program Facebook group for the participants' at-home use.

Finally, supplemental mindfulness theory, lessons, and principles are used to support practice. While the traditional Focused Attention and Open Monitoring practices teach, essentially, the fundamental mechanics of meditation, more nuanced mindfulness theory and grounding are incorporated for a deeper and more advanced experience. In alignment with the reductive and generative mindfulness practices listed above, the strategy with supplemental, philosophical teachings and applications also furthers the goal of alleviating stress, while cultivating deeper resiliency, self-compassion, acceptance, meaning, and gratitude in daily life. Mindfulness theory and discussion includes, for example: reframing stress; positioning happiness in different ways; cultivating gratitude around the aging process; and increasing self-compassion in daily life. Mindfulness philosophy is presented primarily in a secular manor for the most inclusive and universal approach.

Mindfulness theory and applications include:

- **Midlife and the 'Middle Path'** – classical mindfulness theory on impermanence and equanimity to help participants adapt and cope with the many changes experienced during midlife. As it relates to their practice during the intervention, participants learn that mindfulness is not an escape from life; it is a practice that enables them to relate to themselves and the world as fully and deeply as possible (Hanh, 1998). To cultivate more resiliency in daily life, participants are guided to consider the 'middle way' of equanimity. Equanimity provides a way to remain centered in the middle of turbulence; it's an inner strength and sense of equilibrium that allows one to respond to the world of experience with a nonattached, yet, engaged, understanding (Feldman, 2017). An

important distinction emphasized is that equanimity does not mean indifference or avoidance (Feldman, 2017).

- **‘See the Second Arrow’ Practice** – a practical mindfulness application to help participants cope with sensations of overwhelm and to reframe stress in daily life, especially important during the turbulent midlife period. The majority of one’s stress is manufactured in the mind. While there are very real circumstances that certainly do contribute to fear, uncertainty, and anxiety, it’s the *reaction* to these circumstances that primarily result in and escalate sensations of stress and overwhelm. Adapted from the “two arrows” sutta Dharma teaching (Rothberg, 2006, p. 74), this practice guides participants to decipher between actual pain (first arrow) versus reactive patterns and responses (second arrow) that cause additional, undue suffering. In *The Engaged Spiritual Life: A Buddhist Approach to Transforming Ourselves and the World*, Donald Rothberg (2006) explains, “We can call this second arrow suffering...suffering can thus be seen in large part as a kind of resistance or reactivity to the pain of the present moment” (p. 74).
- **‘Thoughts are Not Facts’ Teaching** – classical mindfulness theory to support practice and to teach participants *how* they relate to thoughts and feelings is critically important to their health and well-being. In *The Here-and-Now Habit: How Mindfulness Can Help You Break Unhealthy Habits Once and for All*, Insight Meditation teacher Hugh G. Byrne (2016) explains, “An essential mindfulness skill is to develop a healthy relationship with your thoughts – seeing thoughts as ephemeral products of your mind rather than as the *truth*” (p. 123). Thoughts in and of themselves are not necessarily problematic; the problem lies in how one relates to and/or identifies with them, especially when this may

lead to being swept away in rumination and/or habit. A key teaching emphasized includes: Meditation is not about stopping stressful thoughts; it's about learning how to work with them and not get overtaken by them.

- **‘Thirsting for Happiness’ Teaching** – ‘Tanha’ literally means “thirst” (Harvey, 2013, p.63) in Pali, the language of the Buddhist Pali Canon scriptures, and refers to the “clinging desires” (p. 63) that keep one continually seeking gratification. When this gratification is short-lived, suffering arises. Craving begets more craving, perpetually fueling the fire of habituation and gratification. When happiness is mistaken for pleasure and gratification, there is always a *thirst* for more. In this regard happiness is elusive, seemingly out of reach and perpetually off on the distant horizon. This teaching is used to catalyze a discussion on conditional versus unconditional happiness as it relates to subjective well-being (SWB) and psychological well-being (PWB) in the literature.
- **‘Mental Notation’ Technique** – also referred to as ‘labeling’ and/or ‘naming.’ This supplemental mindfulness technique calls for the identification of emotions and thoughts with a descriptive phrase or label. For example, ‘this is a stressful thought,’ or by using the actual name of the emotion that is arising, such as anger, sadness, or anxiety. This process may reduce stress as it helps participants to observe thoughts as passing phenomena, rather than getting lost in the content of the thoughts (Brewer, 2017; Byrne, 2016).
- **‘Welcoming Guests’ Practice** – The metaphorical technique of ‘welcoming guests,’ a reference to “The Guest House” poem by Sufi poet Rumi (Byrne, 2016, p. 68), calls for not only awareness, but also the cultivation of a welcoming, curious, and friendly attitude to greet whatever may be unfolding in the moment. The technique emphasizes meeting

what arises with acceptance, compassion, and kindness, rather than to resist or challenge what is transpiring. In this respect, it may reduce a fair amount of mental struggle and tension. Byrne (2016) elucidates, “Mindfulness is much more than a technique for cultivating awareness of your experience. It’s an attitude of relating fully, with an open heart, to life as it is – recognizing what you’re experiencing and meeting it with kindness and acceptance (p. 67).” This is an especially important application to foster self-compassion and acceptance as positive mediators to midlife well-being.

The next section will explain the additional wellness components of the intervention, included to support participants’ overall physical health and well-being.

Additional Health & Wellness Components

I appreciated the structure and approach of one MBI, in particular, which included supporting health and wellness components, in addition to evidenced-based mindfulness, to enhance overall well-being in a subset of middle-aged women. The *Health Promotion Practice* research study, “Women’s Health and Mindfulness (WHAM): A Randomized Intervention Among Older Lesbian/Bisexual Women” (Ingraham et al., 2017), was a 12-week pilot intervention broadly addressing mindfulness, healthy eating, and physical activity in overweight or obese lesbian and/or bisexual women, aged 40+. The four-pronged intervention included: mindfulness-based stress reduction; nutrition guidance; an exercise regimen and goals; and ongoing health education and knowledge.

Study findings support the intervention’s efficacy. The mindfulness-based wellness program supported women in making positive health changes that resulted in both physical and mental health improvements, including increased mindfulness, less emotional eating, and improved quality of life (Ingraham et al., 2017). Similar to WHAM, the MMRM intervention

aims to help middle-aged women find healthier, mindfulness-based coping mechanisms that support both mental and physical health; this holistic approach, ideally, contributes to enhanced overall well-being and happiness, even during the particularly stressful midlife period.

In addition to the mindfulness-based stress reduction practices and the mindfulness-based positive reappraisal techniques (discussed in the Mindfulness Practices and Techniques subsection), MMRM includes supporting health and wellness elements. The additional components include:

- **Nutrition: Healthy Eating Guidelines** – As per my experience and knowledge as a certified wellness practitioner, a heart-healthy, Mediterranean-style diet was adapted and is used to support cardiovascular health, as well as to help balance and regulate hormones, both key physical health concerns and considerations documented in the literature. The guidelines are provided in the first group session and are available in the MMRM self-guided, at-home program roadmap.
- **Weekly Physical Activity** – Literature supports that consistent, weekly physical activity correlates to several positive, physical health outcomes, as well as better overall mental health. Participants are guided to maintain a weekly exercise routine based on their own level of fitness and needs.
- **Ongoing Health Education** – Brief, educational presentations are offered during the three group, in-person sessions; weekly content is also available in the online support forum (program Facebook group) to help participants stay on track at home.
- **Health Goals** – Facilitator(s) work with each participant to set realistic physical activity and healthy eating goals. The literature posits that a focus on eudaimonic goals may be important for establishing a sustainable and positive trajectory of well-being (Garland et

al., 2015). To that end, creating small, achievable health goals during the intervention may potentially help to bolster confidence and resiliency, as well as keeping participants engaged and on track. This has the potential to positively impact or uplift other areas of life. For example, achieving program goals may contribute to feeling more empowered and in control over one's daily life and choices, which could potentially reduce stress and increase feelings of optimism. In this regard, small, realistic goals may support and enhance well-being and happiness. Important to note, facilitator(s) ensure goals are appropriate and realistically attainable; if goals are not realistic and never achieved, this could have the unintended consequence of exacerbating stress levels and the midlife lack-of-control narrative.

Instructor/Facilitator Manual

As the program includes advanced mindfulness techniques and knowledge, as well as additional healthy lifestyle components, MMRM should be facilitated by experienced and certified mindfulness meditation teachers who, ideally, are also certified health and nutrition practitioners. If the mindfulness meditation teacher does not have additional wellness experience and training, the instructor may consider using 'guest' teachers to deliver the health education and to help determine appropriate healthy lifestyle goals for the participants. With the support of trained wellness and nutrition professionals, the program could also be used by therapists, counselors, and psychologists trained in mindfulness.

All instructors/facilitators receive a MMRM Facilitator Manual that details and outlines program guidelines, structure, and approach. A recommended 12-week curriculum is also included. Similar to the data contextualized in this literature review/paper, background information on women's health in midlife and on the U-curve happiness pattern is presented

here. Teachers should be highly informed on the physiological, psychological, and psychosocial factors contributing to heightened and chronic midlife stress for women. The healthy lifestyle guidelines and recommendations on how to deliver this information is also detailed in the manual. The MMRM Facilitator Manual includes the following sections:

- Midlife Health and Well-being for Women (Background Information)
- U-curve Happiness Pattern (Background Information)
- Introduction to Midlife Mindfulness Reappraisal Model (MMRM): An Intervention
- MMRM Guidelines and Approach
- MMRM Evaluation Tools (Forms, Waivers, and Assessments)
- MMRM Structure & 12-week Curriculum – including recommendations on how to sequence the weekly content, practices, and online group support; and instruction on how to deliver the additional health and wellness guidelines.
- MMRM Mindfulness Practices (Reductive and Generative Techniques)
- MMRM Supplemental Mindfulness Theory and Applications
- MMRM Nutrition and Healthy Eating Recommendations
- MMRM Physical Activity Recommendations
- MMRM Healthy Lifestyle Goals
- MMRM Participant Roadmap (Self-guided, At-home Template)
- MMRM References and Additional Resources

12-Week MMRM Curriculum: Recommended Weekly Content & Practices

The following represents a recommended 12-week MMRM thematic schedule and approach demonstrating how to introduce and sequence the mindfulness practices, techniques, supplemental mindfulness theory and applications, as well as the health and wellness

components. Important to note, the Medical History Form is used pre-intervention to determine participant eligibility, and the Health Waiver form is completed/signed before the intervention begins. To mitigate initial overwhelm and/or information overload, a phased information ‘drip’ approach that slowly introduces and sequences new practices and techniques over several weeks, is utilized. New mindfulness theory, applications, and/or practices are introduced each week during the first eight weeks. To help participants reframe midlife as a time of transformation and meaning, to cultivate acceptance, and to develop more resilient and positive thoughts around the aging process, additional emphasis is placed on positive reappraisal, acceptance, and self-compassion practices during the final four weeks (Weeks 9-12).

The MMRM 12-week curriculum includes:

- **Week 1: Two-hour Introductory Group Session/Class (In-person)**
 - Introductions: MMRM program facilitator(s) and participants.
 - MMRM program structure, instructions, and mechanics are introduced.
 - The MMRM self-guided, at-home roadmap (schedule) is distributed and reviewed.
 - Diaphragmatic breathing is introduced as a foundation to participants’ meditation practice.
 - The Focused Attention (FA) and Open Monitoring (OM) mindfulness meditation techniques are taught and briefly practiced; participants are instructed on how to begin a 20- to 30-minute daily home practice.
 - MMRM journals/notebooks are distributed and the daily gratitude journaling exercise is explained.
 - Heart-healthy dietary and nutrition plan is distributed and reviewed.
 - The importance of weekly physical activity is discussed.
 - Participants complete the Five Facet Mindfulness Questionnaire (FFMQ).
 - Participants complete the Wheel of Life assessment tool.
 - Participants are directed to the MMRM online forum, the program social media group, for the second week’s instructions and practices.

- **Week 2: Self-guided Week + Health Goals**
 - MMRM facilitator individually contacts each participant to establish simple and realistic health and wellness goals for the program, as well as a weekly physical activity regimen.
 - Meditation Body Scan is taught via video in the MMRM online group.
 - Participants continue their at-home daily meditation practice, journaling exercise, and wellness plan.

- **Week 3: Self-guided Week + Positive Reappraisal Training**
 - To help participants reframe midlife as a time of transformation and meaning, to cultivate acceptance, and to develop more resilient and positive thoughts around the aging process, Positive Reappraisal Guided Meditations/Training is introduced in the MMRM online group (audio or video format).
 - Choosing from the meditative techniques introduced thus far, participants continue their at-home, daily meditation practice.
 - Participants continue with their daily journaling exercise and wellness plan.

- **Week 4: Self-guided Week + Self-compassion Training**
 - Lovingkindness (Metta) Meditation and theory is introduced and discussed via livestream in MMRM online group; livestream allows for group interaction and real-time comments/questions.
 - Choosing from the meditative techniques introduced thus far, participants continue their at-home, daily meditation practice.
 - Participants continue with their daily journaling exercise and wellness plan.
 - MMRM facilitator individually contacts each participant to check-in on how they're progressing.

- **Week 5: Self-guided Week + Supplemental Mindfulness Teaching**
 - 'Midlife and the Middle Path' supplemental mindfulness theory and teaching is presented in the MMRM online group (audio or video format).
 - The 'See the Second Arrow' teaching and practice is introduced in the MMRM online group as a supporting, stress-reducing technique (audio or video format).
 - Choosing from the meditative techniques introduced thus far, participants continue their at-home, daily meditation practice.
 - Participants continue with their daily journaling exercise and wellness plan.

- **Week 6: 90-minute Group Session (In-person)**
 - This in-person, group session serves as the program's mid-way check-in; MMRM facilitator(s) and participants discuss progress, questions, insightful moments, and challenges.
 - This also provides an opportunity for facilitator(s) to engage participants with additional and relevant health information, for example, midlife cardiovascular health or midlife hormone health educational knowledge and content. If the facilitator is not a certified health practitioner, 'guest' teachers may be utilized.
 - Positive Reappraisal meditations and self-compassion exercises are reviewed.
 - A group meditation session is conducted.
 - Facilitator(s) briefly and individually check-in with each participant on the progress of their wellness plans and practice.

- **Week 7: Self-guided Week + Supplemental Mindfulness Teaching**
 - 'Thoughts are Not Facts' supplemental mindfulness theory and teaching is presented in the MMRM online group (audio or video format).
 - 'Thirsting for Happiness' supplemental mindfulness theory and teaching is presented via livestream in MMRM online group; livestream allows for group interaction and real-time comments/questions.
 - Choosing from the meditative techniques, participants continue their at-home, daily meditation practice.
 - Participants continue with their daily journaling exercise and wellness plan.

- **Week 8: Self-guided Week + Supplemental Mindfulness Teaching**
 - 'Mental Notation' mindfulness teaching and practice is introduced in the MMRM online group as a supporting, stress-reducing technique (audio or video format).
 - 'Welcoming Guests' supplemental mindfulness theory and practice is taught in the MMRM online group (audio or video format).
 - Choosing from the meditative techniques, participants continue their at-home, daily meditation practice.
 - Participants continue with their daily journaling exercise and wellness plan.

- **Week 9: Self-guided Week + Positive Reappraisal Training**
 - To help participants reframe midlife as a time of transformation and meaning, to cultivate acceptance, and to develop more resilient and positive thoughts around the aging process, *additional* emphasis is placed this week on Positive Reappraisal Guided Meditations; practices are available in the MMRM online group.

- MMRM facilitator individually contacts each participant to check-in on how they're progressing.
 - Participants continue their at-home, daily meditation practice.
 - Participants continue with their daily journaling exercise and wellness plan.
- **Week 10: Self-guided Week + Self-compassion Training**
 - To help participants cultivate more self-compassion and acceptance in their daily lives, *additional* emphasis is placed this week on lovingkindness theory and practice; practices are available in the MMRM online group.
 - Participants continue their at-home, daily meditation practice.
 - Participants continue with their daily journaling exercise and wellness plan.
- **Week 11: Self-guided Week + Positive Reappraisal Training**
 - To help participants reframe midlife as a time of transformation and meaning, to cultivate acceptance, and to develop more resilient and positive thoughts around the aging process, *additional* emphasis is placed this week on Positive Reappraisal Guided Meditations; practices are available in the MMRM online group.
 - Participants continue their at-home, daily meditation practice.
 - Participants continue with their daily journaling exercise and wellness plan.
- **Week 12: 90-minute Concluding Group Session (In-person)**
 - This third in-person, group session serves as the program conclusion; facilitator(s) and participants discuss final questions, challenges, insightful moments, and overall experience.
 - This also provides an opportunity for facilitator(s) to engage participants with final, relevant health information/educational content; if the facilitator is not a certified health practitioner, 'guest' teachers may be utilized.
 - A group meditation session is conducted.
 - Facilitator(s) briefly and individually check-in with each participant on the final progress of their wellness plans and practice.
 - For comparison to their first evaluation forms, participants complete their second Five Facet Mindfulness Questionnaire (FFMQ) and Wheel of Life assessment tools.
 - Facilitator(s) review how to maintain the program at-home, beyond the 12-weeks.
 - A 'ceremony' acknowledging participants' journey, dedication, and hard work concludes the session.

Conclusion

Midlife remains the most poorly understood and understudied period of the lifespan. That said, there is recent interest among social scientists to understand the relationship between age and happiness. Recent data suggests that not only are middle-aged people less happy, they have the lowest levels of life satisfaction and experience the most anxiety and stress compared to both younger and older age groups. This marks a trend currently being analyzed by well-being and happiness researchers and scholars: Happiness dips gradually in early adult life until it reaches its lowest point, approximately around a person's mid-40s to early 50s, and seemingly starts to rebound in older age. This well-being and happiness 'U-curve' pattern is referred to as the 'midlife slump' – replacing 'midlife crisis' in the current lexicon as it's more indicative of the gradual and general midlife malaise experienced during this stage of life. The evidence for this consistent relationship between age and happiness is strong. The majority of the literature suggests the U-curve is especially intriguing due to its consistency across individuals, countries, and cultures.

While midlife is undoubtedly a period fraught with heightened and chronic stress for all genders, a number of physiological, psychological, and psychosocial factors may mean this midlife low, or dip, is seemingly more pronounced and compounded for women. The need for targeted well-being interventions for middle-aged women is clearly demonstrated. There are many unique challenges and implications for women in midlife; these include: aging gender inequality and discrimination; prolonged life 'firsts' once associated with younger women; role overload; loss of a perceived sense of control over daily life; vulnerability to increased anxiety and depression; and the physiological effects associated with both chronic midlife stress and the perimenopausal transition. Potentially balancing the factors contributing to this heightened

midlife malaise, positive midlife mediators documented in the literature include: maintaining positive and healthy attitudes around aging, with particular emphasis on feelings of self-compassion and gratitude; social support; framing midlife as a time of rich personal growth, meaning, and transformation; and maintaining a physically healthy and active lifestyle.

A key to happiness, as posited in the literature, is the experience of positive emotions. Yet, the absence of ‘bad’ doesn’t necessarily mean an improvement of ‘good,’ at least in the context of happiness and well-being, and this is an important consideration in the development of a mindfulness intervention to address the midlife happiness dip. As the literature indicates, personal transformation and meaning-making, rather than a mere focus on reducing negative states, enriches life. Although mindfulness meditation does not involve intentionally generating positive thoughts and feelings, recent theorizing posits that positive affect can emerge through mindfulness practice. From a health and psychology perspective, reductions in distress and negative affect are one important consideration linking mindfulness interventions with improvements in health, happiness, and well-being, but the cultivation of positive emotions is a second important factor that may independently promote health and well-being.

As evidenced in the literature, mindfulness interventions and practices reduce stress and are correlated to positive outcomes in terms of one’s health and well-being. However, when considering the sobering midlife statistics on women and increased midlife depression and anxiety, is merely reducing stress *enough*? It’s in this respect that the Midlife Mindfulness Reappraisal Model (MMRM) goes against the grain relative to traditional, stress-reducing MBIs by *not* solely emphasizing the reduction or elimination of negative states, as the literature indicates that doing so may not necessarily cultivate the ‘good.’ Yet, the turbulent midlife period can arguably use a dose of ‘good’ to somewhat lift the measured happiness dip. The research

reviewed in this paper inspired me to potentially fill a gap in the mindfulness field: supportive care in the form of a mindfulness-based wellness intervention that holistically addresses the unique needs and stressors of middle-aged women. MMRM is envisioned as a 12-week MBI to help middle-age women reduce stress and reframe the negativities and discrimination surrounding aging, while also improving additional markers of health to collectively and positively impact happiness and overall well-being. While the intervention will include stress-reducing mindfulness practices, and nodding to the meaning-making and positive emotion regulation models of MMT and MORE discussed in the literature, MMRM additionally emphasizes self-compassion, acceptance, gratitude, meaning-making, and positive attitudes as mediators to midlife well-being. To that end, the MMRM model leverages a strategic mix of both reductive (stress) and generative (positive affect) tools.

While it's encouraging that the happiness U-curve seemingly rebounds in older age, it would also be encouraging to think midlife malaise could be improved with a specifically targeted mindfulness and wellness protocol informed by evidence-based best practices. Considering the unique, well-documented pressures and stressors to midlife well-being, this area represents a rich opportunity for future study and potential. For some women, MMRM may potentially fill the gap here — taking the edge off of the lowest point of the 'dip,' thereby enhancing midlife health, happiness, and well-being.

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