

DECLARATION

I hereby declare that this Master’s Thesis is my original work and has not been presented to any university of institution for academic credit.

Ann Wanjiru Njinu **PSI/AN/36/17**

Signature.....

Date.....

RECOMMENDATION

This Master’s Thesis has been presented for examination with our recommendation as university supervisors.

First Supervisor

Rev. Fr. Hubert Pinto, SDB

Signature.....

Date.....

Tangaza University College

Second Supervisor

Rev. Dr. Joyzy Pius Egunjobi

Signature.....

Date.....

Psycho-Spiritual Institute

Marist International University College

ABSTRACT

This study explored the correlational between midlife transition and psychological well-being among religious women from Karen Parish. The study's objectives were: to explore the experiences of midlife transition issues among religious women in Karen Parish, to examine the impact of midlife transition issues on psychological well-being among consecrated women in Karen parish, to investigate the correlational between midlife transition issues and psychological well-being among the consecrated women in Karen Parish, to explore the coping strategies used at midlife transition among consecrated women in Karen Parish. The study used concurrent triangulation design to collect both quantitative and qualitative data simultaneously. The target population was 115 consecrated religious women who reside in Kenya. A sample size of 90 religious women aged between 40 and 60 from Karen Parish was selected for study, using purposive sampling and convenience sampling. Questionnaires and interview guides were used to collect data. The quantitative data was analysed using Pearson correlation coefficient regression analysis while qualitative data was transcribed, coded and analysed using thematic analysis. The findings of this study give more understanding to religious women on how to take care of themselves at this transitional stage.

DEDICATION

To my paternal grandmother Hannah Wanjiru Mwangi for her love and continuous prayers for me.

ACKNOWLEDGMENT

I would like to express my deepest gratitude to several individuals without whose support and assistance this work would not have been completed.

First and foremost, I thank God through whom all things are possible. To him be all the glory and thanksgiving forever. I owe my deepest gratitude to my superiors for giving me the opportunity to pursue my studies, and to the entire family of Daughters of the Sacred Heart, especially Malta province for supporting me in every way. My heartfelt and sincere gratitude are due to my supervisors, Rev. Dr. Hubert Pinto and Rev. Dr. Joyzy Pius Egunjobi, for their guidance and encouragement throughout the whole process of this work. My deepest thanks are to all the people who contributed in different ways to this research. Special thanks to all the religious women who took part in this research. For their time, effort and valuable contribution, I am forever grateful. My heartfelt thanks are also to Bro Julius Ikenna for his assistance with statistical analysis and good advice. I will forever be grateful to my family for their prayers, encouragement, love and support which have kept me going in my religious life.

May the Almighty God bless you all.

TABLE OF CONTENTS

DECLARATION	ii
RECOMMENDATION.....	ii
ABSTRACT	iii
DEDICATION.....	iv
ACKNOWLEDGMENT	v
TABLE OF CONTENTS	vi
LIST OF ABBREVIATIONS.....	x
LIST OF FIGURES	xi
LIST OF TABLES	xii
CHAPTER ONE.....	1
INTRODUCTION	1
1.0 Introduction.....	1
1.1 Background to the Problem	1
1.2 Statement of the Problem.....	9
1.3 Objectives of the Study.....	10
1.4 Research Questions	11
1.5 Significance of the Study.....	11
1.6 The Scope of Study	12
1.7 The Delimitation of the Study.....	12
1.8 Theoretical Framework.....	13
1.9 Conceptual Framework.....	14
1.10 Definitions of Terms.....	15
CHAPTER TWO	16
LITERATURE REVIEW	16

2.0 Introduction.....	16
2.1 Experience of Midlife Transitions.....	16
2.1.1 Body Image in Midlife.	18
2.1.2 Ageing Concern in Midlife	22
2.2 Impact of Midlife Transition on Psychological Well-Being	24
2.2.1 Positive Relationships with Others	25
2.2.2. Purpose in Life during Midlife.....	25
2.2.3 Self-Acceptance	26
2.3 Relationship between Psychological Well-Being and Midlife Transition	27
2.4 The Coping Strategies used at Midlife Transition	28
2.5 Summary of Literature.....	30
CHAPTER THREE.....	31
RESEARCH METHODOLOGY	31
3.0 Introduction.....	31
3.1 Research Design.....	31
3.2 Target Population	31
3.3 Sampling Procedure	31
3.3.1 Sample Size.....	32
3.4 Data Collections Instruments.....	33
3.4.1 Questionnaires.....	33
3.4.2 In-depth interview guides for 10 sisters	33
3.4.3 Pilot study	34
3.5 Validity	34
3.6 Reliability.....	34
3.7 Data Collection Procedure.....	34

3.8. Data Analysis	35
3.9 Ethical Considerations	35
CHAPTER FOUR.....	37
DATA PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSION.....	37
4.0 Introduction.....	37
4.1 Distribution and Return Rate	37
4.2 Presentation of findings	38
4.2.1 Demographic information.....	38
4.2.2 Experience of Midlife transition Issues	41
4.2.3 Impact of Midlife Transition on Psychological Well-Being	44
4.2.4 The Coping Strategies used at Midlife Transition	47
4.2.5 Correlational between Midlife Transition and Psychological Well-being	48
4.3 Presentation of qualitative data	48
4.3.1. What is midlife transition according to you?.....	49
4.3.2 What are some of the issues that make up midlife transition?.....	49
4.3.3. What are some of the issues you think religious women go through during midlife transition?	50
4.3.4 What are your thoughts of body image and size during midlife transition?.....	51
4.3.5 What are your thoughts about aging and midlife transition?.....	52
4.3.6 In your opinion, what would be helpful for somebody going through midlife transition?	53
4.4 Summary of the Findings according to the Objectives	53
4.5 Interpretation and discussion	54
4.5.1 Experience of Midlife transition	54
4.5.2 Impact of psychological well-being	55
4.5.3 Coping strategies	56

4.6 Summary of Discussion	57
CHAPTER FIVE	58
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.....	58
5.0 Introduction.....	58
5.1 Summary of the study.....	58
5.2 Conclusion	60
5.3 Limitations of the study.....	61
5.4 Recommendations	61
5.4.1 Religious Superiors	61
5.4.2 Priests	62
5.4.3 Individuals	62
5.5 Suggestions for Further Research	62
5.6 Reflexivity	62
REFERENCES	64
APPENDIX 1.....	69
CONSENT FORM.....	69
APPENDIX 2.....	70
QUESTIONNAIRE FOR RELIGIOUS WOMEN.....	70
APPENDIX 3.....	74
INTERVIEW GUIDES	74
APPENDIX 4.....	75
RESEARCH BUDGET.....	75

LIST OF ABBREVIATIONS

MTQ	Midlife transition questionnaire
MTE	Midlife transition experiences
PWB	Psychological well-being
NACOSTI	National Commission for Science, Technology and Innovation
SPSS	Statistical programme for social sciences

LIST OF FIGURES

Figure 1.1 Conceptual Framework of the Study	14
--	----

LIST OF TABLES

Table 3.1: Sampling Size and Technique	32
Table 4.1: Research Instrument Distribution and Return Rate.....	37
Table 4.2: Respondents Age Distribution.....	38
Table 4.3: Years in Religious life of Participants.....	39
Table 4.4: Apostolate/Ministry of Respondents.....	40
Table 4.5: Demographic Information of Interview Respondents.....	41
Table 4.6: Mid-life Transition Experience.....	41
Table 4.7: Body Image.....	42
Table 4.8: Aging.....	43
Table 4.9: Relationship with Others.....	44
Table 4.10: Purpose in Life.....	45
Table 4.11: Self-acceptance.....	46
Table 4.12: Coping Strategies in Order to Cope with Midlife Transition.....	47
Table 4.13: Correlation between Midlife Transition and Psychological Well-Being.....	48

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents the background of the study, the statement of the problem, the objectives of the study, the research questions, the significance of the study, the theoretical framework, the conceptual framework and operational definition of the terms.

1.1 Background to the Problem

Midlife transition is a natural developmental process and normal part of maturing which adults go through and experience at some point in life. It is a crucial period in human development which links earlier and later periods, and acts as a bridge to younger and older generations, thus playing a significant role in the life course of the individual and also at the family and societal levels (Lachman, 2014).

There are different perceptions about midlife transition. According to Carl Gustav Jung (1875-1961), midlife transition, which he suggested to start at about age 40 and end at about age 65, is a time of major changes in physical and psychological life. According to him, during this period individuals begin to experience decline in physical capacity and start to realize that they are no longer able to do things they used to do in younger years. Middle-life to Jung is a time of enormous psychological importance whereby instead of looking forward, people involuntarily look backward most of the time and begin to see how their lives have developed up to this point. At times, these insights do not come easily; they can create tension and anxiety (Wahl & Kruse 2005).

Another insight on midlife transition is from Erik Erikson's (1993) theory of psychosocial development. According to Berk (2014), this theory is a foundational framework for understanding adult human development across the life span and developmental transition into and through midlife. According to Erickson, midlife transition occurs in the seventh stage

of his eight stages of psychosocial development. During this stage, which according to him occurs between the ages of 40 and 60, a key psychosocial crisis of generativity versus stagnation has to be resolved.

Generativity refers to the focus on future generations and offering one's services for the benefit of others. It involves paying back society for the things received through working hard and raising a good family. It encompasses procreativity, productivity and creativity, and thus the generation of new products and new ideas, including a self-generation concerned with further identity development (Erikson, 1993).

Stagnation is the lack of purpose in life, self-absorption and isolation that is experienced when generativity is wanting. Midlife crisis is experienced during this period by those individuals who experience stagnation. These, were thought by Erikson to be more vulnerable to emotional distress, depression or despair. They lack in creativity and productivity as they age (Erikson, 1993).

Jung and Erikson share a view of mid-life as a time of deep change in the individual. Both noted increased creativity in many people during midlife. Jung saw an essential change in psychic disposition taking place during midlife. Erikson described changes in ego interest away from oneself toward a concern for the welfare of the next generation. Both clearly agree that, looking back over one's life and evaluating it, is characteristic of the mid-life change (Wahl, & Kruse, 2005).

According to Daniel Levinson (1986), mid-life transition begins at around age forty and ends at around age sixty-five. During this major life transition the life structure comes into question and cannot be taken for granted. Such questions as these are asked: "What have I done with my life?", "Where am I?" and "Where am I going?" A person questions his desires, values, talents and aspirations. According to Levinson (1986) it is important to recognize that one is

working on normal mid-life transitional tasks during midlife transition. During this time the person must learn to listen to the voices from inside the self and then decide what part these voices will have in one's life. At this time, one is more able to look at the self and to deal with illusions about the self (Levinson, 1986).

Midlife transition has been described as a period of turmoil or crisis for some people, and a time of stability, peak functioning, responsibility and growth, for others, and still for some people it may be a combination of crisis and competence. Individual differences in midlife show some people do well while others do not. There is some empirical support that shows midlife is a time of crisis for some people (Setiya, 2014, Rauch J. 2014, Wong, 2012) Oswald, 2017). Other studies show midlife transition is the peak of lives for some people (Lachman, 2014, Lachman 2015, Palk, 2015). One aim of this present study was to explore how religious women in Karen experience midlife transition. This study explored whether midlife is a time for personal development and growth or it is a time of crisis for religious women in Karen. It questions what midlife is all about and how is it subjectively experienced among religious women in Karen.

According to Parker (2016), midlife is a transitional period of the life course in which significant life changes, transformations, turning points and sometimes loss can occur. In midlife, women and men may experience major losses such as the death of a parent, the termination of marriage or important relationships, the loss of a life role that has defined them for many years, the identity confusion resulting from the loss of meaningful work, and the loss of health and vitality through physical illness. Some of these losses represent the norms of middle life transition (Parker, 2016).

This transition process is also accompanied by changes at all levels: physical, psychological, social, and spiritual. According to Lachman (2015), physical signs of aging that may occur during this period have potential to affect body image perception and psychological

well-being especially among women. Because appearance is often central to women's self-concept, women in particular may be concerned with the effects of their changing body on their appearance. According to Goswami (2013), for women, midlife transition issues which to a greater extent are caused by menopausal reasons, can trigger anxiety, worry, depression, and a sudden inability to handle stress, and can affect a person's body self-image, depending on what level of self-esteem an individual may possess (Goswami, 2013).

As a woman goes through pre-menopause and menopause phases, symptoms such as hot flashes, mood swings, increase of body weight, strained relationships and feelings of aimlessness in life may occur. Although some of these symptoms are expected to occur during midlife transition, their impact can still come as a surprise and can trigger anxiety and worry. These changes are usually anticipated on a practical level but the emotional and psychological impact that they have can affect one's well-being. This present study hopes to examine the impact midlife transition issues have on the lives of religious women in Karen, with particular focus on their psychological well-being (Goswami, 2013)

According to Kotala (2018), the body changes associated with menopause constitute a risk factor for poor body esteem. Body self-image is how the physical appearance affects the image of self within. It is how one views one's physical self, including whether one feels that they are attractive and whether others like their looks. Midlife is arguably a period in which age-related changes become more noticeable and often can be problematic. With such a great deal of value and emphasis placed upon beauty and youth in today's society, age-related body changes can become undesirable and unacceptable on both a personal and societal level

At midlife, as women approach 40 and beyond, they are often forced to look ahead toward aging and to realize that youth is left behind. For some women, accepting that they are aging can be stressful. Some spend a lot of money on beauty products like vitamins, face creams, cosmetics and plastic surgery to stop aging. Others become anxious, worried and

depressed that they are growing old and desire they could delay the aging process. This present study investigates the way the religious women in Karen perceive their changing body during midlife transition. Do age related changes in the body during midlife transition affect the body image of the religious sisters in Karen?

According to Hoffman (2012), isolation can be an issue for women in midlife as they experience midlife transition issues. Midlife can be a time of extreme frustration, resulting in close friends and family members feeling the effect of the midlife woman's hopelessness and despair. Oftentimes, the very people who can provide comfort and support withdraw, which increases the midlife woman's sense of isolation. These people suffer as well because the stress some women feel during this time deprives them of the motivation and vitality to contribute positively to their environment or to channel their creative potential for impacting the lives of others in their community (Hoffman, 2012),

I have observed that most religious women at midlife are very much engaged in active ministries and great responsibilities. Quite often, they do not have time and space to pause and reflect on their lives during this time. For some it is the time when they are allowed to go to school, which should have been done earlier in life. Some religious lack awareness of what they are going through whereas others are aware that there are things going on within themselves but which they cannot understand. They feel they want to be away from the community or feel lonely and misunderstood while they are with other sisters. Some end up isolating themselves from the community.

For religious women relationship with self and others in the community can be problematic during midlife especially when the person feels misunderstood. Lack of understanding from others can make it harder for middle-aged religious to deal with physical and psychological difficulties during midlife transition.

Midlife is a period in which age-related changes become more noticeable which can be problematic. At midlife, women may be concerned with aspects of appearance related to age, such as wrinkles on the skin and increase of body weight. Like other women, religious sisters may begin to observe their body image and shape during midlife. Others due to body changes may develop a poor body image which may lead to lack of self-acceptance.

In my view, adults in midlife are expected to go about their business as if nothing has changed. They are required to continue being the same as they were in their younger years, in spite of physical and life changes. Yet, the experiences of midlife transition can be overwhelming especially if there is little preparation or none at all, for the challenges. The experiences of midlife can frighten men and women and leave them feeling hopeless and anxious.

This present work explores some of the issues and challenges faced by women during midlife transition. There are many interesting aspects of midlife transition which can be explored and discussed. However due to the limited time, they cannot be all tackled in this study. The study will only focus on ageing and body dissatisfaction and its relationship to the psychological well-being of religious women who are parishioners of Karen Parish. Focusing only on women is by no means to say that men do not have challenges and issues with transition to midlife, but it is only for the specificity sake of this study.

Studies have shown that midlife transition can lead to crisis in one's life such as; break down in marriages, loss of commitment to one's carrier, lack of meaning in life, anxiety and even depression (Parker, 2016, Rauch, 2014, Coccia, 2011). Parappull and Kuttianimattathil (2012), observed that in religious life, when a person hits a midlife crisis, it could lead to an entire loss of one's vocation or a disorientation within the vocation. For some religious, life can lose its sense and the kind of activities that one used to love and enjoy before can lose color

and meaning. Lack of understanding of the changes taking place at mid-life, can cause a person to feel lost and can lead to turmoil and distress.

Negative emotions, distress, anxiety and stress are known to cause a decline in levels of physical and psychological well-being. According to Yaffe and Steward (2009), not dealing effectively with midlife challenges may lead to a negative impact on a person's psychological health and well-being. Psychological well-being has been in the past identified with pathology, unhappiness, human suffering, absence or lack of symptom of distress and anxiety (Taneva, 2016). According to Ryff (2014), this view is very narrow, since defining mental health as an absence of illness ignores human needs and abilities to prosper and the protective effects associated with living well. In Ryff's view, psychological well-being is identified with mental health which is comprehended as a state of mind in which a person who is healthy is able to cope with and adjust to the recurrent stresses of everyday living in an acceptable way (Ryff, 2014).

Ryff (2014), continues to state that, there are six factors which contribute to a person's psychological well-being. These are: autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance. This study focuses on three components; positive relationship with others, purpose in life and self-acceptance. By focusing on these three components does not mean to say that the other components are not considered important. However, it is only for the specificity of this study.

Developing and maintaining positive relationships with others depicts a positive functioning. The ability to love and to receive love, to feel empathy and affection for others and to develop warm relations with others characterizes a healthy individual. Purpose in life incorporates the criterion that healthy people possess goals, intentions, and a sense of direction, from which they feel that their lives are meaningful. Self-acceptance is integral to adapting to life's challenges and enabling oneself to accomplish goals (Sherry & Reid, 1998).

In my opinion, for religious sisters who are called to live together in a community, positive relationship with others is crucial in helping transit well midlife transition. Self-acceptance and having a purpose in life are paramount in living religious life. Thus, these three aspects will be investigated in relative to midlife transition among religious sisters in Karen. This study investigates the correlational between midlife transition issues and psychological well-being among the religious sisters in Karen. Do awareness of ageing and experience of physical body changes during midlife transition, impact on psychological well-being of the religious sisters in Karen, particularly on their relationships, purpose in life and self-acceptance? This study answers this question.

Studies have been conducted on midlife transition on married people. Some of these are highlighted here. Dare (2011), conducted a study in Australia in which he explored how contemporary women experienced midlife transition. Glazer et al. (2012) conducted a study in Ohio to examine women's experience during midlife transition. In this study, different dimensions of body perceptions among African American and European American women in their midlife were examined in relation to depression. Results indicated that for both African American and European American women, perceptions of bodily function and appearance were significantly positively related to depression.

Another research was conducted in England by Smith (2014), to explore the body image of women in midlife. The majority of the participants reported that their weight or body shape played a key role in their self-perception, with half of the women checking their body shape or size on a daily basis and weighing themselves regularly. The women also reported feeling less satisfied with several aspects of their appearance compared with when they were younger, including stomach shape, skin, weight, arms, face, thighs, and overall appearance.

Hammoudeh et al. (2017) carried out a study to understand how women in Palestine experience and manage health in midlife. Most women in this study reported a positive view

about midlife and ageing as a natural process. Palk (20 15) conducted a study to explore the concept of midlife transition in South Africa and to investigate whether the popular experience, termed midlife crisis, exists in South Africa and if so, to determine whether it is indeed a crisis. This study revealed three clear themes, namely: (i) Stagnation/immobility; (ii) Death and/or ageing anxiety; and (iii) Internal thinking.

Such studies exist. However, there is no research known by the researcher that examines how experiences of age and body image during midlife transition are related to psychological well-being among religious sisters particularly in Karen. This present study fills that knowledge gap. In response to this absence in the literature this present study examines if body image and ageing during midlife have any association with psychological well-being of religious women in Karen. The study also explores and investigates the coping strategies used by the sisters to cope with midlife transition. In this way the study creates awareness among religious women in Karen and gives them specific knowledge and tools to help them cope with the stresses of midlife transition.

Kenya has grown to welcome many religious congregations especially in the Archdiocese of Nairobi. Karen area, in particular has become a home for many religious men and women. Thus, the choice of this geographical area was useful for this study because by studying religious women from this area, many congregations in Kenya were represented and it gave a wider scope of reaching out to religious women from different congregations. Karen Parish therefore had the potential for data relevant to this present study.

1.2 Statement of the Problem

It has been observed that midlife can be difficult passage which can lead to crisis in one's life. Studies have shown that this transition has led to break down in marriages, loss of commitment to one's carrier, lack of meaning in life, anxiety and even depression (Parker, 2016, Rauch, 2014, Coccia, 2011). Study conducted on religious life and midlife transition by

Parappull and Kuttianimattathil (2012) has indicated that when a person hits a midlife crisis, it could lead to an entire loss of one's vocation or a disorientation within the vocation. This may cause other religious to worry about their vocation too. For some religious, life can lose its sense and the kind of activities that one used to love and enjoy before can lose their colour and meaning during midlife transition.

Midlife is a period in which age-related changes become more noticeable which can be stressful. At midlife, women may be concerned with aspects of appearance related to age, such as wrinkles on the skin and increase of body weight. Like other women, religious sisters may begin to observe their body image and shape during midlife transition. Due to body changes others develop a poor body image which affects the way they relate with others and can lead to lack of self-acceptance. The realization that one is aging may cause worry, anxiety and depression to some religious women which may lead to a desire that one could delay the aging process. Lack of understanding of the changes taking place at mid-life transition can cause a religious woman to feel lost and disoriented which can lead to turmoil and distress.

As seen in the background, studies exist with respect to midlife transition, yet there are few studies on midlife transition with regard to religious women as the focus. The researcher seemed to know no study done in Karen on midlife transition and psychological well-being among religious sisters. This is the gap that this present study bridges from the point view of literature and knowledge.

1.3 Objectives of the Study

The objectives of the study were:

1. To explore the experiences of midlife transition issues among religious sisters in Karen Parish.
2. To examine the impact of midlife transition issues on psychological well-being among religious sisters in Karen Parish.

3. To investigate the relationship between midlife transition issues and psychological well-being among the religious sisters in Karen Parish.
4. To explore the coping strategies used in midlife transition among religious sisters in Karen Parish.

1.4 Research Questions

The following are the research questions

1. How do religious sisters in Karen Parish experience midlife transition?
2. Do midlife transition issues impact psychological well-being among religious sisters in Karen Parish?
3. Is there correlation effect between midlife transition issues on psychological well-being among religious sisters in Karen Parish?
4. What are the effective strategies for coping with midlife transition among religious sisters Karen Parish?

1.5 Significance of the Study

The findings of this study are helpful to many religious sisters. It will inform and empower them on how to better deal with midlife experiences. The research create awareness on how midlife transition issues can affect psychological well-being. This work also serves as a reference and a source of knowledge to subsequent researchers in this area. The researcher will use the findings from this work to organize seminars and workshops on midlife for Catholic religious women in Karen and many other religious women living in different parts of Kenya. This work is useful to priests, formators and superiors in the sense that it adds up to their knowledge of midlife transition and possible interventions which can help people go through this period. The researcher is confident that, this work is of benefit to anyone who comes across it.

1.6 The Scope of Study

This research focuses only on religious women in Karen area who belong to congregations that are registered with Regina Caeli Parish Church as parishioners. Regina Caeli Parish is in Western deanery in the Archdiocese of Nairobi. The reason why this geographical area was considered is because there are many different women congregations who belong to this Parish. Twenty-three religious women's congregations are registered with this Parish. Thus, the choice of this geographical area was useful for this study because by studying religious women from this area, many congregations in Kenya are represented and this gave a wider scope of reaching out to religious women from different congregations.

1.7 The Delimitation of the Study

There are many interesting aspects of midlife experiences which can be explored and discussed. However, because of the limited time, they could not be all tackled in this study. The study only focused on ageing and body dissatisfaction and its relationship to psychological well-being. According to Ryff (1998), psychological well-being constitutes six components namely; autonomy; environmental mastery; positive relationships with others; purpose in life; realisation of potential and self-acceptance. This study only focused on positive relationships with others, purpose in life and self-acceptance. Both men and women go through midlife experience. For specificity sake this study focused on religious women in Karen area who attend Regina Caeli Parish.

A foreseen limitation of the study was some of the sisters might not be willing to participate in the study. There were few sisters who refused to participate in the study. The researcher explained to them that it was okay to withdraw from the study. Those who were not willing to cooperate in the interviews were not compelled to participate. The age of the researcher was not a hindrance to some older participants. None felt uncomfortable to share

information with a younger sister. The researcher explained the purpose of the research to the participants but allowed them to make a free decision to either participate or not.

1.8 Theoretical Framework

Erik Erikson Psycho-social development theory was used for this study. Erikson (1993) theorised that in passage from birth to death, every human being goes through eighth stages of development to reach their full development. In each stage the person confronts and hopefully masters new challenges. The stages are as follows. Trust vs Mistrust (birth to 2 yrs), Autonomy vs Shame and Doubt (2-3 years), Initiative vs Guilt (4-5years), Industry vs Inferiority (6-11years) and Identity vs Role Confusion (12 -20 years). Erikson's final three stages deal with adulthood. These are; Intimacy vs self-absorption and isolation, Generativity vs stagnation (mid-life) and Integrity vs despair (mature age) (Carroll & Dyckman, 1986.)

Erikson's seventh stage-generativity vs. Stagnation- is the most relevant for this study. According to Erikson (1963), this life stage coincides with the idea of midlife crisis/transition. During this stage, adults begin to understand the pressure of being committed to one's chosen way of life and to improving the lives of generations to come. In this stage a person realises the inevitability of mortality evident in physical changes to the body and gradual onset of aging. A study of two hundred and twenty-one midlife women, thirty-five to sixty-five years of age by Suzanne, Degges and Jan, E. (2006) to explore how transitions, subjective age, and wellness among lesbian, bisexual and heterosexual women found that experiencing physical aging signs was common to all groups.

According to Erik Erikson (1963), the experience of these challenges could lead to stagnation in the individual when a person experiences a lack of psychological growth or movement. Those who experience stagnation do not invest in the growth of themselves or others. At this stage some people experience mid-life crisis which could impinge on their

psychological well-being in some aspects of their life such as having positive relationships with others, purpose in life and self-acceptance. Erikson’s notion of mid-life crisis as an experience of being stagnated and how it could affect a person’s well-being is very relevant to this study which explores midlife transition issues on psychological well-being among religious sisters in Karen, Nairobi.

1.9 Conceptual Framework

Conceptual framework represents the relation among the variable that make up the study. According to Kombo and Tromp (2006), Conceptual framework is a representation, either graphically or in a narrative, of the main concepts or variable, and their presumed relationship with each other. The conceptual framework for this work is presented below in figure 1

Figure 1.1 Conceptual Framework of the Study

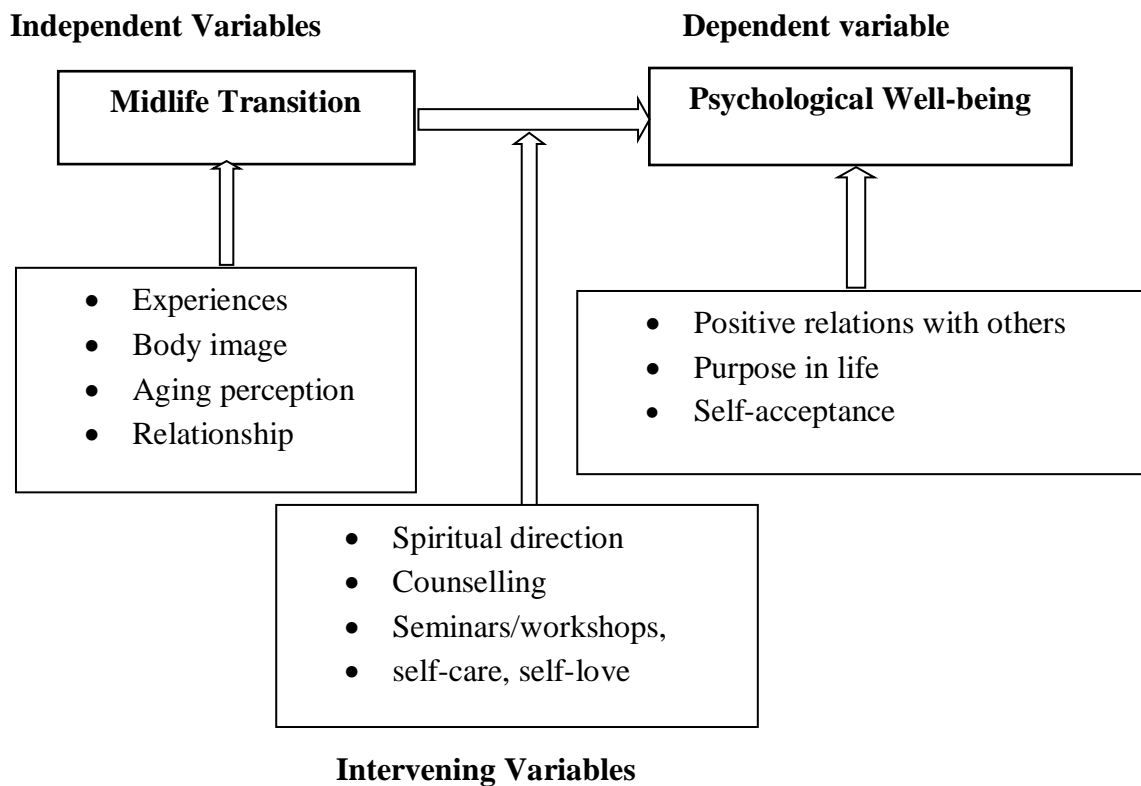


Figure 1.1: Conceptual Framework of the Study

Figure 1.1 explains the interface and relationship between the independent and dependent variables in this study. The study explores the effect of midlife transition on the psychological wellbeing among religious sisters in Karen. The figure shows that midlife issues of body image and aging perception affects psychological wellbeing of religious sisters in Karen, in the areas of positive relations, purpose in life and self-acceptance. The study argued that intervening variable: spiritual direction, counselling and seminars could help mediate the effect of midlife issues on psychological wellbeing among religious sisters in Karen.

1.10 Definitions of Terms

Body image: An individual's self-perceptions and attitudes about one's physical appearance, leading to either satisfaction or dissatisfaction.

Ageing perception: The evaluation of one's own aging process.

Psychological well-being: A state of mind in which a person who is healthy is able to cope with and adjust to the recurrent stresses of everyday living in an acceptable way.

Purpose in life: The belief that one's life is purposeful and meaningful.

Positive relation with others: The ability to have warm, satisfying and trusting relationships with others.

Self-acceptance: Being able to have a positive evaluation of oneself and one's past life.

Spiritual direction: The process involving two persons, where one helps the other to discover the presence of God in their life.

Midlife transition: A period between early adulthood and late adulthood that occurs between 40 and 60 years of age.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Literature review refers to the account of what has been published on a topic by accredited scholars and researchers (Kombo & Tromp, 2005). This chapter reviews the related studies in line with the objectives and research questions of this study. The review explains the objective themes to form sub-headings. The chapter ends with conclusion and research gap.

2.1 Experience of Midlife Transitions

Midlife is a complex time of transition for women with various challenges to the woman's sense of self. It encompasses a wide range of experiences that might be full of contradiction and change in the physical and psychological health of women. Some scholars have noted that while there is a surfeit of research on women's experiences at midlife, much of these researches focus on problems related to menopausal transition during midlife. There are few studies that focus on the women's psychological well-being in connection with experiences of their changing bodies in midlife. This present study focuses on how religious sisters in Karen Parish experience midlife transition and how they perceive their changing body and aging process in midlife.

Thomas et al. (2018) conducted a longitudinal study to investigate the meaning behind the experiences that midlife women identify as the most challenging. Participants were women in their midlife aged between forty and sixty-five years who were enrolled in The Seattle Midlife Women's Health Study, a longitudinal study spanning twenty-three years. Summative content analysis, incorporating manifest and latent analysis approaches, was used to identify life experiences that women described as the most challenging looking back over fifteen years of being in the study. Eighty-one women responded to the question; Since you have been in our study (since 1990 or 1991), what has been the most challenging part of life for you? The

findings of this study revealed that the most challenging aspects of midlife transition for the participants were relationships, re-balancing work and personal life, coping with multiple co-occurring stressors, re-discovering self, securing enough resources, dealing with sickness and death of parents, divorce or breaking up with a partner and health problems. Few women mentioned menopause as the most challenging aspect of their lives. Thomas' et al (2018) study focused on midlife experiences of married women but not on religious women. This present study explores midlife transition experiences of religious sisters. It investigates the challenges of midlife transition among religious sisters of Karen Parish.

The conception of midlife arises from specific historical and social conditions. Therefore, midlife challenges maybe experienced in a different way. A study was carried out by Hammoudeh et al (2017) which sought to understand how women in Palestine conceptualised midlife transition experience and managed their health. The researchers generated qualitative evidence using in-depth life history interviews with women living in the West Bank, aged between forty and fifty-five years. The researchers used Purposive sampling. Women were identified and recruited through personal and professional contacts, with snowballing from earlier interviewees. The findings revealed that midlife was an important phase for the participants, both in its own right and representing a transition from younger adulthood to older age. The women were very aware of being in their midlife; but this extended to much more than simply the menopause. Many women articulated a positive view about midlife and ageing as a natural process not meriting particular significance. The women used by Hammoudeh's et al (2017) study, had a positive outlook of midlife transition though they associated it more with menopause. This present study investigates how religious sisters in Karen Parish view midlife transition, and aims at understanding whether midlife transition is a time of crisis for the sisters or a time of smooth transition.

Another study was conducted by Noonil et al (2012) which focused on the lived experience of Thai women and their changing bodies in midlife. The researchers used phenomenological approach. Eighteen women aged between forty-six and fifty-five, who lived in the southern Thailand and identified themselves as experiencing physiological changes, participated in the study. During the analysis, five themes of how the women experienced midlife were identified. These were: midlife as a time of change, sensing normal phenomena, searching for explanation, sense of loss and self-managing. The women reported that they experienced bodily change, identity and relationship change. The findings of this study also showed that Thai women's traditional ties to Buddhism play a major role in their acceptance of midlife as part of the life cycle. The women also reported that midlife was best managed with support from other women. The outcome of Noonil's et al (2012) study was on married women living in Thailand but not on religious sisters. It is this gap that this present study fills. The study of midlife experiences of religious sisters in Karen Parish, is to provide knowledge of the sisters' experiences of their changing body, and psychological concerns. This knowledge assists in proposing effective interventions that could promote psychological well-being of the sisters and other women in midlife.

2.1.1 Body Image in Midlife.

Body image has an impact on one's emotions and behaviour. People with negative body image are more likely to suffer from negative emotions such as depression, isolation, loss of self-confidence and obsession with weight loss. Body image is closely linked to human mental states, thus it has an impact on all aspects of human personality (Jackson et al., 2014).

In a study conducted by Yazdani et al. (2018), the authors describe three dimensions of body image, namely: cognitive, subjective and behavioural. The cognitive aspects have to do with how one perceives his/her physical appearance, which includes weight, size and body shape. Subjective dimension is related to satisfaction or concern and anxiety about the

appearance, whereas behavioural aspect is associated with avoidance of exposure as well as anxiety and discomfort. Another study by Pritchard (2014) has shown that the perceived difference between appearance and ideal body image can lead to psychopathology such as anxiety, low self-esteem, depression, and eating disorders.

Jackson et al (2014) in a longitudinal study, noted that during midlife transition, women's bodies undergo changes that can affect body image perception. The study was a multi-ethnic longitudinal study which examined association between body image and depressive symptoms in Caucasian and African-American midlife women. The participants were four hundred and five women aged between forty and fifty-five. The researchers used Stunkard Adult Female Figure Rating Scale to measure body image, and Depression Scale (CES-D) to measure depressive symptoms. Differences between perceived actual, perceived ideal, and actual body size and responses to questions concerning weight satisfaction and attractiveness were examined using logistic regression for associations with a CES-D. The results of this study showed that women with body image dissatisfaction (odds ratio (OR)=1.91; $p=0.04$) or who perceived themselves as "unattractive" (OR=7.74; $p<0.01$) had higher odds of CES-D of ≥ 16 . The results were not confounded by BMI and it did not show any significant difference by race. These results indicate that midlife women with poor body image may be more likely to have clinically significant levels of depressive symptoms. The findings of this study reveal that due to the changes the body undergo during midlife transition, such as weight gain women are likely to have a poor body image perception which can result to emotional disorder such as depression. Yet, little is known about body image in midlife among consecrated women. This present study fills this knowledge gap. It examines how religious sisters in Karen Parish, perceive their changing bodies in midlife and how it is related to their mental health.

Chung (2014) conducted two studies which examined the associations between body image and psychological well-being, in middle aged women. His first study involved an anonymous online survey that evaluated appearance and functional dimensions of body image attitudes and six dimensions of psychological well-being. This study was completed by a random sample of seven hundred and seventeen women, aged between thirty-five and fifty-nine years. Women's body image attitudes were assessed using multiple measures, including: the Multidimensional Body-Self Relations Questionnaire; Body Image Ideals Questionnaire; Body Image Behaviour Scale; Body Image Quality of Life Inventory; Physical Appearance Comparison Scale; and, the Situational Inventory of Body Image Dysphoria. Psychological wellbeing was assessed in six dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance, using Ryff's Scales of Psychological Well-being.

The second study involved semi-structured interviews with a sample of twenty-four women that probed their conceptions of body image, well-being, the potential relationship between the two constructs, and its manifestation in daily living. The findings of these two studies revealed that body image satisfaction and appearance is likely to promote positive psychological functioning. Whereas body dissatisfaction and appearance are likely to impact psychological well-being negatively. Do body image correlate with psychological well-being among consecrated women in Karen Parish? This present study is hoped to answer this question.

In another research by Morais et al., (2017), it showed that the effects of dissatisfaction with body image is likely to interfere with mental and social health which can affect the quality of life. In this study the researchers conducted a cross-sectional study of two hundred and fifty women aged between forty and sixty-five years, in Brazil. The aim of this study was to evaluate the participants in relation to body image and quality of life. The researchers used Utian Quality

of Life Questionnaire (UQoI) to evaluate the self-perceived quality of life. The Stunkard scale was used to evaluate body image. This scale consists of drawings with different human forms numbered from one to nine, where the first image is the leanest and the ninth is the most obese. The women chose two images from a set presented to them; one that best represented their current physical appearance, and the one they would like to have.

The scale score was given by the result of the difference in the number obtained between the current body image and the desired silhouette. Data was analysed using the SPSS version 20.0 statistical software (SPSS, Chicago, IL, USA). The findings of this study showed that the women who reported being dissatisfied with their bodies were overweight. Findings revealed strong associations between body image and the different domains of quality of life. Body image remained associated to health, emotional, and sexual domains. Poor body image and dissatisfaction was reported as interfering with several aspects of women's daily lives such as self-esteem, relationships and job stability. Thus, it had negative consequences on their quality of life.

The researchers compared the findings of this study with that of another study by Yazdandoost et al. (2016). This study revealed that people who have greater dissatisfaction with their body image experience more negative emotions, such as anxiety, shame or sadness. Dissatisfaction with one's own body image is likely to result in low self-confidence, risk of eating disorders and depression. Based on the findings of this study it is possible to conclude that body image can be related to quality of life and emotional health in middle-aged women. However, no study which has been carried out using religious women to test correlation of body image and emotional well-being. Hence, the present study finds out how religious women in Regina Caeli Church Karen, experience body image in midlife and if at all it correlates with their psychological well-being.

2.1.2 Ageing Concern in Midlife

Attitudes to aging are part of the psychological phenomena surrounding the mid-life of women and have been found to predict health and wellbeing (Bodner et al. 2015, Saucier, 2004). Netz et al., (2011) conducted a study in Australia with middle-aged women from Melbourne aged between forty and fifty-five years. The aim of the study was to understand middle-aged women attitudes towards their aging. Face to face interviews were carried out whereby three hundred and eighty-one women were asked to complete Reaction Aging Questionnaire, and Worries About Aging scale. Factor analysis of the reaction aging questionnaire was used to explore its dimensionality, and frequencies of responses were used to assess the spread of response of both instruments. The finding of this study showed that some participants reported having negative attitude toward their own ageing while others reported positive thoughts toward ageing. Those who reported having negative thoughts indicated fear of becoming frail and senile and fear of being antisocial due to losing others. Having these negative thoughts had a detrimental effect on their daily life and overall sense of well-being.

The participants who reported having positive thoughts about aging, looked forward to having more free time to pursue interests, which anticipated pleasure about looking after their grandchildren and an expectation of being financially secure and satisfied with their life. This present study will help religious sisters become more aware of their positive or negative perceptions about aging during midlife and the impact it has on their psychological well-being. The above study was carried out on married women but not on consecrated religious sisters. The present study fills this gap.

Another study was carried out by Brown et. al. (2015). This study aimed at investigating relationships between self-compassion, attitudes to ageing and well-being outcomes among midlife women. This was a cross-sectional study using data from five hundred and seventeen

midlife women aged between forty and sixty. Structural equation modelling was used to examine the relationships between self-compassion, three facets of attitudes to ageing and wellbeing outcomes. Researchers used Self-compassion scale (SCS) to measure self-compassion. Attitudes to ageing questionnaire was used to measure attitudes to aging. Self-reported health was tested using Short form health survey (SF-12). Centre for epidemiological studies depression scale (CESD) was used to measure depressive symptoms, and Warwick-Edinburgh mental well-being scale (WEMWBS) was used to measure mental well-being. Participants were mailed a questionnaire booklet, a plain language statement, a consent form and a prepaid envelope for returning their responses.

Findings from this study indicated that self-compassion may contribute to positive attitudes towards aging which can in turn influence self-reported physical and psychological well-being. This study guided the present study to investigate the attitude of the religious sisters in Karen Parish towards aging and how they influence their well-being in midlife. It was confirmed that self-compassion contributed to positive attitudes to aging which in turn influenced physical and mental health of the sisters. This study used self-Compassion scale to measure self-compassion, while this present study used Psychological-Well-Being Scale to measure the psychological well-being of the sisters in Karen Parish during midlife.

Minhat et al. (2015) conducted a qualitative study on ageing related anxiety among middle aged women in Malaysia. The aim of the study was to explore aging anxiety among the middle-aged women in Malaysia in facing the aging process. The researchers used six focused group discussions with a total of thirty-six women aged between thirty-five and fifty-nine years old. Each focus group discussion consisted of five to seven respondents and was conducted for an average of one to two hours. The findings of this study revealed that, majority of the respondents had negative thoughts about aging and being old, but very few experiencing aging anxiety. Three main themes that were identified to contribute to the aging anxiety were issues

related to caregiving at old age, fear of loneliness, the welfare and care of their children when they are old and eventually die, and also physical changes that occurred with aging process. These themes were not specifically associated with any particular age groups, marital or income status. However, the development of the aging anxiety was found to be related to their personal experiences and observations from the surrounding community. The population of this study was married middle aged women from Malaysia. The present study investigates if religious sisters have aging concern and anxiety during midlife transition.

2.2 Impact of Midlife Transition on Psychological Well-Being

Psychological well-being is a subjective term that means different things to different people. Some researches identify it with mental health which they comprehend as a state of mind in which a person who is healthy is able to cope with and adjust to the recurrent stresses of everyday living in an acceptable way (Taneva, (2016). Traditionally, mental health was defined as an absence of illness and lack of negative experiences. According to Ryff and Singer (2003), this view is very narrow, since defining mental health as an absence of illness ignores human needs and abilities to prosper and the prospective effects associated with living well. Carol Ryff's came up with a multidimensional model for psychological well-being which includes the important aspects of one's life. The model is comprised of six important dimensions of psychological well-being: self-acceptance, purpose in life, personal growth, positive relationships with others, autonomy, and environmental mastery by integrating all theoretical perspectives. For the purpose of this study only three aspects will be considered; self-acceptance, purpose in life and positive relations with others. These three aspects will greatly enhance the sisters' awareness of the importance of self-acceptance, purpose in life and positive relations with others and their influence on psychological well-being during midlife transition.

2.2.1 Positive Relationships with Others

Relationships are paramount to a woman's sense of well-being. According to Hoffman (2012), isolation can be an issue for women in midlife as they experience the loss of parents, life partners, and children leaving home. These experiences emphasize the feeling that one is essentially alone and can give rise to a sense of existential isolation, which can be a source of anxiety and depression for women in midlife. Lachman (2003) argues that, one major component of wellbeing at midlife, is positive relations with others, especially parents, spouse, and offspring.

Jordan (2017) conducted a study in United Kingdom. The aim of the study was to investigate differences in psychological wellbeing between mothers and fathers. Participants were 89: 72 mothers and 17 fathers. The study employed a quantitative methodology, through the use of an online questionnaire with non-random samples. The participants completed an online questionnaire comprised of measures of depression, anxiety, stress, self-esteem and satisfaction with life. The data was analysed through the use of descriptive statistics. The findings of this study showed no significant differences in wellbeing between mothers and fathers. This study was used to investigate psychological well-being among married people during midlife and their relationships with their children. This present study investigates how midlife transition issues correlates with psychological well-being among the religious sisters. The researcher investigated how relationships with other sisters in the community contribute to their psychological well-being.

2.2.2. Purpose in Life during Midlife

The concept of meaning is defined by Reker and Wong (1988) as a sense of order, coherence and purpose in life; the attainment of meaningful goals, resulting in a feeling of fulfilment. According to them, when individuals state that their lives are meaningful, they

imply that; they are positively committed to some concept of the meaning of life. This concept provides them with some framework or goal from which to view their lives.

Newell (2017) conducted a study to investigate the relationship between daily stress, psychological distress, and personal meaning in adults at Midlife. The study used a quantitative correlational design. Two theoretical frameworks, Lazarus' transactional theory of stress (1974) and Reker and Wong's personal meaning framework (1988) were used. Existing data from the Midlife in the United States II (MIDUS II) survey and the National Study of Daily Experiences II (NSDE II), was used. The findings suggested that high personal meaning protects against the negative emotional effects of daily stress. Overall, the study confirmed that personal meaning is a relevant psychological resource for midlife adults that contributes to positive affective outcomes in daily stress processes. This study helps the sisters deepen their knowledge on the importance of having a clear purpose in life. It aids them when they experience stressful moments during their midlife transition and enhances their psychological well-being. This study used a quantitative correlational design, the present study used concurrent triangulation design.

2.2.3 Self-Acceptance

Self-acceptance is about being able to have a positive evaluation of oneself and one's past life. Self-compassion refers to a kind and nurturing attitude towards oneself during situations that threaten one's adequacy, while recognizing that being imperfect is part of being human.

Homan (2016) did a study to investigate the relationships between self-compassion and theoretically based indicators of psychological adjustment, as well as the moderating effect of self-compassion on self-rated health. The participants were a sample of 121 older adults. Only participants age 60 and above were eligible for the study. The final sample of older adults consisted of 126. All participants were White. They were completed self-report questioner

measuring self-compassion, self-esteem, psychological well-being, anxiety, and depression. Psychological well-being was measured with a modified version of the Scales of Psychological Well-Being (PWB; Ryff and Keyes 1995), The 12-item Self-Compassion Scale-Short Form (Raes et al. 2011) was used to measure the extent to which participants are compassionate toward themselves, The Single-Item Self-Esteem Scale (SISE; Robins et al. 2001) was used to assess self-esteem and The Depression Anxiety and Stress Scale-Short Form (DASS; Lovibund and Lovibund 1995) was used to assess symptoms of depression and anxiety. Participants also answered questions about basic demographic information including age, sex, and years of education, income, ethnicity, relationship status, and general overall health.

In order to determine the correlation between age and self-compassion, it was important to include a full range of ages. For this reason, the multigenerational sample was used. So as to test the unique contribution of self-compassion to psychological well-being, six hierarchical regression analyses were performed. Results of this study indicated that self-compassion is positively correlated with age, self-compassion is positively and uniquely related to psychological well-being, and self-compassion moderates the association between self-rated health and depression. This study indicates that self-acceptance and self-compassion is related to a wide range of desirable psychological outcomes. However, there is no research done to explore how self-acceptance is related to psychological wellbeing among religious sisters in Karen Parish. This present study fills this knowledge gap.

2.3 Relationship between Psychological Well-Being and Midlife Transition

Negative emotions, distress, anxiety and stress are known to cause a decline in levels of physical and psychological well-being. Research findings have demonstrated that midlife transition can be a time of turmoil and distress (Ryan and Caltabiano, 2009, Kail & Cavanaugh 2004). According to Yaffe and Steward (2009), not dealing effectively with midlife challenges may lead to a negative impact on a person's psychological health.

Blanchflower et. al. (2017) conducted a study to examine if human beings suffer a psychological low during midlife transition. The aim of the study was to examine the pattern of psychological well-being from approximately age 20 to 90. The study covered 51 countries and 1.3 million randomly sampled people. Researcher used two conceptual approaches. Descriptive approach was used to study raw numbers on wellbeing and age. The second approach was *ceteris-paribus* analytical.

This was used to measure the patterns in regression equations for well-being. Both approaches were applied to large cross-sections and compared the patterns of life satisfaction and happiness. More than one million citizens were randomly sampled. Each person was asked questions about happiness or life satisfaction. These data sets were, respectively, for the United Kingdom, the USA, 36 European countries, 32 European countries, 51 nations around the world, and the USA. The researchers took each in turn, and began with two data sets collected by official government statistical agencies (the UK Office of National Statistics and the US Centres for Disease Control) in which the random sampling was presumably of reliable quality. The overall result of this study showed that there was much evidence, that humans experience a midlife psychological 'low'. All seven data sets produced evidence consistent with a midlife low. However, the scientific explanation for the approximate U-shape was unknown. This study was done on a large population and covered people from different countries. This present study was done on religious sisters in Karen Parish. It enlightens the sisters on the relationship between psychological well-being and midlife transition, and helps them to understand themselves better when they are psychologically low during midlife transition.

2.4 The Coping Strategies used at Midlife Transition

Degges-White and Myers (2006) conducted a research in North Carolina examining how counselling during midlife impacted on transitions, wellness and life satisfaction of the participants. The scholars recruited 224 women aged between 35-65 years who had sought

counselling services in relation to the midlife transition crisis. As per the interviews and the stories given by the participants, the study concluded that counselling services were an important aspect during the midlife transition stage. The participants reported that the counsellors first helped them in understanding the stage of life they are in and the challenges they are likely to encounter along the way. Secondly, the therapists also helped the participants in coming up with coping mechanisms to make life easier during this period. The participants reported that the transition period came with a lot of life changes that needed new strategies to cope with which necessitated the role of the counsellors in their lives. This present study is very important to the sisters of Karen Parish since it enlightens them on the need of counselling services as a coping strategy during midlife transition.

Shafiee et al (2016) conducted a study in Isfahan, Iran health centres examining the effects of the spiritual intervention on postmenopausal depression in women. The researchers did a randomized controlled study on the postmenopausal women referred to health centres with cases of depression. The scholars recruited 64 women where 32 were for the experiment while the other half was for the control group. The participants had taken Becks depression inventory before the start of the experiment. The experimental group received eight sessions of spiritual intervention while the control group was only given two sessions of diet management during the postmenopausal stage. Before the intervention, there was no significant difference in depression scale. After one month of intervention, depression in the spiritual intervened group had dropped greatly. Comparing the experimental and the control group, it was evident that depression was low in the experiment group. The researchers concluded that spiritual intervention significantly reduced depression in postmenopausal women. This study was done on women who were not religious sisters. The present study was done on religious sisters in Karen Parish whereby it explored the coping strategy for the sisters during midlife transition.

2.5 Summary of Literature

According to the literature reviewed, it is evident that developmental changes in people's lives are inevitable. Studies reviewed indicated that midlife transition is a challenging stage in the life of women. At the mentioned stage, women deal with a lot of changes and loss which can be challenging and stressful. During midlife transition women are dealing with bodily changes, which can lead to dissatisfaction with their bodies. Women in their midlife may experience anxiety due to ageing and loss of attractiveness and may question the meaning of life and their contribution to the society. As shown in the literature review, these issues can affect their psychological wellbeing. As demonstrated, international studies have indicated that women in midlife transition engage in coping activities which include counselling and spiritual intervention.

Many scholars have ventured into studying midlife transition experiences for both men and women. However, there are no specific studies done with religious women in Regina Caeli Parish Church, Karen. This present study therefore aimed at bridging that literature gap. The study added to the body of knowledge based on the fact that it was conducted on religious sisters who have a unique way of life.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the research design, the target population and sampling procedures, instruments of data collection, procedure of data collection, data analysis, ethical issues, reliability and validity.

3.1 Research Design

Research design is an overall plan of how a research will be carried out and it holds all the elements in a research project together (Kombo & Tromp, 2006). This study used mixed methods concurrent triangulation design. The data was collected concurrently in one phase, analysed separately and then compared. The researcher used this design so as to support the weakness of one method with the strength of the other in order to achieve better results.

3.2 Target Population

The target population was all the religious women between forty and sixty years who reside in Kenya. Since this target population was too large, the researcher chose 115 religious women from Karen Parish as the target population of this study. The reason why this geographical area was considered is because, there are many different women's religious congregations whose houses fall within the jurisdiction of Regina Caeli Parish. Therefore, by studying religious women from this area, many congregations in Kenya were represented and this gave a wider scope of reaching out to religious women. Karen Parish therefore had the potential for the data relevant for this present study.

3.3 Sampling Procedure

Sampling procedure is the process of selecting a suitable sample of a population for the purpose of determining parameters or characteristics of the whole population (Kombo & Tromp, 2006). Sample size is a finite part of statistical population whose properties are studied

to gain information about the whole (Kombo & Tromp, 2006). According to Kombo and Tromp, the sample size should neither be excessively large, nor too small.

This study used purposive and convenience sampling procedure. Through purposive sampling, catholic religious women living and working within Regina Caeli Parish aged between 40 and 60 were used for study. This age group was considered because the most common conception is that midlife begins at 40 and ends at 60. Through Convenience sampling only those who were willing and were available to participate in the study were selected.

3.3.1 Sample Size

Table 3.1: Sampling size and technique

Category	Respondents	Target population	Sampling size	Sampling procedure	Research procedure	Percentage
23 Religious women congregations	Religious women between 40-60 years.	115	80	Purposive & Convenience	Questionnaires	88.9
	Religious women between 40-60 years	115	10	Purposive	Interviews	11.1
Total		115	90			100

According to the information obtained from the secretariat of Regina Caeli Parish Church, the number of the religious women’s congregations registered with the Parish is twenty-three communities. The researcher used all of them. Following this information, the possibility was that in each community there were 4 to 6 sisters aged between 40 and 60. In that case the average number was 5. The estimated population was 115. According to Selvam, (2017), when the population is 115 the sample size ought to be 90. Following Selvam’s suggestion, this study used a sample size of 90 sisters who were aged between 40 and 60 years.

Questionnaires were distributed to 80 sisters and 10 sisters participated in the interview. These 10 participants were picked from among the 90 sisters through convenience sampling.

3.4 Data Collections Instruments

A data collection instrument is the tool the researcher uses to collect data (Kombo & Tromp, 2006). In this study, questionnaires and interview guide were used to collect data.

3.4.1 Questionnaires

The questionnaire was used to collect quantitative data. It was divided into two parts. Part one contained demographics details. Part two had three sections. Section one addressed midlife transition issues, section two addressed psychological well-being and section three addressed coping strategies. The format of the questionnaire consisted statements in Likert scale whereby: 1 was strongly agree, 2 - agree, 3-uncertain, 4-disagree, 5, strongly disagree. There were twenty statements on midlife transition, twenty-one on psychological well-being and five on coping strategies. The questions were structured closed ended questions. The format of the questionnaire was adopted from Midlife Transition Scale and Ryff's Psychological Well-being Scales.

3.4.2 In-depth interview guides for 10 sisters

An interview guide was drawn to enable the participants express their feelings and experiences on the set objectives. This interview guide was comprised of two parts. Part one contained demographic information while part two contained eight open ended semi-structured questions which allowed the participants to express their feelings and experiences of midlife transition in their own words. The participants for the interviews were 10 sisters chosen from the sample size. Participants were met at their appropriate places after booking appointments with them. Interviews lasted between 30 to 40 minutes. The information given by the participants was recorded using audio tapes. The recorded information was then transcribed and analysed.

3.4.3 Pilot study

The researcher used ten religious sisters who were not part of the study for pilot study. These sisters shared the same characteristics with those who participated in the main study. The findings of the pilot study helped the researcher to improve on the research instruments and it ensured the validity and the reliability of the instruments.

3.5 Validity

Validity is the degree to which results obtained from analysis of the data represent the phenomenon under study (Kombo & Tromp, 2006). The questionnaire was validated through the pilot study. Questionnaires were administered to 10 sisters who did not take part in the main study. This helped the researcher to ascertain the appropriateness and accuracy of the instruments before it was administered to the main participants. The researcher made some correction on the questionnaire.

The interview guide was validated using a pilot interview with another group of five sisters who did not participate in the research. No adjustments were made on the interview guide.

3.6 Reliability

This is the degree of stability and consistency of the instrument of the research. Reliability of an instrument is a measure of degree to which a research instrument yields consistent results or data after repeated trials. The researcher used test-retest reliability which is the consistency of scores when the same measure is repeated after a given time with same proportion.

3.7 Data Collection Procedure

The researcher scheduled appointment with the community superiors for the purpose of seeking permission to distribute questionnaires to the sisters who were willing to participate in the study. After distributing the questionnaires, a duration of one week was given which allowed

the participants to complete the exercise. The progress of the work was monitored through phone calls so as to meet the deadlines. The participants of the interview were met at the place of convenience after scheduling an appointment. Interviews were semi-structured which allowed the researcher explore more on the stated objectives. Audio tapes were used for recording the interviews. The personal experiences of the participants were transcribed and analysed. Interviews took 30-40 minutes.

3.8. Data Analysis

Data analysis is a process by which the researcher makes sense of what has been gathered from the field. Hence, the researcher organizes data into meaningful and useful information which enables him/her to answer the study questions (Kombo & Tromp, 2006). In this study both qualitative and quantitative data was analysed. The quantitative data was analysed using Pearson product moment coefficient regression analysis using Statistical Programme for Social Sciences (SPSS) to get descriptive statics. Qualitative data was transcribed, coded and analysed using thematic analysis.

3.9 Ethical Considerations

Ethics in research means a set of moral principles which enables researchers to respect and safeguard the rights and dignity of the research participants. Before collecting data for this study, the researcher first obtained; permission from Psycho-Spiritual Institute, Marist International University College, research permit from the National Commission for Science, Technology and Innovation (NACOSTI) and permission was also obtained from superiors of the different congregations used for the study.

In this study the researcher sought for the informed consent of the participants. The purpose of the research was clearly explained and consent form was given to the participants to formally give their consent.

The information provided by the participants during interviews was kept confidential. To ensure confidentiality, the participants did not give their names and addresses in the course of interview or while answering the questionnaire. The researcher used pseudo names to conceal the identity of the participants. The hard and soft copies of data that was generated in this study was strictly kept in a safe place. This information was not made available to anyone. Interviews were conducted in a safe place.

The researcher did not foresee any harm or deceit caused to the participants or congregations which were used for study.

The participation in this study was voluntary. The participants were not bound to participate throughout the interview period or coerced so as to answer the questionnaire. They were left free to withdraw their participation at any stage if they felt like. They did so without any penalty being incurred on them.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSION

4.0 Introduction

This chapter presents and discusses the findings of the research study which sets out to investigate the correlational between midlife transition issues and psychological well-being among the religious sisters in Karen Parish.

4.1 Distribution and Return Rate

The study sampled 90 religious women of which 80 were given questionnaires and 10 participated in a face-to-face interview. Table 4.1 presents the return rate of the research.

Table 4.1 Distribution and Return Rate

Questionnaires							
Participants	Sample size	Distributed	Answered and Returned	Return rate			Total %
				%	Unanswered and returned	%	
Religious women	80	80	76	84.4	4	4.4	88.4
Interview Guide							
Interviewed							
Religious women	10	10	10	11.1	0	0	11.6
TOTAL	90	90	86	95.5	4	4.4	100

Table 4.1 shows that 76 (84.4%) questionnaires given were returned duly filled and all 10 participants for interview guide participated in the interview. According to Mugenda and Mugenda (2003), a 50% response rate is adequate, 60% good and above 70% rated very well. It was noted that four (4) questionnaires were returned unanswered thus, they were not considered valuable for research data analysis. Hence, for data analysis the actual sample size was dropped from ninety (90) to eighty-six (86) participants. This implies that questionnaire considered for data analysis were seventy-six (76) and interviews were ten (10) making a total of eighty-six (86) participants.

4.2 Presentation of findings

To achieve the objectives of the study, data was collected through questionnaires and face-to-face interviews with religious women from Karen Parish aged between 40 and 60. The quantitative data was analyzed using descriptive and inferential statistics. Both correlational and descriptive statistics were used to describe and summarize the data. Inferential statistics was used to help make inferences and draw conclusions. The interviews were transcribed, coded into themes, analyzed and interpreted in a narrative form. The findings were discussed based on the research objectives.

4.2.1 Demographic information

Respondents were asked to provide their demographic details on age, years in religious life and apostolate/ministry. Tables 4.2, 4.3 and 4.4 present the data on age, years in religious life and apostolates/ministry of all eighty-six (86) participants.

4.2.1.1 Age

Data was sought on the age of participants which is shown in table 4.2.

Table 4.2 Distribution of age

Participants age	Questionnaires	
	Frequency	Percentage
40-45	35	46
46-55	33	43
56-60	8	11
Total	76	100
Interviews		
40-45	2	20
46-55	4	40
56-60	4	40
Total	10	100

From Table 4.2, respondents who are between 40-45 years of age were represented by 46%, those who are between 46-55 were 43% while those of 56-60 were 11%. This shows that majority of the respondents were between the age bracket of 40-55 years which made them appropriate for this study.

4.2.1.2 Years in Religious life

The number of years spent in religious life by respondents is presented in table 4.3.

Table 4.3 Years in Religious Life of Participants

Table 4.3 shows that 9% of the respondents have spent 6-10 years in religious life, 24% have spent 11-15 years, 25% have spent 16-20 years, 20% have spent 21-24 years while 22%

Questionnaires		
Years of religious life	Frequency	Percentage
6-10	7	9
11-15	18	24
16-20	19	25
21-24	15	20
25 and above	17	22
Total	76	100

Interviews		
6-10	0	0
11-15	0	0
16-20	3	30
21-24	1	10
25 and above	6	60
Total	10	100

have spent 25 years and above in religious life. From the results gathered, it is clear that majority of the respondents have spent more than 10 years in religious life.

4.2.1.3 Apostolate/Ministry of Respondents

Participants were asked to indicate their apostolate/ministry and their responses are represented in table 4.4

Table 4.4 Apostolate/Ministry of Respondents

Apostolate/Ministry of Respondents	f	%
Students	9	12
Teachers	19	25
Social Workers	5	7
Lecturers	3	4
Nurse/Medical	11	15
Community Superiors	3	4
Bursars	1	1
Spiritual directors	3	4
Formators	12	16
Regional Superiors	1	1
Provincials	1	1
Pastoral Work	1	1
Others	7	9
Total	76	100

Table 4.4 shows that 12% of the respondents were students, 25% teachers, 7% social workers, 4% lecturers, nurses/medical personnel were 15%, community superiors represented 4%, bursar 1%, spiritual directors were 4%, formators were 16%, regional superior 1%, provincial 1%, pastoral work 1% and other apostolates were 9%. The results show that majority of the participants were teachers, students, formators and medical personnel/nurse.

4.2.1.4 Demographic Information of Interview Respondents

Data on demographic information of interview respondents, that is, age, years in religious life and Apostolate/ministry is shown in Table 4.5.

Table 4.5 Demographic Information of Interview Respondents

Respondents	Age	Years in Religious Life	Apostolate/Ministry
Participant 1	44	19	Teaching
Participant 2	42	18	Pastoral work
Participant 3	60	40	Nurse
Participant 4	54	31	Pastoral work
Participant 5	60	41	Teaching
Participant 6	60	29	Formation
Participant 7	47	25	Teaching
Participant 8	51	23	Pastoral work
Participant 9	45	19	Educator
Participant 10	59	38	Catering/Accountant

4.2.2 Experience of Midlife transition Issues

Data was sought for objective one which is experience of midlife transition issues using three indicators: Experiences, body image and aging. The outcomes are presented in this section.

4.2.2.1 Mid-life Transition Experience

Data outcome on the first indicator, which is, experiences of mid-life transition, is shown in table 4.6.

I consider mid-life transition to be a time when I experience:

Table 4.6: Mid-life Transition Experience

STATEMENT	SA	A	U	D	SD	TOTAL
	%	%	%	%	%	%
Hot flushes	32	38	16	5	9	100
Body weight increases	26	42	9	15	8	100
Menopause	28	38	15	10	9	100
Mood swings and feelings of depression	15	38	20	12	15	100
Strained relationships	11	20	30	21	18	100
Aimlessness	5	8	16	30	41	100

From the results as shown in the table 4.6 it is clear that majority (70%) of religious sisters in Karen Parish experience hot flushes during mid-life transition. The findings also revealed that 68% of religious women experience increase in body weight during mid-life transition. Majority (71%) of the respondents disagreed that they experience aimlessness during mid-life transition. 53% of the respondents agreed that they experience mood swing and depression during midlife transition. A considerable proportion of the respondents (30%) was uncertain about when the relationship is strained. This could be because of lack of knowledge or lack of experience of different relationship dynamics due to their way of life. It may also be, since (majority 53%) reported experiencing mood swings and feelings of depression, that they may be experiencing lack of trust with each other, which may lead to a feeling of ambivalence.

4.2.2.2 Body Image

The responses of the participants concerning the second indicator, that is, their view of body image during midlife transition, are presented in table 4.7.

When I face midlife transition, I:

Table 4.7: Body Image.

STATEMENTS	SA	A	U	D	SD	TOTAL
	%	%	%	%	%	%
Feel dissatisfied with my body image	5	20	17	28	30	100
See myself as overweight	8	29	16	25	22	100
Am physically unattractive	3	9	13	38	37	100
Feel ashamed of my body weight and size	4	12	12	33	40	100
Work harder to bring shape to my body	7	22	16	36	20	100
Spend too much time gloating over my body shape	3	13	7	36	42	100
I work hard to make my body look younger	4	18	17	34	26	100
I contemplate the use of make-up and plastic surgery or other means that will make my body look younger	5	9	1	32	53	100
Hide my wrinkles by wearing loose clothes	4	12	7	33	45	100
Convince myself that am slim and attractive	7	21	15	22	36	100

Often look at myself in the mirror	8	25	9	30	28	100
Am Convinced that I have lost my body shape	4	17	11	36	33	100

From the results gathered, 58% agreed they are satisfied with their body image. 75% of the respondents disagreed that they face physical unattractiveness during midlife transition. Majority (73%) of the participants also disagreed that they feel ashamed of their body weight and size. 56% disagreed that they work harder to bring shape to their body. Majority (76%) of the participants disagreed that they spend much time gloating over their body shape. Similarly, 60% of the respondents disagreed that they work hard to make their body look younger and 85% disagreed that they contemplate the use of make-up and plastic surgery or other means that will make their body look younger as they face midlife transition. About 78% indicated that they do not hide their wrinkles by wearing loose clothes, and 58% disagreed that they convince themselves that they are slim and attractive. In this same view, 58% disagreed that they often look at themselves in the mirror while 33% agreed. Also, 69% disagreed that they are convinced that they have lost their body shape. The findings show that majority religious sisters at Karen Parish do not have issues with body image during midlife transition.

4.2.2.3 Aging

Data on the third indicator, Experience of Aging is shown in table 4.8.

As Years go by I:

Table 4.8: Aging

STATEMENTS	SA	A	U	D	SD	TOTAL
	%	%	%	%	%	%
Realize that time is moving on very fast	37	45	3	8	8	100
Am anxious and worried that I am aging fast	8	25	18	29	20	100
Wish I could delay the aging process	9	28	15	21	28	100
Look at myself as growing depressed that I age	3	9	17	34	37	100

Fear that others see me as aged	4	20	16	32	29	100
Constantly contemplate how I should make myself look younger	8	15	15	28	36	100

From table 4.8, 82% of the respondents agreed that they recognize that time was moving on very fast and 49% disagreed that they are anxious and worried that they are aging fast as the years go by. Majority (71%) of the participants disagreed that they look at themselves as growing depressed as they age while 61% disagreed that they fear that others see them as aged as years go by. Majority (64%) of the respondents disagreed that they contemplate how they could make themselves look younger as years go by. The results show that majority of religious sisters in Karen parish have positive attitudes towards aging during midlife transition while few of them have negative thoughts about aging during this stage of life.

4.2.3 Impact of Midlife Transition on Psychological Well-Being

Data was sought for objective two which is psychological well-being of religious sisters based on their relationship with others, purpose in life and self-acceptance.

4.2.3.1 Relationship with others

The responses of the participants concerning their relationships with others are presented in table 4.9.

In my daily interaction with people I discover:

Table 4.9: Relationship with Others

STATEMENTS	SA	A	U	D	SD	TOTAL
	%	%	%	%	%	%
Most people see me as loving and affectionate	25	57	15	3	1	100
Maintaining close relationships has been difficult and frustrating for me	3	13	15	43	26	100
I find no difference in relation with others	15	25	24	32	5	100

Even if I am older, I do not make any distinction in relationship	9	21	16	40	13	100
I relate easily	28	49	8	11	5	100
I go along well with people	22	54	11	12	1	100
I hesitate to relate with the younger generation	5	16	13	45	21	100
I fantasize that I cannot go along with the younger generation	3	13	16	37	32	100

From the results, majority (82%) of the respondents agreed that most people see themselves as loving and affectionate in their daily interaction with people. 69% disagreed that maintaining close relationships has been difficult and frustrating for them. Also, majority (77%) indicated that they relate easily as they interact with people while 76% agreed that they go along well with others. The findings show clearly that majority of women religious at Karen parish have a positive relationship with others though there were few who have challenges in relating with others.

4.2.3.2 Purpose in Life

Participants were asked to indicate their purpose in life as they go through midlife transition process. Their responses are shown in table 4.10.

As I go through life,

Table 4.10: Purpose in Life

STATEMENTS	SA	A	U	D	SD	TOTAL
	%	%	%	%	%	%
I have a sense of direction and purpose in life	58	30	5	1	5	100
I live one day at a time and do not really think about the future	17	22	20	37	4	100
My daily activities often seem trivial and unimportant to me	-	6	9	45	40	100
I do not have a good sense of what it is I am trying to accomplish in life	3	7	7	43	41	100

I enjoy making plans for the future and working to make them a reality	36	50	7	5	3	100
When I look at the story of my life, I am pleased how things have turned out	38	41	11	8	3	100

From table 4.10, majority (88%) of the respondents agreed that they have a sense of direction and purpose in life and 85% of the respondents disagreed that their activities often seem trivial and unimportant to them. Similarly, 84% disagreed that they do not have a good sense of what it is they are trying to accomplish in life while 86% agreed that they enjoy making plans for the future and working to make them a reality. Also, 79% of the participants agreed that when they look at the story of their life, they are pleased with the way things have turned out.

4.2.3.3 Self-Acceptance

The results of self-acceptance as indicated by the participants are shown in table 4.11

Table 4.11: Self-Acceptance

STATEMENTS	SA %	A %	U %	D %	SD %	TOTAL %
I feel confident and positive about myself	50	42	3	3	3	100
When I look at the story of my life, I am pleased with how things have turned out	37	47	11	3	3	100
I feel good about myself the way I am	38	51	3	7	1	100
I trust myself in what I do	38	45	9	5	3	100
I feel others have got more than me	3	17	15	42	24	100
I love the person I am	45	42	8	4	1	100
I have not accomplished much in life	3	20	5	45	28	100
I view myself better than others	3	18	53	13	13	100

From table 4.11, 92% of the respondents agreed that they feel confident and positive about themselves and 84% of the participants agreed that when they look at the story of their

life, they are pleased with how things have turned out. 89% of the participants agreed that they are happy about themselves the way they are. Majority, (83%) were in agreement that they trust themselves in what they do, 9% were uncertain and 8% disagreed.

On the one hand, 66% of the respondents disagreed that they feel that others have got more than them and when asked whether they love the person they are, 87% agreed. On the other hand, 73% disagreed that they have not accomplished much in life. Notably, 53% of the participants were uncertain when asked if they view themselves better than others. This outcome triggers a concern about lack of self-appraisal and ambivalence in religious sisters in Karen parish.

4.2.4 The Coping Strategies used at Midlife Transition

The fourth objective of this study dealt with the coping strategies applied by the women religious in Karen parish. The outcomes are represented in table 4.13.

In order to cope with midlife transition:

Table 4.12: Coping Strategies

STATEMENTS	SA	A	U	D	SD	TOTAL
	%	%	%	%	%	%
I don't care what others say about me	15	38	12	32	4	100
I exercise to bring back the shape of my body	5	29	13	41	12	100
I have gone for counselling to deal with midlife transition issues	8	15	9	26	42	100
I share about midlife transition issues in spiritual direction	16	38	13	24	9	100
I read more about it	22	41	12	17	8	100
I don't believe in midlife transition issues	9	-	11	53	28	100
I care less about what others say about me	9	41	12	29	9	100

From table 4.12, 53% of the respondents strongly agreed that they do not care what others say about them while 53% disagreed that they exercise to bring back the shape of their body. Similarly, majority (68%) of the participants disagreed that they have gone for counselling to deal with midlife transition issues. 54% agreed that they share about midlife transition issues in spiritual direction, while 63% of religious sisters in Karen parish read more

about midlife transition. Majority (81%) of participants indicated that they believe in midlife transition issues. From the findings, it was revealed that religious sisters at Karen parish cope with midlife transition issues by paying less attention to what people say about them, through sharing in spiritual direction and accepting midlife transition as a normal process.

4.2.5 Correlational between Midlife Transition and Psychological Well-being

The aim of objective three was to ascertain the relationship between the experience of religious sisters in Karen parish during midlife transition and their psychological well-being. Pearson correlation coefficient which is a technique in quantitative method of data analysis was used to ascertain this relationship and the results are presented in table 4.12.

Table 4.13: Correlation between Midlife Transition and Psychological Well-Being

Variables		MTE	PWB
Midlife transition experience	Pearson Correlation Sig. (2-tailed)	1	-.058
Psychological well-being	Pearson Correlation Sig. (2-tailed)	-.058	1
		.618	.618
	N	76	76

**correlation is significant at the 0.01 level (2-tailed)

The results in table 4.13 indicate that there is a negative correlation between midlife transition experience and psychological well-being of religious sisters at Karen parish. This is because at Pearson correlation $r = -0.058$ at significant level of 0.01. The findings revealed that religious women at Karen parish have positive attitude towards midlife transition experience which brings about positive psychological well-being at this stage of their life.

4.3 Presentation of qualitative data

This section presents the qualitative data collected from the face-to-face interviews among religious women according to the questions asked. The questions asked were on: Meaning of midlife transition, issues that make up midlife transition, some issues that religious

women go through during midlife, thoughts about body image and aging in midlife and helpful ways of dealing with midlife transition issues.

4.3.1. What is midlife transition according to you?

Respondents acknowledged that midlife transition is a period of changes in both body and mind. Participant 10 shared her experience as follows:

For me midlife is a time in which one experiences a lot of confusion. It happened to me. It is also a time of changes, the body changes, the way of thinking changes, one becomes anxious of that she/he is aging. During this time the energy goes down. You realize that you cannot do things as you used to do them when you were younger. When I was younger I could accomplish so many things within a short time. Now I find myself really struggling to even finish one thing. I look back and wish I could go back there, but I know I cannot. One thing I have realized is that when I see younger sisters doing so much, there is this feeling of competition within me. This makes me feel very frustrated. This is also a time of misunderstanding, I really felt misunderstood, it is like no one cared what I was going through. Even when I shared my feelings, I ended up being misunderstood. I just entered in this stage without being prepared for it. I think this was what made it very difficult for me. What was more serious for me is no one advised me or talked to me about what I had to expect, I lacked knowledge about it. I was confused; I felt all alone; I think I was even depressed (March 26th, 2018).

Similarly, participant 8 had this to say:

It's a time you get changes in body and mind. Reign of menopause that brings
Reign of menopause that brings changes in body and mind in terms of behavior
(March 25th, 2018).

The above responses show clearly that midlife transition has some challenges associated with it. The experience is different depending on the person's personality and how one is prepared to enter into this stage of life.

4.3.2 What are some of the issues that make up midlife transition?

Some issues associated with midlife transition which were expressed by those interviewed included changes in the physical body, like weight gain, crisis within, change in lifestyle, feeling old, a sense of accomplishment, tendency to accumulate many things example the attitude of hardworking spirit, competing with younger generation, being misunderstood,

need to be in relationship and being drawn closer to God. Participant 8 expressed herself in the following words:

The changes depend on people. Body becomes big, Heating and getting sickly
Physical and psychological differences. Social one is strict and mature in her
Relationships Spiritual strong attachment especially with God (27th March, 2019).

To strengthen this point, participant 10 gave her experience as follows:

The body change, first the body is going down, low energy. Grey hair, I was so uncomfortable when I got grey hair, I tried to hide it by applying dye so that I could look younger. Wrinkles on the face, the skin becomes fragile. Lack of meaningful in life, a feeling that life doesn't make meaning anymore, what I used to enjoy didn't make sense for me. It is a time when I felt that I needed to be more in touch with God. Prayer became very important for me. My prayer life changed from just praying to fulfill a duty to praying because I want to be with God. It was not fulfilling a duty anymore. This is a time when I looked backward and compared myself a lot with my siblings who are already married and have families. I felt that they were doing very well in life, but for me I was not doing well. I even asked myself is this all there is? I even contemplated leaving the congregation. I felt stagnation a feeling of being stuck (March 29th, 2019).

The expressions of the respondents clearly indicate that religious women at Karen parish have the same issues like other women in the world. This implies that these issues are natural to all women despite their choice of the way of life.

4.3.3. What are some of the issues you think religious women go through during midlife transition?

Those interviewed were asked to share their experience of midlife transition as religious sisters. Most of them expressed that they found themselves demanding too much from their congregations, wanting to change their profession, tendency to prove that they belong by trying to achieve more in life. Others acknowledged that they experience the temptation of leaving their congregation and sometimes dark night of the soul and the desire to have their own children.

Participant 1 stressed that:

Genuine relationship or love me of what I am. Confusion and become possessive. Abandoning religious life as religious practices become secondary Self-love giving more attention to your look and body (March 29th, 2019).

Participant 9 said:

They want to settle with someone, relationship problem and due to our call, there is a gap so they find ways to satisfy it. Self-awareness and acceptance. Attraction to opposite sex. Life lack its meaning. They question their vocation (March 27th, 2019).

The responses of the participants are in line with the findings of Parappull and Kuttianimattathil (2012) who observed that in religious life, when a person hits midlife crisis, it could lead to an entire loss of one's vocation or a disorientation within the vocation. For some religious life can lose its sense and the kind of activities that one used to love and enjoy before can lose their color and meaning. Lack of understanding of the changes taking place at mid-life, can cause a person to feel lost and, can lead to turmoil and distress.

4.3.4 What are your thoughts of body image and size during midlife transition?

Participants were asked to share their thoughts about body image and size during midlife transition. Whereas most of the participants were at home with their body image and size during midlife, some were not. Thus Participants 6 shared that,

During this time, I was pre-occupied with keeping fit since my body size was increasing. Wherever I saw very huge and obese people, I felt like losing my breath from there, I decided to maintain a medium size body which I can be able to carry without disfiguring my image. There are some of my body parts which I did not like therefore started making effort to love and appreciate them.

Participant 3 said,

During this time, I didn't like my body size, my breasts looked too big. My grey hair was a bother, because it made me look old, so I had to dye it to keep it look black so as to remain young to look fit in the group of young sisters. I took care of my diet; it was to be cooked with little or no oil and little salt. After bathing I could massage the wrinkles in my face and do some exercises to keep fit.

Participant 4 shared,

I like to keep my body well-trimmed. That is, I do not like to see my stomach protruding or excess fat under my arm. I simply want to look smart. I did not like seeing grey in my hair but I have now accepted it as a normal change.

Although majority of the women indicated that they were satisfied with their body image and feel comfortable about their present body weight and shape few were not at home with the fact that their body size increased during midlife transition.

4.3.5 What are your thoughts about aging and midlife transition?

Majority of the women religious were found to be at home with the fact that they are aging. Most of them explained that they are comfortable with the fact that they are no longer young as before and that they do not fear that others may see them as aged. However, some expressed that they were anxious that time was moving fast.

Participant 7 indicated that:

I am not young any more, death is close so I am auditing my life. I had fear feeling if I am confined in a house how will it be, I still feel strong and energetic there is regrets and am afraid of not have done what I was supposed to do (March 25th, 2019).

Similarly, participants 5 made the following expression:

It is a time when one realizes that time is moving very fast. You look at your life and realize that half of your life is already gone. This creates anxiety. You feel like you can stop time from moving. It is a time when you start thinking about death. Before, it is like death was very far from me, I didn't even think about it, but now I think about it quite often. This creates anxiety. At the same time, it makes me start paying attention to what is essential. I don't want to remain in the negative thing of the past. I want to prepare myself for my death. I want to grow gracefully. My relationship with God and others becomes very important. I want to relate well with God, other people and even with myself. I choose to prepare for my death I feel it is near, I reflect a lot on how I am going to meet my God. It is a time of going back to God and recreating what is lost and trying to form a new life. No time for gossips. This has made me lost some of my friends. I do not regret about it (March 23rd, 2019).

The position of the respondents indicates that during midlife transition the religious women in Karen parish struggle with aging at this stage of life before they accept it as a normal/natural process.

4.3.6 In your opinion, what would be helpful for somebody going through midlife transition?

Those interviewed also gave their views on how to cope with midlife transition. Some said that counselling sessions, sabbatical, one on one sharing, group discussion have been helpful. For others self-acceptance, being surrounded by understanding sisters and friends, adequate preparation and reading about it were helpful for them and they recommend same to others.

Participant 10 had this to say:

Spiritual direction. I longed for it for a long time it is my desire to have one but, in my congregation, we don't have spiritual directors. Another thing which I feel may be helpful is to prepare the young ones on midlife transition. By having seminars and talks about it. I feel prior knowledge to what one would expect would help. The person would not be caught unaware. Healthy community living and support from others would be helpful during this time. Frequent seminars, exercises, health diet, accompaniment to be assigned a specific person to accompany the person would be very helpful. For me I just felt I needed to share with somebody, but I didn't have that person to share with (March 29th, 2019).

The results revealed that religious women in Karen turn to some coping strategies during midlife transition.

4.4 Summary of the Findings according to the Objectives

From objective one it was revealed that majority of religious women in Karen Parish perceive midlife transition as a natural process, which is associated with physical changes such as menopause, hot flushes, body weight increase and aging anxiety. Majority of them are at home with this stage despite its challenges. Thus, for majority body image, aging and relationships are not an issue as such.

In regard to objective two, it was established that the psychological well-being of religious sisters in Karen Parish, was not negatively affected by midlife transition issues. This is because majority of them are able to relate well with others during midlife transition. The results also showed that they have a good sense of direction and purpose in life and they feel

confident and positive about themselves during midlife and this has helped them to be positive toward their psychological well-being.

In respect to objective three, the results of the quantitative study showed that there is a negative relationship between midlife transition experience and the psychological well-being of religious sisters. This is because the findings revealed that majority of religious women at Karen parish relate well with others, they have a good direction and purpose in life and are able to accept themselves during midlife transitions.

In objective four, the participants gave some coping strategies that would be helpful during midlife transition as follows: counselling sessions, sabbatical programme, one on one sharing and group discussion. For others self-acceptance, being surrounded by understanding sisters and friends, adequate preparation and reading about it were helpful for them and they recommend same to others.

4.5 Interpretation and discussion

This section presents the possible interpretation and discussion according to the research objectives

4.5.1 Experience of Midlife transition

The findings revealed that majority of religious women in Karen Parish accepts the fact that midlife transition is a natural process which is accompanied by some changes such as increase in weight, menopause, mood swings and hot flushes. The research further shows that majority of religious women in Karen parish undergoing midlife transition have positive attitude towards their body image, thus, they are not overly concerned about it. This was clearly seen as many of them indicated that they were satisfied with their body image and feel comfortable about their present body weight and shape. These findings are in line with the research carried out by Hammoudeh et al (2017) which reported that the women used for the

study had a positive outlook of midlife transition though they associated it more with menopause.

On the other hand, about half of the respondents acknowledged that they experience mood swing and depression during midlife transition. This result is also in line with the findings of the research conducted by Jackson et al (2014), which revealed that due to the changes the body undergo during midlife transition, such as weight gain, women are likely to have a poor body image perception which can result to emotional disorders such as depression. This outcome is also confirmed by the findings of Yazdandoost et al. (2016), which revealed that people who have greater dissatisfaction with their body image experience more negative emotions, such as anxiety, shame or sadness.

With regard to attitudes toward aging during midlife transition majority of religious sisters in Karen parish are positive while few of them have negative thoughts about aging during this stage of life. Most of those interviewed explained that aging during midlife transition was ushered in by fear of unknown and anxiety of getting old before they finally accepted it as a normal stage in life. These findings are in line with the results of the research conducted by Netz et al., (2011) in Australia with middle-aged women from Melbourne which showed that some participants reported having negative attitude toward their own ageing while others reported positive thoughts towards aging.

4.5.2 Impact of psychological well-being

The study has established that religious women in Karen Parish have cordial relationship with other people during their midlife transition. Most of them see themselves as loving and affectionate as they can easily relate with others. The findings also revealed that religious women in Karen parish are satisfied with their past life and have high sense of purpose in life and direction for the future as they transit through midlife experiences. The results are in conformity with the findings of Newell (2017), which confirmed that personal meaning is a

relevant psychological resource for midlife adults that contributes to positive affective outcomes in daily stress processes.

Additionally, the findings revealed that religious sisters in Karen parish feel confident and positive about themselves during midlife transition. They love the persons they are and cherish how things have turned out in their lives. These results are in agreement with research conducted by Homan (2016) which investigated the relationships between self-compassion and theoretically based indicators of psychological adjustment. This study indicated that self-acceptance and self-compassion are related to a wide range of desirable psychological outcomes. Majority of the participants disagreed that they have not accomplished much in life. This may be the reason why they were uncertain when asked if they view themselves better than others. This outcome however triggers a concern about lack of self-appraisal and ambivalence in religious sisters in Karen parish during midlife transition.

4.5.3 Coping strategies

From the findings, it was revealed that religious sisters in Karen parish cope with midlife transition issues by paying less attention to what people say about them. Other ways of coping with midlife as indicated by the women religious is through sharing in spiritual direction and accepting midlife transition as a normal process.

Those interviewed also gave their views on how to cope with midlife transition. Some said that counselling sessions, sabbatical, one-on-one sharing, group discussion have been helpful. For others self-acceptance, being surrounded by understanding sisters and friends, adequate preparation and reading about it were helpful for them and they recommend same to others.

The results of the findings are in contrast with the findings of Degges-White and Myers (2006) who conducted a research in North Carolina examining how counselling during midlife impacted on transitions, wellness and life satisfaction of the participant, since majority of the

religious sisters in the study reported of not going for counselling during midlife transition. As per Degges-White and Myers (2006) study, the interviews and the stories given by the participants, concluded that counselling services were an important aspect during the midlife transition stage. The participants reported that the counsellors first helped them in understanding the stage of life they are in and the challenges they are likely to encounter along the way.

It is therefore clearly indicated that counselling, spiritual direction, seminars, sabbatical, healthy community living among others help individuals to be better prepared to embrace midlife transition in a positive way. With regards to the findings of Degges-White and Myers (2006) on the importance of counselling, majority of sisters in Karen Parish did not seem to have an awareness of the importance of counselling during midlife transition as majority of them have not been to counselling to deal with midlife issues. According to the researcher, more awareness needs to be created on the importance of counselling services in dealing with midlife transition issues.

4.6 Summary of Discussion

From the findings of the study, the religious women in Karen Parish experience midlife transition like other women. They undergo the physical, biological and psychological changes related to this stage of life. These were discovered from their perception about midlife transition, which involved aging, body image, purpose in life, self-acceptance and how they cope with the issues related with this stage of life. From the findings of this study it was discovered that they have a positive attitude toward midlife transition which may be because of their formation and preparation to embrace this stage.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter contains the summary and findings of the study, conclusions, recommendations areas for further research based on the finding of the study.

5.1 Summary of the study

This study aimed at investigating the relationship between midlife experience and the psychological well-being of religious sisters in Karen parish in Lang'ata Sub-County of Nairobi County, Kenya. The study examined different aspects that make up midlife transition experiences among women religious in Karen parish and their impact on their psychological well-being. It also examined the possible coping strategies that could be helpful to religious women at this stage of life.

This study is divided into five chapters. Chapter one consists of introduction, background to the study, statement of the problem, research objectives, significance of the study, scope and delimitation of the study, conceptual framework, theoretical framework and the operational definition of terms. Chapter two deals with the review of related literature of the study. Chapter three presents the Research Methodology. This includes the description of sampling procedures and research instruments, data collection procedures and data analysis procedures. Chapter four reports the information that was obtained from the respondents, its interpretations and discussions. Chapter five contains the summary of the study, conclusions and recommendations.

The research questions were informed by the research objectives which helped the researcher cover all that needed to be captured in the questionnaires. The respondents were selected using purposive and convenience sampling procedure where a total of 90 catholic

religious women living and working within Regina Caeli Parish who are aged between 40 and 60 were sampled.

This study identified the views of religious sisters on the meaning of midlife transition, experience of midlife transition based on body image and aging. The findings revealed that majority of women religious accept the fact that midlife transition is a natural process which is accompanied by some changes such as increase in weight, menopause, mood swings and hot flushes. It is also a time of confusion/crisis depending how an individual was prepared for this stage of life. The study also established that majority of the religious sisters have positive attitude towards their body image during midlife transition. This was clearly seen as many of them indicated that they were satisfied with their body image and feel comfortable about their present body weight and shape.

Majority of the women religious were found to be at home with the fact that there are aging very fast as time goes by. They are comfortable that they are no longer young as before which made them not be anxious or worried about aging process which is irreversible. They do not fear that others may see them as aged.

The study has established that catholic religious women have cordial relationships with other people during their midlife transition. Most of them see themselves as loving and affectionate as they can easily relate with others. It was also verified that majority of the religious sisters maintain close relationships without much difficulty and they relate with younger generation without much hesitation.

The results of the finding revealed that majority of religious women have a sense of direction in life by planning for the future and working to make the plans come to reality. They also agreed that when they look back at the story of their life, they were pleased with the way things have turned out. It was established from the study that majority of the religious women

have positive self-image about themselves since they feel good the way they are and trust in what they can do.

The results of the quantitative study showed that there is a negative relationship between midlife transition experience and the psychological well-being of religious sisters. This is because the findings revealed that religious women at Karen parish have a positive attitude towards midlife transition experience which brings about positive psychological well-being at this stage of their life.

The participants gave some coping strategies that are helpful during midlife transition as follows: that counselling sessions, sabbatical, one-on-one sharing and group discussion have been helpful. For others self-acceptance, being surrounded by understanding sisters and friends, adequate preparation and reading about it were helpful for them and they recommend same to others.

5.2 Conclusion

Based on the findings of this study the following conclusions are made:

Catholic women religious in Karen parish experience midlife transition just like other women in the world. It is a time of great changes ranging from menopause, increase in body weight and fast aging. It is a time of confusion and uncertainties depending on how individuals are prepared to embrace this stage of life. From the findings, religious sisters have a positive attitude towards midlife transition experience though few of them have a negative attitude towards it.

During this stage of life, religious women maintain good relationships with others as they go along easily with people and relate easily with the younger generation. They also have good sense of direction and purpose in life as they enjoy planning for the future and working to make their dreams come to reality. Self-acceptance was also evident among religious sisters

as they feel positive and confident about themselves during midlife transition and this helped them to be positive about their psychological well-being.

The results of the findings revealed some coping strategies that are helpful at this stage and which can assist those entering this stage in their life to be well prepared to avoid unnecessary crisis. Workshops, seminars and sabbatical program were emphasized as the best way to prepare women religious for this stage.

5.3 Limitations of the study

Just like most research, this study has its limitations. The study was conducted only in Karen parish in Lang'ata Sub-County because it has a good number of women religious which may not be a true representation of the whole population of religious sisters who are in their midlife stage in Kenya. The researcher limited herself to this geographical location because of the time and resources allocated for this study. It was not easy administering and collecting the research instruments to different religious congregations as they are in different locations and have different views about research which made some refuse to participate in the research.

5.4 Recommendations

From the results of the findings of this study, the following recommendations are made:

5.4.1 Religious Superiors

The findings of this study show that the religious women who were prepared to enter into midlife transition stage embrace it positively as compared to those who were not prepared. This shows that there is a great need to help religious to understand the changes that are associated with this stage in life. Religious superiors are therefore encouraged to take this seriously so that their members are well prepared before they reach this stage of life. This can be done by disengaging them from active apostolate when need be.

5.4.2 Priests

The results of the findings are also helpful to priests in their various ministries where they encounter men and women who are experiencing midlife transition. The knowledge of this study will go a long way in equipping the priests with the necessary information they need to help those under their care to embrace midlife transition in a positive way.

5.4.3 Individuals

The study will be of a great help to adults who will come into contact with its findings especially those approaching midlife stage or those experiencing it. It will also assist individuals or groups who wish to help others on the issues of midlife transition through seminars and workshops.

5.5 Suggestions for Further Research

Due to the limitations and scope of this study, the researcher suggests other areas for further research to include:

1. Relationship between midlife transition experience and psychological well-being of Catholic men religious.
2. The influence of personal beliefs on midlife transition experience among lay women/men.
3. Effects of midlife transition experience at old age among religious women.

5.6 Reflexivity

The researcher was motivated by the fact that she will also experience midlife transition and the desire to assist others to have a positive attitude towards midlife transition experience. She followed the principle that researchers need to avoid the desire to justify their own experience and do everything possible not to allow emotional attachment to impede the open, investigative learner's attitude that is necessary for good data collection and analysis (Malterud, 2001).

This however, was possible largely due to the fact that the researcher has received training as a psycho-spiritual therapist and counselor which enabled her to distance herself from pre-judgmental ideas. Therefore, she ensured that a good quality control measure was followed from the process of sampling of the participants to data collection, analysis of results, presentation and discussion of the findings. This was to adhere to the ethical consideration in any scientific study that will ensure a reliable and credible result which is not influenced by personal prejudices. The researcher made efforts to uphold academic integrity by respecting the views of respondents provided in the data by not manipulating them to fit an expected result. All academic sources were duly acknowledged. To further give credibility to this work, both paper and voice data collected will be preserved for future verification. All these control measures were carried out so as to enhance generalizability and applicability of the findings of the study.

REFERENCES

- Aldwin, C. M., & Levenson, M. R. (2001). Stress, coping, and health at mid-life. *The handbook of midlife development*, 188-214.
- Allaz, A. F., Bernstein, M., Rouget, P., Archinard, M., & Morabia, A. (1998). Body weight preoccupation in middle-age and ageing women: A general population survey. *International Journal of Eating Disorders*, 23(3), 287-294.
- Ballard, K., Elston, M. A., & Gabe, J. (2005). Beyond the mask: women's experiences of public and private ageing during midlife and their use of age-resisting activities. *Health*, 9(2), 169-187.
- Banister, E. M. (1999). Women's midlife experience of their changing bodies. *Qualitative Health Research*, 9(4), 520-537.
- Barbee, E. L. (1989). Worries, aging and desires to be younger in a sample of American middle-aged women. *Medical anthropology*, 12(1), 117-129.
- Berk, L. E. (2014). Development through the lifespan, 6/E.
- Blanchflower, D. G., & Oswald, A. (2017). *Do Humans Suffer a Psychological Low in Midlife? Two Approaches (With and Without Controls) in Seven Data Sets* (No. w23724). National Bureau of Economic Research.
- Bradburn, N. M. (1969). The structure of psychological well-being.
- Brett, M., & Rowan, B. (2010). *The Negotiation of Midlife: Exploring the Subjective Experience of Ageing* (Doctoral dissertation, The University of Essex).
- Brewi, J., & Brennan, A. (1999). *Mid-life spirituality and Jungian archetypes*. Red Wheel/Weiser.
- Bucchianeri, M. M., & Corning, A. F. (2012). An experimental test of women's body dissatisfaction reduction through self-affirmation. *Applied Psychology: Health and Well-Being*, 4(2), 188-201.
- Chung, R. (2014). *The association between body image and psychological well-being in adult women* (No. D. Psych.(Clinical)). Deakin University.
- Clarke, R. (2011). Psychology of Emotions, Motivations and Actions.
- Dare, J. S. (2011). Transitions in midlife women's lives: Contemporary experiences. *Health care for women international*, 32(2), 111-133.
- Degges-White, S. (2001). Midlife transitions in women: Cultural and individual factors. *Adultspan Journal*, 3(1), 4-11.
- Degges-White, S., & Myers, J. E. (2006). Women at midlife: An exploration of chronological age, subjective age, wellness, and life satisfaction. *Adultspan Journal*, 5(2), 67-80.
- Erikson, E. H. (1993). *Childhood and society*. WW Norton & Company.

- Gilligan, M., Sutor, J. J., Nam, S., Routh, B., Rurka, M., & Con, G. (2017). Family networks and psychological well-being in midlife. *Social Sciences*, 6(3), 94.
- Glazer, G., Zeller, R., Delumba, L., Kalinyak, C., Hobfoll, S., Winchell, J., & Hartman, P. (2012). The Ohio midlife women's study. *Health Care for Women International*, 23(6-7), 612-630.
- Goldsmith, M., Hudson, R., & MacKinlay, E. (2003). *Ageing, spirituality and well-being*. Jessica Kingsley Publishers.
- Gorman, S. (2015). The effects of media on body image and self-esteem.
- Goswami, P. (2013). Ageing and Its Effect on Body Self Image, Mood and Self Esteem of Middle Age Women and Older Women. *IOSR Journal Of Humanities And Social Science*, 18(5), 63-73.
- Greenberg, S. T. (2009). An investigation of body image dissatisfaction among Jewish American females: an application of the tripartite influence model. *Theses and Dissertations*, 368.
- Grossbaum, M. F., & Bates, G. W. (2002). Correlates of psychological well-being at midlife: The role of generativity, agency and communion, and narrative themes. *International Journal of Behavioral Development*, 26(2), 120-127.
- Hammoudeh, D., Coast, E., Lewis, D., van der Meulen, Y., Leone, T., & Giacaman, R. (2017). Age of despair or age of hope? Palestinian women's perspectives on midlife health. *Social Science & Medicine*, 184, 108-115.
- Hart, H. M., McAdams, D. P., Hirsch, B. J., & Bauer, J. J. (2001). Generativity and social involvement among African Americans and White adults. *Journal of Research in Personality*, 35(2), 208-230.
- Jackson, K. L., Janssen, I., Appelhans, B. M., Kazlauskaitė, R., Karavolos, K., Dugan, S. A., ... & Kravitz, H. M. (2014). Body image satisfaction and depression in midlife women: the Study of Women's Health Across the Nation (SWAN). *Archives of women's mental health*, 17(3), 177-187.
- Jordan, A. A. (2017). *Managing parallel life stages: a quantitative study of psychological wellbeing, satisfaction with life, and parental sense of competence in parents at midlife* (Doctoral dissertation, University of East London).
- Jung, C. G. (2014). *Modern man in search of a soul*. Routledge.
- Jung, C. G., Read, H., Fordham, M., & Adler, G. (1964). *The collected works of CG Jung* (Vol. 10). London, UK: Routledge & Kegan Paul.
- Keyes, C. L. M., & Ryff, C. D. (1999). Psychological well-being in midlife. In *Life in the middle* (pp. 161-180).

- Kilpela, L. S., Becker, C. B., Wesley, N., & Stewart, T. (2015). Body image in adult women: Moving beyond the younger years. *Advances in Eating Disorders: Theory, Research and Practice*, 3(2), 144-164.
- Kim, S. Y., Fouad, N., Maeda, H., Xie, H., & Nazan, N. (2017). Midlife work and psychological well-being: a test of the psychology of working theory. *Journal of Career Assessment*, 1069072717714538.
- Kombo, D. K., & Tromp, D. L. (2006). Proposal and thesis writing: An introduction. *Nairobi: Paulines Publications Africa*, 5, 814-30.
- Kuh, D., Hardy, R., Rodgers, B., & Wadsworth, M. E. (2002). Lifetime risk factors for women's psychological distress in midlife. *Social Science & Medicine*, 55(11), 1957-1973.
- Lachman, M. E. (2004). Development in midlife. *Annu. Rev. Psychol.*, 55, 305-331.
- Lachman, M. E. (2015). Mind the gap in the middle: A call to study midlife. *Research in Human Development*, 12(3-4), 327-334.
- Lachman, M. E., Teshale, S., & Agrigoroaei, S. (2015). Midlife as a pivotal period in the life course: Balancing growth and decline at the crossroads of youth and old age. *International journal of behavioral development*, 39(1), 20-31.
- Landes, S. D., Ardelt, M., Vaillant, G. E., & Waldinger, R. J. (2014). Childhood adversity, midlife generativity, and later life well-being. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 69(6), 942-952.
- Lee, M. S. (2013). Women's body image throughout the adult life span: Latent growth modeling and qualitative approaches.
- Levinson, D. J. (1977). The mid-life transition: A period in adult psychosocial development. *Psychiatry*, 40(2), 99-112.
- Levinson, D. J. (1986). A conception of adult development. *American psychologist*, 41(1), 3.
- Lewis, D. M., & Cachelin, F. M. (2001). Body image, body dissatisfaction, and eating attitudes in midlife and elderly women. *Eating disorders*, 9(1), 29-39.
- Marks, N. F. (1996). Flying solo at midlife: Gender, marital status, and psychological well-being. *Journal of Marriage and the Family*, 917-932.
- McFadden, J. R., & Rawson Swan, K. T. (2012). Women during midlife: Is it transition or crisis?. *Family and Consumer Sciences Research Journal*, 40(3), 313-325.
- Melo, R., Novo, R., & de Vries, B. (2008). Generativity and subjective well-being in active midlife and older adults. *Unpublished Master thesis. San Francisco State University*.
- Minter, L. E., & Samuels, C. A. (1998). The Impact of 'the Dream' on Women's Experience of the Midlife Transition. *Journal of Adult Development*, 5(1), 31-43.

- Netz, Y., Guthrie, J. R., Garamszegi, C., & Dennerstein, L. (2001). Attitudes of middle-aged women to aging: contribution of the Reactions to Aging Questionnaire. *Climacteric*, 4(4), 306-313.
- Neugarten, B. L. (1968). The awareness of middle age. *Middle age and aging*, 93-98.
- Noonil, N., Hendricks, J., & Aekwarangkoon, S. (2012). Lived experience of Thai women and their changing bodies in midlife. *Nursing & health sciences*, 14(3), 312-317.
- O'Connor, D., & Wolfe, D. M. (1991). From crisis to growth at midlife: Changes in personal paradigm. *Journal of Organizational Behavior*, 12(4), 323-340.
- Olchowska-Kotala, A. (2018). Body esteem and self-esteem in middle-aged women. *Journal of women & aging*, 30(5), 417-427.
- Oswald, A. J., & Tohamy, A. (2017). Female Suicide and the Concept of the Midlife Crisis.
- Page, H. (2016). Depression among African American Midlife Women: Delineating the Role of Stress.
- Palk, L. C. (2015). *An exploratory study of midlife transition in South Africa: in search of the midlife crisis* (Doctoral dissertation).
- Parker, M. H. (2016). *Midlife Turning Points: A Group Curriculum for Women Utilizing Mindfulness-Based Interventions, Positive Psychology, and Expressive Writing to Foster Growth* (Doctoral dissertation, California state university, Northridge).
- Rauch, J. (2014). The real roots of midlife crisis. *The Atlantic*, 88-95.
- Ryan, L., & Caltabiano, M. L. (2009). Development of a new resilience scale: The Resilience in Midlife Scale (RIM Scale). *Asian Social Science*, 5(11), 39.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of personality and social psychology*, 57(6), 1069.
- Ryff, C. D. (1995). Psychological well-being in adult life. *Current directions in psychological science*, 4(4), 99-104.
- Ryff, C. D. (2014). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and psychosomatics*, 83(1), 10-28.
- Sabik, N. J. (2012). An Exploration of Body Image and Psychological Well-Being Among Aging African American and European American Women.
- Saucier, M. G. (2004). Midlife and beyond: Issues for aging women. *Journal of Counseling & Development*, 82(4), 420-425.
- Schmidt, S. (2018). The Anti-Feminist Reconstruction of the Midlife Crisis: Popular Psychology, Journalism and Social Science in 1970s USA. *Gender & History*, 30(1), 153-176.

- Setiya, K. (2014). *The midlife crisis*. Ann Arbor, MI: Michigan Publishing, University of Michigan Library.
- Sowers, M. F., Crutchfield, M., Jannausch, M. L., & Russell-Aulet, M. (1996). Longitudinal changes in body composition in women approaching the midlife. *Annals of human biology*, 23(3), 253-265.
- Staten, A., & Lawson, E. (2017). *GP Wellbeing: Combatting Burnout in General Practice*. CRC Press.
- Stewart, A. J., Ostrove, J. M., & Helson, R. (2001). Middle aging in women: Patterns of personality change from the 30s to the 50s. *Journal of Adult Development*, 8(1), 23-37.
- Taneva, S. (2016). What is psychological well-being and how it changes throughout the employment cycle?. UnicampBFCM.
- Thorpe, A. M., Pearson, J. F., Schluter, P. J., Spittlehouse, J. K., & Joyce, P. R. (2014). Attitudes to aging in midlife are related to health conditions and mood. *International psychogeriatrics*, 26(12), 2061-2071.
- Tiggemann, M. (2004). Body image across the adult life span: Stability and change. *Body image*, 1(1), 29-41.
- Tindall, S. P. (1994). A study of middle age women and self-esteem.
- Versey, H. S., & Newton, N. J. (2013). Generativity and productive pursuits: pathways to successful aging in late midlife African American and White women. *Journal of Adult Development*, 20(4), 185-196.
- Wahl, H. W., & Kruse, A. (2005). Historical perspectives of middle age within the life span. *Middle adulthood: A lifespan perspective*, 3-34.
- Wilbur, J., & Dan, A. J. (1989). The impact of work patterns on psychological well-being of midlife nurses. *Western journal of nursing research*, 11(6), 703-716.
- Willis, S. L., & Reid, J. B. (Eds.). (1998). *Life in the middle: Psychological and social development in middle age*. Academic Press.
- Wojciechowska, L. (2017). Subjectivity and generativity in midlife. *Polish Psychological Bulletin*, 48(1), 38-43.
- Wong, L. P., Awang, H., & Jani, R. (2012). Midlife crisis perceptions, experiences, help-seeking, and needs among multi-ethnic Malaysian women. *Women & health*, 52(8), 804-819.
- Yaffe, M. J., & Stewart, M. A. (1984). The problems and concerns of middle age. *Canadian Family Physician*, 30, 1089.

APPENDIX 1

CONSENT FORM

CONSENT FORM FOR PARTICIPANTS IN THE RESEARCH

PSYCHO-SPIRITUAL INSTITUTE, MARIST INTERNATIONAL UNIVERSITY

COLLEGE

P. O. BOX 24450,

NAIROBI- KENYA.

Dear Sr,

I am, a master's degree student of Psycho-spiritual Institute at Marist International University. Currently, I am conducting an academic research on *a correlational study on midlife transition and psychological well-being among religious sisters in Regina Caeli catholic Parish Karen*. This project is strictly an academic exercise. Your opinion and information will be highly confidential. For confidential purposes you will be given a pseudo name. Your participation is voluntary. Upon completion of the study, findings will be written as a research paper and will be available to you. Appointments for the interview will be held at a time and place that suits you and will take approximately 30-40 minutes. If there is any question, feel free to ask the researcher.

Thank you for cooperation

Contacts: Sr Ann Wanjiru Njinu

E-mail: njinuannie@gmail.com.

Phone: +254798702031/+254739073944

I hereby agree to participate in this study willingly.

.....

Signature.....

Date.....

APPENDIX 2

QUESTIONNAIRE FOR RELIGIOUS WOMEN

PART 1: DEMOGRAPHIC INFORMATION

a. Please tick (x) the appropriate box in regard to your age.

40-45 years

45-55 years

55-60 years

b. Years in Religious life.

6 – 10

11 – 15

16 – 20

21 – 24

25 and above

c. Apostolate/Ministry

Student

Teacher

Social worker

Lecturer

Nurse/medical

Community Superior

Bursar

Spiritual director

Formator

Regional Superior

Provincial Other/specify

PART 2: QUESTIONS

Please tick the appropriate number according to the scale given below.

1= strongly agree; 2= agree; 3= uncertain; 4= disagree; 5= strongly disagree

Section 1 Midlife transition issues

Mid-life transition experience

I consider mid-life transition to be a time when I experience					
1. Hot flushes	1	2	3	4	5
2. Body weight increases	1	2	3	4	5
3. Menopause	1	2	3	4	5
4. Mood swings and feelings of depression	1	2	3	4	5
5. Strained relationships	1	2	3	4	5
6. Aimlessness	1	2	3	4	5

Body Image

When I face midlife transition I					
7. Feel dissatisfied with my body image	1	2	3	4	5
8. See myself as overweight	1	2	3	4	5
9. Am physically unattractive	1	2	3	4	5
10. Feel ashamed of my body weight and size	1	2	3	4	5
11. Work harder to bring shape to my body	1	2	3	4	5
12. Spend too much time gloating over my body shape	1	2	3	4	5
13. I work hard to make my body look younger	1	2	3	4	5
14. I contemplate the use of make-up and plastic surgery or other means that will make my body look younger.	1	2	3	4	5
15. Hide my wrinkles by wearing loose clothes	1	2	3	4	5
16. Convince myself that I am slim and attractive	1	2	3	4	5
17. Often look at myself in the mirror	1	2	3	4	5
18. Convinced that I have lost my body shape	1	2	3	4	5

Aging

As years go by I					
19. Realize that time is moving on very fast	1	2	3	4	5
20. Am anxious and worried that I am aging fast	1	2	3	4	5
21. Wished I could delay the aging process	1	2	3	4	5
22. Look at myself as growing depressed that I age	1	2	3	4	5
23. Fear that others see me as aged	1	2	3	4	5
24. Constantly contemplate how I should make myself look younger	1	2	3	4	5

Section 2 Psychological well-being

Relationship with others

In my daily interaction with people I discover					
25. Most people see me as loving and affectionate	1	2	3	4	5
26. Maintaining close relationships has been difficult and frustrating for me	1	2	3	4	5
27. I find no difference in relation with others	1	2	3	4	5
28. Even if I am older I do not make any distinction in relationship	1	2	3	4	5
29. I relate easily	1	2	3	4	5
30. I go along well with people	1	2	3	4	5
31. I hesitate to relate with the younger generation	1	2	3	4	5
32. I fantasize that I cannot go along with the younger generation.	1	2	3	4	5

Purpose in life

As I go through life					
33. I have a sense of direction and purpose in life	1	2	3	4	5
34. I live life one day at a time and do not really think about the future	1	2	3	4	5
35. My daily activities often seem trivial and unimportant to me	1	2	3	4	5
36. I do not have a good sense of what it is I am trying to accomplish in life	1	2	3	4	5

37. I enjoy making plans for the future and working to make them a reality	1	2	3	4	5
38. When I look at the story of my life, I am pleased with how things have turned out	1	2	3	4	5

Self-acceptance

39. I feel confident and positive about myself	1	2	3	4	5
40. When I look at the story of my life, I am pleased with how things have turned out	1	2	3	4	5
41. I feel good about myself the way I am	1	2	3	4	5
42. I trust myself in what I do	1	2	3	4	5
43. I feel others have got more than me	1	2	3	4	5
44. I love the person I am	1	2	3	4	5
45. I have not accomplished much in life	1	2	3	4	5
46. I view myself better than myself	1	2	3	4	5

Section 3 Coping with midlife transition issues

In order to cope with midlife transition					
47. I don't care what others say about me	1	2	3	4	5
48. I exercise to bring back the shape of my body	1	2	3	4	5
49. I have gone for counselling to deal with midlife transition issues	1	2	3	4	5
50. I share about midlife transition issues in spiritual direction	1	2	3	4	5
51. I read more about it	1	2	3	4	5
52. I don't believe in midlife transition issues	1	2	3	4	5
53. I care less about what others say about me	1	2	3	4	5

APPENDIX 3
INTERVIEW GUIDES

Part 1: Demographic information of the participants

1. May I know how old are you?
2. How many years have you been in Religious life?
3. What is your ministry/Apostolate?

Part 2: Semi-Structured Interview Questions

1. What is midlife transition according to you?
2. What are some of the issues that make up midlife transition?
3. What are some of the issues do you think religious women go through during midlife transition?
4. What are some of you experience of midlife transition? What did you experience during midlife transition or are experience it now?
5. What are your thoughts of body image and size during midlife transition?
6. What are your thoughts about aging and midlife transition?
7. In your opinion, what would be helpful for somebody going through midlife transition?
8. What was helpful to you during midlife transition?

APPENDIX 4
RESEARCH BUDGET

	Item description	Quantity	Cost: KSH
1	Data collection travelling cost	30 days	30000
2	Printing paper	4 reams	2500
3	Printing and photocopy of proposal	5	800
4	Spiral binding of proposal	4	400
5	Photocopying thesis	4	900
6	Document wallet	1	120
7	Printing of thesis	4	2,000
8	Binding of Thesis	4	2000
	Total		38,720