



GENDER-SPECIFIC FEATURES OF EXPERIENCING THE MIDLIFE CRISIS IN ADULTS WITH NEGATIVE SOCIALIZATION EXPERIENCE IN THE PARENTAL FAMILY

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Abstract

Relevance. The purpose of this article is to highlight the results of a study on the impact of parents' stereotypical childrearing attitudes on the development of the midlife crisis of such children (men and women) in adulthood. The subject of the study is the influence of the experience of family socialization of men and women on their experience of the midlife crisis.

Methodology. For the purposes of the study, the following measures were used: 1) the Ukrainian version of the DCQ-12 questionnaire (The Developmental Crisis Questionnaire), adapted by the authors; 2) Ryff's Psychological Well-Being Scale, adapted by S. Karskanova; 3) the BBC Subjective Well-Being Scale (adapted by L. M. Karamushka et al.); 4) the Typical Family State Questionnaire by E. G. Eidemiller and V. V. Yustitsky; 5) the Parental Attitude Research Instrument (PARI). The following statistical methods were applied: descriptive and frequency analyses, correlation analysis, the Mann–Whitney U test, and regression analysis using SPSS 26.0 and R Studio. The sample consisted of 260 adults aged 35–45 years.

Results. The results of the translation and validation of the Ukrainian-language version of the DCQ-12 measure are presented. Using this instrument, the hypotheses were statistically confirmed that experiencing a midlife crisis significantly reduces the subjective well-being of adults, and that negative childhood experiences of family socialization and specific forms of parental attitudes toward family roles intensify the experience of the midlife crisis in such individuals when they become adults. At the same time, compared to men, women whose parents held unfavorable parental attitudes and who experienced negative childhood experiences demonstrated a greater severity of experiencing the midlife crisis.

Keywords: midlife crisis, subjective well-being in adulthood, negative childhood experience, parental childrearing attitudes, gender characteristics of adults.

Relevance

The midlife crisis is a popular topic in mass culture and is often associated with stereotypes suggesting that men buy sports cars and leave their families, while women suffer from childrearing and household responsibilities. However, the concept of the midlife crisis is more complex than these stereotypes suggest, and recent studies indicate

that a person's gender may influence how the midlife crisis is experienced. This issue is particularly relevant in the contemporary cultural context, as there is growing recognition that gender characteristics shape an individual's experience throughout the entire life course.

The concept of the midlife crisis originates from the work of psychologist Elliott Jaques, who in 1965 introduced this term to describe a period of psychological turmoil that some individuals experience in middle adulthood (Jaques, 1965). Although the idea of a midlife crisis has been criticized for its lack of empirical support and its potential for stigmatization, there is evidence that a substantial proportion of middle-aged individuals experience a period of intensified self-reflection and anxiety (Lachman, 2004).

One potential factor that may contribute to experiencing a midlife crisis is the stereotypical attitudes and expectations that parents transmit to their children during the years of their primary ontogenesis. These attitudes and expectations may influence how individuals, as they grow up, understand and enact their social roles, and may contribute to the emergence of disappointment or feelings of unrealized potential later in adult life.

An analysis of current research suggests that parental childrearing attitudes and gender stereotypes within the parental family may have a significant impact on adults' experience of the midlife crisis. For example, men who were raised with the belief that their value is tied to their ability to assert their masculinity and provide for their family may experience feelings of failure or disappointment in middle adulthood if they are unable to meet these expectations (Wrosch, Scheier, Miller, Schulz, & Carver, 2003). Similarly, women who were raised with the prioritization of their social roles as wives and mothers over their own personal growth may experience a sense of unrealized potential in midlife (Elliott & Quinn, 2014).

The purpose of this article is to present the results of a study examining the impact of unfavorable conditions of family socialization and parental family attitudes on the development of the midlife crisis in children from such families as adults. In particular, the article aims to examine the ways in which parental childrearing and gender stereotypes, as well as parental attitudes and expectations toward the child, may contribute to the experience of the midlife crisis in these individuals when they become adult men and women.

Theoretical Background

The term "midlife crisis" was introduced into scientific psychological discourse by Elliott Jaques in 1965. Since that time, it has become popular in Western culture as a concept describing a phenomenon associated with middle-aged men purchasing sports cars or showing an increased interest in extramarital relationships. However, the midlife crisis is not experienced exclusively by men, and it may have different patterns and courses.

Researchers Freund, A. M., and Ritter, J. O. (2009) note that the midlife crisis is a transitional developmental period that occurs around midlife and is characterized by



individuals' doubts about their life goals, self-reflection, and awareness of the inevitability of the passage of life time. This transition may lead to significant changes in a person's behavior in such domains as career, relationships, or hobbies.

Oles, P. K. (1999) defines the midlife crisis as "a psychological state of uncertainty, anxiety, and discomfort that often accompanies the transition from early adulthood to midlife. It is characterized by feelings of loss, regret, and doubt regarding the meaning and purpose of life." The understanding of the midlife crisis proposed by researchers Robinson, O. C., and Wright, G. R. reveals the subjective experience of the crisis by middle-aged individuals and the emotional difficulties that may arise during this period of life (Robinson, O. C., & Wright, G. R., 2013).

Thus, the characteristics of the midlife crisis may vary considerably depending on the individual, but common themes include feelings of restlessness or dissatisfaction with one's life, a sense of the shortening of life time, lost opportunities, and a desire for change or new experiences (Lachman, 2004). These feelings may be triggered by various life events, such as divorce, job loss, or children growing up and leaving home, but they may also arise spontaneously as individuals reflect on their destiny and their current life trajectory.

Another common theme in the experience of the midlife crisis is an increased awareness of aging and mortality. As people approach midlife, they become more acutely aware that life time is passing and that they have not achieved everything they had hoped for. This awareness may serve as a powerful motivator for change and may lead to a renewed sense of urgency and purpose in life. At the same time, the midlife crisis may also be a period of significant uncertainty and anxiety. The reappraisal that takes place during this period can substantially destabilize personal self-awareness, and individuals may realize that they are losing a sense of self-identity. People may also struggle with feelings of guilt or regret over past decisions or missed opportunities, which can further intensify their disappointment with a life perceived as being lived in vain.

An important aspect of the midlife crisis is the presence of processes of reappraisal. Individuals may begin to question decisions they made in the past and to consider whether they are on the right path toward the future. This may lead to the activation of intensive self-reflection and self-analysis, as people strive to better understand themselves and their place in the world.

It is worth noting that not all adults experience a midlife crisis, and this phenomenon is not recognized as a clinical diagnosis in the DSM-5. However, many individuals report experiencing certain feelings and challenges associated with a midlife crisis at a particular period of their lives.

Socioeconomic theories of the midlife crisis suggest that this phenomenon is influenced by broader social and cultural factors, including changes in the economy, the labor force, and family structure. According to these theories, the midlife crisis may be triggered by feelings of frustration or disorientation arising from changes in socioeconomic

status or life circumstances. One of the well-known socioeconomic theories of the midlife crisis is the social clock theory, which assumes that individuals have certain expectations regarding when important life events should occur, such as marriage, career advancement, and retirement. When individuals feel that they are falling behind or moving ahead of societal expectations regarding these events, they may experience feelings of dissatisfaction or anxiety, which can contribute to a midlife crisis.

Another theory, the role strain theory, suggests that a midlife crisis may arise due to the competing demands of multiple roles, such as those of parent, wife or husband, or employee. When individuals feel overwhelmed or unable to meet these demands, they may experience stress or exhaustion, which can contribute to a midlife crisis. For example, a study by Robinson (1991) confirmed the relevance of socioeconomic theories to the midlife crisis. It showed that work-related difficulties experienced by many individuals in middle adulthood are associated with an increased risk of experiencing a midlife crisis. Overall, socioeconomic theories provide a useful framework for understanding the broader social and cultural factors that contribute to the midlife crisis.

The life events theory suggests that significant life events, such as the death of a loved one, divorce, or job loss, may trigger a midlife crisis. These events may prompt individuals to reflect on their life choices and reconsider their priorities, which in the course of such transformations can lead to feelings of uncertainty and anxiety. Several recent studies have confirmed the role of life events in the midlife crisis. A study by Schieman and Reid (2009) showed that negative life events, such as illness or financial problems, are associated with an increased risk of a midlife crisis. The authors suggest that these events may disrupt an individual's sense of control and stability, leading to a crisis. A study by Kaufman and Taniguchi (2017) demonstrated that divorce is associated with an increased risk of experiencing a midlife crisis, particularly for women. The authors suggest that divorce may be especially disruptive to women's sense of identity and social support, which may affect the onset and severity of the midlife crisis.

Such studies demonstrate that life events, as a component of the social situation of adult development, play a significant role in the emergence of the midlife crisis, and that negative events in particular may trigger this phenomenon. However, it is important to note that not all individuals who experience negative life events enter a midlife crisis, and that individual differences in resilience and coping strategies influence the likelihood of the onset of a midlife crisis.

Initially, the midlife crisis was considered to affect predominantly men. However, research indicates that women also experience this phenomenon, while demonstrating different manifestations (Lachman, 2004). Thus, the midlife crisis may manifest differently in men and women. Men often report feelings of restlessness, anxiety, and dissatisfaction with their career or personal life, which may lead to impulsive decisions (Kessler, 2010). Women, on the other hand, may experience feelings of loss, grief, or emptiness as they confront physical and emotional changes associated with menopause or other signs of



aging (Lachman, 2004). Women may also experience concerns regarding their roles as mothers or wives as they attempt to balance the competing demands of organizing their individual, family, and professional lives in terms of their time and energy.

Thus, the midlife crisis is a complex phenomenon that may be triggered by various factors. Research indicates that biological, psychological, and sociocultural factors may all play a role in the experience of the midlife crisis (Lachman, 2004). Biological factors, such as hormonal changes, health problems, or genetic predispositions, may contribute to the emergence of a midlife crisis. Psychological factors, including unresolved conflicts, unfulfilled dreams, or feelings of loss or disappointment, may also precipitate a midlife crisis. Finally, sociocultural factors—such as societal expectations, cultural norms, or gender roles—may likewise influence the experience of the midlife crisis.

Overall, the studies reviewed indicate that both genders—men and women—experience a midlife crisis, but they do so in different ways, reflecting the unique challenges and existential pressures faced by individuals of different genders during this transitional period. One of the most evident social factors that serves as a predictor of these differences is gender stereotypes.

Stereotypes are cognitive structures that represent beliefs, attitudes, and expectations about particular social groups (Allport, 1954). They are widespread in society and can be observed across various domains, including gender, race, ethnicity, abilities, and sexual orientation. Parents are key agents of socialization who play a crucial role in transmitting social stereotypes to their children through family upbringing processes.

Gender stereotypes constitute one of the most prevalent groups of stereotypes conveyed to children by adults in the enactment of parental roles. Research shows that parents often hold different expectations and attitudes toward their sons and daughters based on gender (Eagly & Wood, 2012). For example, parents may encourage their sons to engage in sports and competitive activities, while encouraging their daughters to participate in calmer games and more “feminine” activities (Lytton & Romney, 1991). Similarly, parents may hold different academic expectations for sons and daughters: sons are encouraged to pursue mathematics and the natural sciences, whereas daughters are encouraged toward the humanities and social sciences (Halpern et al., 2011). These gender stereotypes may have a significant impact on children’s self-esteem and aspirations. Girls exposed to gender stereotypes may develop lower self-esteem and lower academic and career aspirations. Boys exposed to gender-stereotypical attitudes may, in adulthood, display rigid and traditional beliefs about masculinity and may be less inclined to seek help for their own emotional or mental health problems.

Stereotypes regarding abilities constitute another form of stereotypes that may be characteristic of parents. Research by Guralnick (Guralnick, 2011) has shown that parents of children with special needs may have lower expectations regarding their children’s academic and social development compared to parents of children without developmental

disabilities. Such parents may perceive their children with special needs as being less capable of learning and communication and, consequently, may fail to provide them with the same opportunities for education and development (Marks et al., 2000). Similarly, parents of gifted children may hold high expectations regarding their children's achievements and may exert pressure on them by demanding academic success. Such parental stereotypes concerning abilities may have a significant impact on children's self-esteem and motivation. Children exposed to negative parental ability stereotypes may develop learned helplessness and low self-efficacy, whereas children exposed to positive parental ability stereotypes may develop a fixed mindset and a fear of failure (Dweck, 1999).

Stereotypical attitudes may also influence children's social behavior. Children may internalize beliefs about gender roles that shape how they interact with peers. For example, boys who are taught to be aggressive and dominant may engage in a greater number of physical conflicts with other children, whereas girls who are encouraged to be caring and submissive may experience difficulties asserting themselves in social situations (Martin & Fabes, 2001). In addition, stereotypes may affect children's self-esteem. Children who do not conform to traditional gender roles may feel that they do not belong or are not valued by their peers or by society. This may lead to feelings of isolation, anxiety, and depression both in childhood and in adulthood (Quinn & Crocker, 1999).

Thus, parental childrearing stereotypes significantly influence the development of children's gender identity. Children begin to internalize gender stereotypes at a relatively early age, and this may affect the formation of their gender-role identity and their future gender roles. For example, boys who are told by their parents that they should be tough and unemotional may hesitate to express their emotions, whereas girls who are told that they should be caring and submissive may struggle with assertiveness and ambition (Ruble, Martin, & Berenbaum, 2006).

Having identified, on the basis of a theoretical analysis of the relevant literature, the key concepts related to the midlife crisis and gender differences in experiencing this period of life, the following hypotheses of the empirical study are formulated.

H1 – Experiencing a midlife crisis reduces the level of an individual's subjective well-being;

H2 – Negative childhood experience is positively associated with the development of a midlife crisis;

H3 – Specific parental attitudes are positively associated with the development of a midlife crisis in their children in adulthood;

H4 – Women who experienced negative childhood experiences are more prone to a midlife crisis;

H5 – Women whose parents held unfavorable childrearing attitudes are more prone to a midlife crisis.



Methodology

Methods. To test the proposed hypotheses, the study employed the following methods:

- theoretical methods: theoretical analysis of scientific sources on the research problem, synthesis, generalization, and theoretical modeling;
- empirical methods: the adapted Ukrainian-language version of The Developmental Crisis Questionnaire (DCQ-12) (author's adaptation), Ryff's Psychological Well-Being Scale, the Modified BBC Subjective Well-Being Scale adapted by L. Karamushka, K. Tereshchenko, and O. Kredentser, the Parental Attitude Research Instrument (PARI), the Typical Family State Questionnaire by E. Eidemiller and V. Yustitsky, and a demographic questionnaire designed to collect objective characteristics of the participants;
- statistical methods: descriptive and frequency analyses, the Kolmogorov–Smirnov test, Spearman's correlation analysis, and regression analysis. Data processing was conducted using the SPSS 26.0 and R Studio software packages.

The sample consisted of 260 adults, of whom 200 participated in the adaptation of the Developmental Crisis Questionnaire (DCQ-12) and 60 participated in the main study in accordance with the selected research topic. The main study involved 60 participants aged 35–45 years, including 38.3% men and 61.7% women, which made it possible to obtain representative information on the experience of the midlife crisis depending on gender.

Procedure. The empirical study consisted of two stages. In the first stage, the adaptation of the midlife crisis diagnostic instrument was conducted. In the second stage, the study was carried out in accordance with the proposed hypotheses using a cross-sectional design. Data on participants' characteristics and the specific features of their experience of the midlife crisis were collected simultaneously within a single time period. Data collection was carried out using various online communication channels (Telegram, Facebook) and the Google Forms platform, which facilitated the process of data collection and completion.

The study was conducted in compliance with research ethics standards; in particular, participants were informed about the aims of the study and their right to withdraw from participation at any time.

The literature review demonstrated that in Ukrainian psychodiagnostics, the selection of instruments for studying crisis states of personality is extremely limited. Research on crisis phenomena is often reduced to the use of Russian-language adaptations or to conceptual substitutions, in which researchers employ psychological well-being as one of the main indicators of an individual's experience of crisis. Based on this, a decision was made to adapt the Developmental Crisis Questionnaire (DCQ-12) published by Nikolay Petrov, Oliver C. Robinson, and Jeffrey J. Arnett (Petrov et al., 2022). The adaptation was carried out in three stages through a study involving 200 Ukrainian-speaking individuals aged 18–58 years.

At the first stage, the adaptation involved a triple translation of the questionnaire text (English–Ukrainian–English–Ukrainian) in order to ensure alignment of the Ukrainian-language version of the questionnaire with the meanings embedded by the authors in the English-language version. For clarity, Appendices A and B to the article present the English-language and Ukrainian-language versions of this instrument.

At the second stage, a procedure for collecting empirical data was conducted in order to calculate the validity of the translated version of the DCQ-12 instrument. The assessment of cross-validity was carried out using the DCQ-12 and Ryff’s Psychological Well-Being Scale adapted by S. V. Karskanova.

The third step involved testing the test–retest reliability of the Ukrainian-language version of the DCQ-12 questionnaire and the internal consistency of the items of this instrument. For this purpose, a repeated assessment of the study participants was conducted with a three-week interval, and a correlation coefficient was calculated for the data obtained at different time points.

Results

The correlations obtained through statistical processing between the indicators of the DCQ-12 instrument and Ryff’s scale are presented below (see Table 1).

Table 1. Results of Spearman’s correlation analysis between the DCQ-12 instrument, Ryff’s Psychological Well-Being Scale, and the BBC scale for establishing the indicators of cross-validity of the DCQ-12 instrument

DCQ-12 instrument		Coefficient of correlation	Significance level of the correlation
Psychological well-being measures			
Ryff’s Psychological Well-Being Scale	Self-acceptance	-0,623	0,01
	Positive relations with others	-0,678	0,01
	Purpose in life	-0,746	0,01
	Personal growth	-0,765	0,01
	Environmental mastery	-0,345	0,01
	Autonomy	-0,485	0,01
	Overall level	-0,645	0,01
The BBC Subjective Well-Being Scale		-0,568	0,01

As shown in Table 1, all obtained indicators are statistically significant and inversely correlated with the DCQ-12 scale, which aligns fully with the content of the constructs under study. Thus, the obtained data confirm the thesis that the presence of a midlife crisis



is negatively associated with an individual's psychological well-being, including self-acceptance, positive relations with others, purpose in life, personal growth, environmental mastery, autonomy, and the overall level of psychological well-being as measured by Ryff's scale, as well as psychological well-being as measured by the BBC scale.

The calculation of the reliability of the DCQ-12 instrument results with a three-week interval between repeated administrations showed that the obtained correlation coefficient was 0.764 ($p < 0.01$). This enables the assertion of a strong association between the test and retest data.

To assess the reliability of the instrument, Cronbach's alpha coefficient was also calculated. The analysis of the internal consistency of the scales revealed a Cronbach's alpha of 0.845, a high value, indicating that the adapted instrument is reliable.

Thus, we conclude that the adaptation of the Developmental Crisis Questionnaire (DCQ-12) for the Ukrainian sample was successful, and it can be further used to test the hypotheses proposed at the beginning of the study.

Next, we present a description of the sample used in the study on the gender characteristics of experiencing a midlife crisis, comprising $N = 60$ observations. The calculations showed that the mean age of the sample was 41.3167, which can be considered a satisfactory measure for describing the typical age of the sample. The median age was 42.0000, indicating that half of the sample was younger than 42 years and the other half older than 42 years. The mode of age was 43.00, which is the most frequently occurring age value in the sample. The minimum age was 35.00 and the maximum age was 45.00, which corresponds to the academic definition of midlife.

Below we present a description of the indicators of the main constructs of the study (Table 2).

Table 2. Descriptive statistics of the main constructs of the study

		Midlife crisis	Psychological well-being	Physical well-being	Social well-being
N	Valid	60	60	60	60
	Missing	0	0	0	0
Mean		40,0500	40,1667	21,8667	83,0667
Median		36,5000	39,0000	22,0000	81,0000
Mode		60,00	39,00	8,00 ^a	52,00 ^a
Minimum		21,00	22,00	7,00	45,00
Maximum		60,00	60,00	35,00	119,00

Note. Multiple modes exist. The smallest value is shown

As shown in Table 2, the variable “midlife crisis” has a mean value of 40.0500 and a median of 36.5000, which indicates that, on average, for most participants the level of experiencing the midlife crisis does not reach a critical value.

The variable “psychological well-being” has a mean value of 40.1667 and a median of 39.0000, indicating that, in general, the respondents demonstrate an average level of psychological well-being, although for some of them it is below average. The maximum and minimum values for this variable are 60 and 22, respectively.

The variable “physical well-being” has a mean value of 21.8667 and a median of 22.0000. This indicates that most individuals perceive their physical well-being as moderate. However, the maximum value is 35 and the minimum value is 7, which suggests that there are respondents who report higher-than-average physical well-being, as well as those who experience pronounced health problems.

The variable “subjective well-being” has a mean value of 83.0667 and a median of 81.0000. This indicates that, overall, individuals feel moderately satisfied with their lives. However, the maximum value of 119 and the presence of multiple modes (values of 52 and 8) suggest that the sample comprises groups with varying levels of life satisfaction.

Next, all hypotheses proposed in the study are examined sequentially to confirm or reject them.

To test Hypothesis H1 — that experiencing a midlife crisis reduces the level of an individual’s well-being — a Spearman correlation analysis was conducted between the well-being scales and the experience of a midlife crisis (the results are presented in Table 3).

Table 3. Correlation analysis of personal well-being constructs (BBC instrument) and the midlife crisis (DCQ-12 instrument)

		Midlife Crisis (DCQ-12 instrument)	
		personal well-being (BBC instrument)	
Spearman's rho	Psychological well-being	Correlation Coefficient	-,538*
		Sig. (2-tailed)	,018
		N	60
	Physical well-being	Correlation Coefficient	-,314*
		Sig. (2-tailed)	,015
		N	60
	Social well-being	Correlation Coefficient	-,203*
		Sig. (2-tailed)	,010
		N	60

Table 3 shows that there are statistically significant correlations between the midlife crisis and psychological (−0.538), physical (−0.314), and social (−0.203) well-being. The correlation coefficients indicate an inverse relationship between the midlife crisis and well-being: the lower the level of well-being, the higher the likelihood of experiencing a midlife crisis.



In particular, psychological well-being shows the strongest correlation with the midlife crisis ($r = -0.538$), which may indicate the importance of psychological factors in the development of the crisis. Physical and social well-being also demonstrate statistically significant inverse relationships with the experience of a midlife crisis (-0.314 and -0.203 , respectively), which highlights the interrelationship between different aspects of individual well-being and the midlife crisis. Thus, the midlife crisis affects psychological, physical, and social well-being. Individuals experiencing such a crisis may feel stress and anxiety, which can lead to various physical problems, such as reduced immunity, sleep disturbances, and changes in appetite. Additionally, the midlife crisis can impact an individual's social well-being. People may feel discomfort in their relationships and communication with others, report a lack of satisfying friendships and intimate relationships, dissatisfaction with their sexual life, a lack of support from others, and similar difficulties. This, in turn, may lead to a deterioration of overall mood, reduced self-esteem, and an increased risk of developing depression.

To confirm Hypothesis H2 — that negative childhood experience is positively associated with the development of a midlife crisis — a Spearman correlation analysis was conducted between the constructs reflecting the participants' experience of the midlife crisis and their reports of childhood experience, as measured by the Eidemiller–Yustitsky instrument (see Table 3.4).

Table 4. Significant indicators of the correlation analysis between the DCQ-12 instrument and characteristics of adults' childhood experience as measured by the Eidemiller–Yustitsky instrument

Adults' childhood experience (Eidemiller–Yustitsky instrument)		Midlife crisis DCQ-12 instrument	
		Spearman's rho	
Spearman's rho	general dissatisfaction	Correlation Coefficient	,253
		Sig. (2-tailed)	,051
		N	60
	neuropsychic tension	Correlation Coefficient	,317*
		Sig. (2-tailed)	,014
		N	60
	family anxiety	Correlation Coefficient	,154
		Sig. (2-tailed)	,241
		N	60

*. Correlation is significant at the 0.05 level (2-tailed).

Based on the results of the correlation analysis, the following conclusions can be drawn:

- The midlife crisis has a statistically significant correlation with neuropsychic tension

in the individual’s parental family (Spearman’s correlation coefficient = 0.317, $p < 0.05$).

- It demonstrates weak positive correlations with general dissatisfaction and family anxiety; however, these correlations are not statistically significant (Spearman’s correlation coefficients = 0.253 and 0.154, respectively, $p > 0.05$).

Considering the level of significance, it can be stated that only the correlation between the midlife crisis and neuropsychic tension is statistically significant in our study. Thus, childhood experiences of neuropsychic tension in relationships with parents and within the family may intensify the midlife crisis. This may likely be related to the fact that at this stage of life, individuals begin to evaluate their past more frequently and reflect on their future. In addition, during a midlife crisis, individuals may become more sensitive to their own emotions and feelings, which may further intensify their neuropsychic tension if they feel unable to cope with certain problems in relationships with parents or other family members.

To confirm or refute Hypothesis H3 — that specific parental attitudes are positively associated with the development of a midlife crisis — Spearman’s correlation coefficients were calculated for the results obtained using the DCQ-12 instrument and the Parental Attitude Research Instrument (PARI). In the PARI scales were used to examine parents’ distribution of roles within the family (see Table 5).

Table 5. Results of the correlation analysis between parental family attitudes of the studied individuals and the severity of the midlife crisis among the participants (N = 60)

Parental Attitude Research Instrument (PARI)		Midlife crisis (DCQ-12 instrument)	
Spearman’s rho	Woman’s fixation on the family	Correlation Coefficient	,088
		Sig. (2-tailed)	,505
	Frequent family conflicts	Correlation Coefficient	,230
		Sig. (2-tailed)	,077
	Perceiving oneself as a mother-victim	Correlation Coefficient	,318*
		Sig. (2-tailed)	,013
	Unquestioned parental authority	Correlation Coefficient	,324*
		Sig. (2-tailed)	,012
	Woman’s reluctance to be a homemaker	Correlation Coefficient	-,063
		Sig. (2-tailed)	,633
	Father’s detachment from family affairs	Correlation Coefficient	,328*
		Sig. (2-tailed)	,011
	Authoritarian maternal communication style	Correlation Coefficient	-,061
		Sig. (2-tailed)	,646
	Indecisiveness and dependence on the mother	Correlation Coefficient	,047
		Sig. (2-tailed)	,723

*. Correlation is significant at the 0.05 level (2-tailed).



According to the obtained results, the constructs “frequent family conflicts,” “unquestioned parental authority,” and “father’s detachment from family affairs” show statistically significant positive associations with the midlife crisis (0.318, 0.324, and 0.328, respectively). This may indicate that the more these patterns are present in parental family attitudes, the greater the likelihood that an individual will experience a midlife crisis.

The constructs “woman’s fixation on the family,” “perceiving oneself as a mother-victim,” “reluctance to be a homemaker,” “authoritarian maternal communication style,” and “indecisiveness and dependence on the mother” did not show statistically significant associations with the midlife crisis. In contrast, the constructs identified by the study participants—“frequent family conflicts,” “unquestioned parental authority,” and “father’s detachment from family affairs”—significantly influence the development of a midlife crisis in adulthood, as they shape certain negative stereotypes and behavioral patterns in childhood that may affect relationships later in adult life.

Indeed, frequent family conflicts may evoke in a child a sense of family dysfunction and insecurity, which can lead to the formation of negative representations of family relationships in adulthood. In addition, unquestioned parental authority may lead the child to feel incapable of making independent decisions and demonstrating initiative in family relationships, which can carry over into adult behavior and influence personality development. Father’s detachment from family affairs may lead the child to perceive the father as not being an active participant in family life and as not paying sufficient attention to family relationships, which may affect the development of interpersonal skills in adulthood.

To test Hypothesis H4 — that women who experienced negative childhood experiences are more prone to a midlife crisis — a regression model with a moderating variable (sex) and childhood experience was constructed (see Table 6). For this purpose, the R Studio statistical software was used.

As can be seen from Table 6, among the predictors of negative childhood experience, only neuropsychic tension has a significant effect on the emergence of a midlife crisis; specifically, an increase in neuropsychic tension is associated with a higher risk of experiencing a midlife crisis ($b = 0.90$, $p < .05$). General dissatisfaction and family anxiety do not have a significant effect on the development of a midlife crisis in the studied participants.

The analysis of interacting factors (sex and negative childhood experience) showed that the interaction between sex and general dissatisfaction has a significant effect with respect to the midlife crisis ($b = 1.00$, $p < .05$). This indicates that the impact of general dissatisfaction on the emergence of a midlife crisis is more pronounced in women than in men.

Table 6. Regression model of midlife crisis factors in the studied individuals, taking into account the predictors of sex and childhood experience

Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>sr</i> ²	<i>sr</i> ² 95% CI [LL, UL]	Fit
(Intercept)	32.30*	[0.54, 64.06]			
sex	-28.90	[-70.19, 12.40]	.03	[-.05, .10]	
general dissatisfaction	-0.39	[-1.12, 0.34]	.02	[-.04, .07]	
neuropsychic tension	0.90*	[0.11, 1.68]	.08	[-.04, .20]	
family anxiety	-0.10	[-0.91, 0.72]	.00	[-.01, .01]	
sex: general dissatisfaction	1.00*	[0.09, 1.92]	.07	[-.04, .19]	
sex: neuropsychic tension	-0.33	[-1.37, 0.72]	.01	[-.03, .04]	
sex: family anxiety	0.30	[-0.74, 1.35]	.01	[-.03, .04]	
					<i>R</i> ² = .234*
					95% CI [.00, .33]

The overall coefficient of determination (*R*²) for the model is .234, which indicates that the variables included in the model explain 23.4% of the variance in the midlife crisis. An attempt to improve this model by excluding non-significant predictors is presented in Table 7 (see Table 7).

In this regression model, the coefficient of determination (*R*²) is .111, which means that the variables included in the model explain only 11.1% of the variance in the midlife crisis. The range of the confidence interval for *R*² extends from .00 to .24, indicating that the model explains a very small proportion of the variance.

Table 7. Regression model of the midlife crisis in the studied individuals, taking into account the predictors of sex and childhood experience

Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>sr</i> ²	<i>sr</i> ² 95% CI [LL, UL]	Fit
(Intercept)	44.34**	[26.02, 62.65]			
sex	-22.73.	[-46.10, 0.65]	.06	[-.05, .17]	
general dissatisfaction	-0.15	[-0.85, 0.55]	.00	[-.02, .03]	
sex: general dissatisfaction	0.86.	[-0.03, 1.74]	.06	[-.05, .17]	
					<i>R</i> ² = .111
					95% CI [.00, .24]



The significance indicators for the variables show that the factor of sex is at the threshold of significance, with coefficients $b = -22.73$, $p = .05$, and that general dissatisfaction is also at the threshold of significance, with $b = -0.15$, $p = .05$. However, the interaction effect between sex and general dissatisfaction is statistically significant and positive, indicating the presence of an association between these variables. That is, women who experience general dissatisfaction with family relationships in their parental family demonstrate higher levels of the midlife crisis. Thus, this model has a certain degree of informativeness, although it explains only a small proportion of the variance.

To confirm or refute Hypothesis H5 — that women whose parents had specific parental attitudes are more prone to a midlife crisis — a regression model was constructed with a moderating variable (sex) and predictors that were found to be significantly correlated in previous analyses: “frequent family conflicts,” “unquestioned parental authority,” and “father’s detachment from family affairs” (see Table 8).

The only statistically significant parameter in the model is the intercept ($b = 22.4$, $p < .05$), while the coefficient of determination (R^2) is .296, indicating that the variables included in the model explain approximately 30% of the variance in manifestations of the midlife crisis.

Conclusions

The conducted theoretical and empirical study of gender-related features of individuals’ experience of the midlife crisis allows the following conclusions to be drawn:

The midlife crisis is a transitional period between two stages of human life—early and later adulthood. During this period, individuals may experience various emotional and psychological difficulties, such as stress, depression, the search for new meaning in life, self-identification issues, as well as problems in relationships with others.

Table 8. Regression model of the midlife crisis depending on the predictors of sex and parental family attitudes of the studied individuals

Predictor	<i>b</i>	<i>b</i> 95% CI [LL, UL]	<i>sr</i> ²	<i>sr</i> ² 95% CI [LL, UL]	Fit
(Intercept)	22.40*	[3.95, 40.85]			
sex	-7.87	[-30.42, 14.69]	.01	[-.03, .04]	
family conflicts	2.64	[-1.76, 7.05]	.02	[-.04, .08]	
parental authority	1.53	[-2.77, 5.84]	.01	[-.03, .04]	
father’s detachment	3.30	[-0.70, 7.29]	.04	[-.04, .12]	
sex: family conflicts	1.96	[-3.57, 7.48]	.01	[-.03, .04]	
sex: parental authority	1.66	[-4.06, 7.38]	.00	[-.02, .03]	
sex: father’s detachment	-0.91	[-6.50, 4.67]	.00	[-.01, .02]	
					$R^2 = .296^{**}$
					95% CI [.03, .40]

At the same time, gender-related characteristics of experiencing the midlife crisis in a gendered society may differ for men and women, as they occupy different social and family positions and face their own expectations and stereotypes. The study of gender differences helps to understand how various social and psychological factors influence the course of the midlife crisis and what should be taken into account in approaches to psychological support during this period of life depending on an individual's sex.

Using an empirical research program that included a personal data questionnaire, instruments addressing participants' childhood experiences, relationships with parents, family conflicts, and levels of well-being, as well as the Ukrainian-adapted version of The Developmental Crisis Questionnaire (DCQ-12), whose items are aimed at identifying and assessing the experience of the midlife crisis, the hypothesis regarding the relationship between negative childhood experience and the depth of experiencing the midlife crisis was empirically confirmed. It was shown that the experience of neuropsychic tension in relationships with parents and within the family intensifies the course of the midlife crisis in the studied individuals.

The hypothesis that experiencing a midlife crisis is associated with an individual's level of well-being was also confirmed. In particular, low levels of psychological well-being in individuals of the relevant age increase the likelihood of experiencing a midlife crisis.

The hypothesis that certain parental attitudes are positively associated with the development of a midlife crisis in their adult children was also supported. The constructs "frequent family conflicts," "unquestioned parental authority," and "father's detachment from family affairs" were found to have a statistically significant impact on the development of a midlife crisis in adult children from such families. Such childhood experiences may shape specific negative stereotypes and behavioral patterns during childhood, which may later determine the quality of these individuals' relationships in adulthood.

The study also confirmed the hypothesis regarding the gender-specific nature of the relationships between the midlife crisis and an adult individual's childhood experience. Using regression analysis, it was demonstrated that women who report general dissatisfaction with family relationships in their parental family exhibit higher levels of midlife crisis severity compared to men of the same age.

Conflict of interest. Olena Vlasova - Editor-in-Chief of the journal "Socialization and Human Development".

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APPENDICES

Appendix A

Develop Crisis Questionnaire (DCQ 12)

Nikolay Petrov, Oliver C. Robinson, Jeffrey J. Arnett (Petrov et al., 2022).

Please indicate whether the following statements describe your life in general over the past 6 months or so. In relation to appraising whether you have been experiencing something more than “normal”, make a judgement of the past six months relative to your adult life generally.

1. I feel like the “inner me” has been out of sync with the “outer me”.
2. I feel like my life has lost direction.
3. I have been experiencing stronger negative emotions than normal.
4. I have been thinking that life is meaningless.
5. I have been confident about what I need to do to make it in life. (R)
6. I have been feeling in control of my life. (R)
7. My life feels stable and predictable. (R)
8. I have felt that I have had the resources to deal with any challenges that life throws at me.(R)
9. I am experiencing a time of transition in my life.
10. I am passing through a major turning point in my life.
11. I feel like I may be in the process of leaving the “old me” behind and am developing a “new me”.
12. I have noticed that the way I have thought about my life has changed.

Instructions for Participants

Please indicate whether the following statements describe your life in general over the past 6 months or so. In relation to appraising whether you have been experiencing something more than “normal”, make a judgement of the past 6 months relative to your adult life generally”.

Scoring Instructions

All items are presented on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Take the sum of items 1, 2, 3 and 4 for Disconnection and Distress; the sum of items 5, 6, 7 and 8 for Lack of Clarity and Control; and the sum of items 9, 10, 11 and 12 for Turning Point and Transition. (R) denotes reverse-worded items.

Categorical scoring: Where a 2-level categorical variable is required, a score of 42 or more is coded as crisis present, while a score of 41 or less is coded as crisis absent.

Appendix B

Опитувальник переживання кризи (DCQ 12)

(N. Petrov, Oliver C. Robinson, J. Arnett в адаптації С. Кадирова, О. Власової)

Опитувальник кризи розвитку (DCQ-12) - незалежний від віку інструмент психодіагностики кризи розвитку дорослих, розроблений для наукових та прикладних цілей. Дослідницький та підтверджувальний факторний аналіз, які проводилися розробниками окремо на різних вибірках, підтвердили, що трифакторна структура є найкращою для структурування даних опитувальника при описі кризи розвитку. Це такі шкали, як (1) Відстороненість (розрив зв'язків) та Дистрес; (2) Відсутність ясності та контролю; і (3) Перехід та поворотний момент. Також опитувальник DCQ-12 продемонстрував прогностичну валідність пов'язаного з ним показника кризи з індикаторами самооцінки, локусу контролю, автентичного життя, оптимізму, наявності та пошуку сенсу та поворотних моментів в їх житті. Надійність тритижневого тестування та повторного тестування коливалася від 0,78 до 0,89 за різними підшкалами. Окрім використання в дослідженнях, показник DCQ-12 має потенційне застосування на практиці, враховуючи, що оцінка кризи розвитку має значення для фахівців, які працюють у клінічних та неклінічних ролях, також а для підтримки та коучингу дорослих у перехідні періоди.

Інструкція для учасників дослідження. Будь ласка, вкажіть, чи описують наступні твердження ваше життя загалом за останні 6 місяців, щоб оцінити, чи переживали ви щось більше, ніж «нормальний стан», оцінійте останні шість місяців відносно вашого дорослого життя в цілому. При оцінці тверджень скористайтесь п'ятибальною шкалою Лайкерта в діапазоні від 1 до 5. Враховуйте, що кожен бал означає наступне: 1 - зовсім не згоден; 2 - не зовсім згоден; 3 - важко сказати; 4 - більше згоден, ніж не згоден; 5 - повністю згоден.

1. Я відчуваю, що «внутрішнє я» не синхронізовано із «зовнішнім я».
2. Я відчуваю, що моє життя втратило напрямок.
3. Я відчуваю сильніші негативні емоції, ніж зазвичай.
4. Я думав/-ла, що життя безглузде.



5. Я мав/-ла розуміння щодо того, що мені потрібно зробити, щоб досягти успіху в житті. (R)
6. Я відчував/-ла, що контролюю своє життя. (R)
7. Моє життя здається стабільним і передбачуваним. (R)
8. Я відчував/-ла, що у мене є ресурси, щоб впоратися з будь-якими викликами, які кидає мені життя. (R)
9. Я переживаю перехідний період у своєму житті.
10. Я переживаю важливий поворотний момент у своєму житті.
11. Я відчуваю, що, можливо, я покидаю «старе я» позаду та розвиваю «нове я».
12. Я помітив/-ла, що моє уявлення про своє життя змінилося.

Інструкція для користувача щодо підрахунку балів

Використання методики на практиці передбачає наступну інформацію щодо підрахунку балів: Всі пункти представлені за 5-бальною шкалою Лайкерта в діапазоні від 1 (зовсім не згоден) до 5 (повністю згоден) підлягають обробці і розподілені по трьох шкалах: .

Шкала 1 «Відсторонення та Дистресу» має навантаження пінктами 1, 2, 3 і 4.

Шкала 2 «Відсутності ясності та контролю» утворена відповідями на пункти 5, 6, 7 і 8, які мають позначку (R), що означає елементи зі зворотним обчисленням (у випадку відповіді в 1бал присвоюється бал 5, якщо 2 – 4, якщо 4 -2, якщо 5- 1).

Шкала 3 «Поворотного моменту та Перехідного періоду» розраховується як сума балів за пунктами 9, 10, 11 і 12..

Критичні діагностичні значення. Якщо потрібна 2-рівнева категоріальна змінна, бал 42 або більше кодується як наявна криза, тоді як бал 41 або менше кодується як відсутність кризи.

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