Women in transition: Discourses of menopause.

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WOMEN IN TRANSITION: DISCOURSES OF MENOPAUSE

by

Sue McPherson

An M.A. Thesis Submitted to the
Faculty of Graduate Studies and Research through the
Department of Sociology and Anthropology
in Partial Fulfillment of the Requirements for
the degree of Master of Arts at the University of Windsor.

Windsor, Ontario, Canada.

2002

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0-612-75798-6
ABSTRACT

Discourses of menopause are varied and complex, just as the lives of women themselves are diverse and multifaceted. Traditionally, menopause has signalled the end of the child-bearing years and the “change of life,” a time when women might experience a great deal of change, in many ways. But menopause can also be understood as a natural physical change, or a time of hormonal change, or as a passage from one way of life to a different one, often accompanied by emotional flux and changes in ways women think about themselves.

For this study of menopause and women’s lives, using life story methodology I have gathered information, anecdotes, poems, and personal revelations through interviews conducted with ten women. Drawing on the stories of their lives, I have explored the ways women think about their experience of menopause and related aspects of their lives.

The feminist poststructuralist framework I have used consists of two elements, poststructuralism and feminism. The poststructuralist framework uses theories of language and concepts of discourse, dualisms, subjectivity and consciousness, power, diversity, and context. Taking a feminist approach to poststructuralism enables women’s voices to be recognized as meaningful within this framework, while acknowledging the possible restrictions of society’s structures as well as women’s agency in their personal lives and within society.

From a poststructuralist perspective, the aim is to increase understanding through a multiplicity of methods, from exploring the historical background and existing research
on menopause, and presenting the data in a variety of ways. In this research, the data is
displayed in a form that enables readers to read and reflect on what the women say and on
their creative writing, with minimum input from the researcher. Separately, the data is
examined from the perspective of feminist sociology. The research process, for myself,
was one of learning through talking with other women, delving into different forms of
knowledge, and coming to think in new ways.
DEDICATION

To the memory of my grandmother, Gertrude McPherson,

and my mother, Katherine Fulham.

And to my daughter and son, Christine and Steven.
ACKNOWLEDGEMENTS

I would like to acknowledge the assistance and guidance I have received, while doing this research, from Alan Sears, research advisor; Lynne Phillips and Jeff Noonan, members of my committee; Andria Turner, the department graduate secretary; and many, many others, my family among them, who have made it possible for me to do the research and prepare the thesis, giving practical assistance, offering direction, providing feedback on my work, and sharing ideas and insights from their own knowledge and experience. A special thanks goes to the women who participated in this study, sharing their personal reflections on menopause and their lives.
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CHAPTER 1

INTRODUCTION

Menopause is a phenomenon that has been explored and talked about by researchers, by the medical system, and by women themselves in a multitude of ways. It has been studied in terms of a physiological deficiency (Drife, 1993: 632; Delva, 1993: 2149), a symbolic social transition (Skultans, 1970: 639) and a normal life transition (Cobb, 1994: 19). I have heard women refer to it as the closing down of the baby factory, a change to a new stage of life, and as being just physical changes to their bodies. Most, if not all, of women’s experiences of menopause are encompassed by the term from the title of this thesis - transition - defined as a “change or passage from one state or stage to another,” and “the period of time during which something changes from one state or stage to another” (Collins English Dictionary, 1998).

The subject of this thesis is the many forms of discourses of menopause, and the women who have given voice to them in this study. The purpose of the research has been to gain insight into the ways women understand menopause, themselves, and their place in society, and to provide the means for women to talk about menopause and their lives. For this study I conducted in-depth interviews with women, sorted the interview data according to theme, and incorporated the themes into this thesis. In accordance with a feminist poststructuralist perspective it was also a way of enabling reflection on this subject - for myself and the participants - through our interactions during the interviews. I discovered at these times that I shared similar experiences and views on menopause.
with each of the participants, although our lives were also very different in many ways.

The approach I have taken to this research - a feminist poststructuralist approach - involves taking a feminist approach to poststructuralist theories of language and the concepts of discourse, dualisms, subjectivity and consciousness, power, diversity, and context. Poststructuralism emphasizes the ways that the individual's subjectivity is formed through language, concluding that there is no knowing, rational subject, only the subject that is constructed through systems of discourse. The feminist approach expands on this notion of subjectivity and consciousness, to include the notion of agency and acknowledge the embodiedness of the individual within society. In Chris Weedon's work on feminist poststructuralism (1987), where I encountered this dual approach, her argument is that even though individuals' subjectivities are formed through discourses, as capable individuals they are often able to act on the discursive knowledge they have acquired, in ways that might resist or serve to maintain the status quo. Thus, in this research, the life story methodology I have used, and women's voices telling about their experiences and perceptions of menopause, are compatible with feminist poststructuralism as explained by Chris Weedon's work.

Since first beginning this research, my own ways of understanding menopause and women's lives and my ways of thinking about these have changed to some extent. I became interested in menopause as a research topic when I was at middle-age. I had had a partial hysterectomy in my thirties, and thus experienced no external cues, no cessation of menstruation, as many women do at this time of life. The realization that I was going through "the change" came gradually, as I became aware of changes in my body and from reading about menopause and the aging process. A laboratory test of my hormone level
confirmed that I was going through menopause.

But besides the physical changes, I was also going through many other changes in my life. I had been married for twenty years, and after my marriage ended I moved away with my children and returned to university. I had never had the opportunity of "finding myself," and this became a time for exploring my identity - a moratorium in my life. Within a few years, I had to move again, away from my family and all that was familiar to me, in order to continue my education.

I felt as though I were carrying a lump inside of me, a lump that needed to be taken apart, deconstructed, and examined piece by piece, in relation to the whole. As I researched the topic, I began to see how my experience fit into studies on women at menopause. When I first started this research, I saw feminism as liberating for women, providing insights into society that could benefit all women. I think now that some of the ideas that have come out of feminist theory can be emancipatory but that some have the potential to cause harm to women and their relations with family and friends, and with significant others in their lives.

In this research, where appropriate, I have let the women speak for themselves, leaving it for the reader to reflect on their words. Some of the participants' experiences and ways of thinking might not seem compatible with feminist thought, but if the lives that women lead is a feminist concern, and if feminists are interested in what women themselves think and what they find rewarding or troublesome, then this research might still be considered feminist.

One of the difficulties of doing this research was that the experiences of the women differed greatly, as did their understandings of menopause and ways of talking
about it. This was not a group of women, in any real sense of the word. Each of them lived separate lives, and they have come together only on paper, through language, in this thesis.

Often, in qualitative research, the researcher attempts to interpret the experiences of the group under study by attempting to understand it from the group’s own point of view, although the categories and theories used are those of the researcher. In the current study, what we have are multiple perspectives, some of which may even seem to contradict another’s way of understanding menopause. Rather than conduct an in-depth sociological and/or feminist analysis of the data, thus imposing my own views on them, in this study the participants’ different perspectives on any one issue are grouped together, thus illustrating that there is more than one form of knowledge on a given issue. The data has been displayed so that it is not a question of seeing menopause from one perspective only. What we have are multiple perspectives - a diverse sample of experiences and views on menopause.

Discourses are systems of communication - of language - understood as “competing ways of giving meaning to the world” (Weedon, 1987: 24). These are not fixed, but can change and be redefined according to context - social and historical.

Several years ago Dorothy Smith (1987) argued that women had been excluded from the historical making of an “intellectual, cultural, and political world” (p.1). She explained that “sociology has objectified a consciousness of society and social relations that ‘knows’ them from the standpoint of their ruling and from the standpoint of men who do that ruling” (Smith, 1987: 2). In her view, this is how women have come to know themselves.
The meaning of menopause has changed throughout history, depending on knowledge about this subject as well as the economy, politics and culture of the particular era. Up until the last few decades, medical discourses of menopause, often depicting menopause as deterioration, seem to have predominated. Recent research discusses menopause in terms of social and personal change, suggesting that midlife is a time when women may be starting a career after rearing children - often as single parents, or returning to school, or peaking in their careers (Gilbert, 1993: 110). Women whose lives revolve around the domestic sphere may also be seeking new ways of self-expression (Turner and Troll, 1995: 235). Discussion of normal endocrine and physiological changes associated with menopause, and of hormone replacement therapy, from a professional woman’s perspective, is another view offered on this topic (Callahan, 1999). In poststructuralism, according to Chris Weedon (1987), “language is not the expression of unique individuality; it constructs the individual's subjectivity in ways which are socially specific” (p.21). But she adds that it is the feminist adaptation of poststructuralist theory that acknowledges women as agents. It is through the actions of individuals, such as the writers I have mentioned, who become the bearers of language by taking up the forms of subjectivity and its meanings and values and acting on them, that language has social and political effects (Weedon, 1987: 34).

In this research the theory, methodology, and data from the interviews are interrelated and have been drawn together using a feminist poststructuralist approach. In this introduction, besides briefly explaining the research I have also introduced the poststructuralist concepts of discourse, diversity and subjectivity, from a feminist perspective. In Chapter 2, I explain the life story methodology used in this research, for
which in-depth interviews are the key feature. Chapter 3 consists of a review of the literature on the historical development of menopause and of feminist research on menopause. In order to understand the experiences of menopause in women at the present time, it is necessary to view menopause in its historical and cultural context. In Chapter 4, using Chris Weedon’s framework, I discuss feminist poststructuralism and the concepts of poststructuralism: subjectivity and consciousness, language, diversity, discourse, power and context. Chapter 5 consists of brief summaries of the lives of each of the participants. In Chapters 6, 7, and 8 are women’s own thoughts on themes associated with menopause and related issues: Women’s Knowledge about Menopause, Women’s Health, and Women Changing Their Lives.

The significance of women’s experiences and perceptions, and how these relate to poststructuralist theory, is the focus of Chapter 9. In the first section, 9.1, I explore the data from the perspective of three key themes, using mainly sociological and feminist theory. In the second part of this chapter, 9.2, I reflect on the ways poststructuralist theory has guided this study, and examine the relationship between feminist poststructuralist theory and women’s own voices - the key feature of this research - telling about menopause and their lives.

In the conclusion, Chapter 10, I explain the significance of the research to myself, women in general, the medical system, and to academia. In particular, the stories and information provided by women who volunteered for this study are integral to understanding menopause and women’s lives.
CHAPTER 2

METHODOLOGY

Traditional epistemologies have excluded “the possibility that women could be ‘knowers’ or agents of knowledge” (Harding, 1987: 3). From a feminist poststructuralist perspective, however, the subjective meaning that social experience holds for women is a valuable source of knowledge. In Mary Brown Parlee’s (1990) view of research on menopause, “multidisciplinary enterprises tend to be limited by a virtual absence of the interpretive social sciences” (p.386). She argues that scientific discourse shapes our perception of menopause, middle-aged women and the aging process, relying on objectivity and causal models. Anthropologists, psychoanalysts and sociologists, however, may be better able to “bring research and clinical practice more in line with middle-aged women’s interests as they themselves define them” (Parlee, 1990: 387).

For this study, I have used a qualitative methodology, conducting in-depth interviews with women. I have collected stories from ten women about their lives. Although it carries a connotation of falsehood, the word story is becoming accepted among qualitative researchers working with life histories. As Goodson (1995) suggests, stories may be used to “generate new ways of producing, collaborating, representing, and knowing” (p. 89).

Qualitative research is similar to quantitative research in that, in the final run, what is required is interpretation, or human input. Personal biases have a way of interceding in ways that we may not always recognize. My own experience of menopause
seemed to me to be a mixture of physiological, socio-cultural and psychological phenomena. Although in this type of research there are ideally no bounds to the issues that may be raised, it is always up to the researcher to place boundaries according to the purpose of the study. If particular themes are raised that serve no useful purpose, in the view of the researcher, or themes arise that would complicate the study unnecessarily, then it is the researcher’s decision whether or not to include such themes in the collection.

Sample

The sample consisted of ten women, all but one of whom perceived that they were experiencing or had experienced menopause at the time of the interview. At the time of the interview they were residing in cities and villages of South-Western Ontario. This sample is limited to women who had not had a hysterectomy prior to mid-life. According to Cobb (1996), “Even though hysterectomized woman have physical and emotional changes typical of natural menopause, these changes have little meaning outside the context of life as it is at age 50” (p.2).

In this study, four of the women were in their forties, three were in their fifties, two were in their sixties, and one was in her seventies. Interviewing woman who are just now going through menopause can show us the challenges that women have to deal with at that time in their lives. It is valuable to this research to include the struggles as they are in process. John Shotter (1993) explains, people are “taking part in a contested (or at least contestable) process, a tradition of argumentation, in which they are still struggling over the constitution of their own mental makeup” (p.31). On the other hand, stories of
women who are farther along in their lives might provide another perspective.

The sampling method I used was the purposive or "snowball" technique, which, as described by Taylor and Bogdan (1984: 83), entails starting with someone known to the researcher and asking this person to suggest another woman who would likely hold views different from her own. As Taylor and Bogdan (1984) state, in life history research "informants are seldom 'found'; rather, they emerge in the course of one's everyday activities. You just happen to stumble across someone who has an important story to tell and wants to tell it" (p.85). This method enabled me to connect with women who were experiencing or who had experienced menopause and who were able to articulate their experiences.

Each participant chose the location of the interview. In most cases, her own home was the favoured choice, although two of the interviews were held in more convenient locations. While it is sometimes difficult to achieve privacy, the participants made every effort to ensure enough time for the interview.

Prior to the interview, I asked each participant to read and sign the consent form (see Appendix 1). Each interview lasted approximately one and one-half hours and was tape-recorded. I interviewed each participant once, and in some cases checked back for further information. Later, I contacted each of the participants to ensure that they were in agreement with the summaries I had written about their lives.

Research Question

Holstein and Gubrium (1995) suggest that, from the researcher's standpoint,
interviews represent efforts to collect “interpretations of experience that address particular research agendas” (p.50). For this research, the main question is: How do women’s narratives express their understanding of menopause and the ways they understand themselves and their place in society? Related questions I am exploring include:

1. What changes do they experience? In what ways have they created independence in their lives? Do they see these as part of menopause? Do they see menopause as part of the developmental process?

2. In what ways does the medical system influence their views and/or how do they use the medical system for their benefit.

3. How do they perceive male/femaleness, womanhood, motherhood, aging.

4. What are the cultural and historical effects on women’s views on menopause? What part do education and life experience play?

I began the interview by asking women whether they were experiencing menopause or had experienced menopause and what menopause meant to them. Using the list of questions (Appendix 2) as a guideline, we explored facets of their lives: menstruation and menopause; aging and womanhood; autonomy and relationships; milestones or significant circumstances.

According to Oakley (1981), in “interactive” type research, “the principle of a hierarchical relationship between interviewer and interviewee is not adhered to and ‘an attempt is made to generate a collaborative approach to the research which engages both the interviewer and respondent in a joint enterprise’, ” and “relies very much on the formulation of a relationship between interviewer and interviewee as an important
element in achieving the quality of the information” (p.44). It is likely that my age was an asset in this particular study. The participants shared a great deal of their lives with me, and with each of them I shared similar understandings and/or experiences, although in other ways our lives were very different. Although I guided the interview in the direction of the focus of the study, the questions were open-ended, allowing for new insights to emerge. Holstein and Gubrium (1995) suggest that the interviewer guide and constrain the conversation so as to produce narratives that are “appropriate to their projects without dictating how the respondents’ lives might be portrayed within the operative interpretive framework and language” (p.50). The result was the construction of narratives that expressed their understanding of menopause and the ways they understand themselves and their place in society. Tesch (1990) suggests that

In addition to empathetic listening, poetry, music, literature and other art forms are sources for increased understanding of the phenomenon (p.70).

In this study, I have included poetry which I thought to be conducive to a greater understanding of the issues.

Data Analysis

In my analysis of the interviews, I sought out themes and separated them into clusters, which form chapters in this thesis. Chapter 6, Women’s Knowledge About Menopause, focuses on women’s own interpretations of their experiences. Chapter 7, Women’s Health, includes themes related to physical and mental health issues. Chapter 8, Women Changing Their Lives, focuses on women’s self-development and changes
around the time of menopause.

The analysis involved a reflective, interpretive process based on phenomenological analysis and hermeneutics, as described by Tesch (1990: 94). To interpret a text hermeneutically, researchers try to discern what it means. One main principle is to "consider each part of the text in relationship to the whole. The part receives its meaning from that whole" (Tesch, 1990: 94). In this study, menopause is viewed as one part of the reproductive cycle and of the natural life cycle of women. Another principle is to treat the data as "biographical," meaning to take into account the respondent, her personal circumstances and the larger social and historical context (Tesch, 1990: 94). In this study I have taken these factors into consideration. Holstein and Gubrium (1995) suggest that the interviewer should also be considered part of the biographical work (p.51). As stated earlier, the research cannot be viewed apart from my own experiences and perceptions.

Mies (1993) suggests that "conscious partiality," which is achieved through partial identification with the research "object," creates a "critical and dialectical" distance between researcher and object, yet widens the consciousness of both (p.68). Making the effort to understand the participants’ viewpoints has increased my own understanding of the diversity of views on menopause.

The theoretical approach of this research suggests that concepts such as menopause, power, and gender have no clear meaning. In this study, I have relied on the research process to broaden understandings of the meanings of such concepts and the connections between them. According to O'Toole and O'Toole (1988), "menopause remains a topic of ambiguity and conflict...[and] is not a well-defined and regular
passage” (p.85). Definitions of menopause include menopause as the “final menstrual period,” “a period of time in a woman’s life cycle in which hormonal changes in her body signal the end of her reproductive years,” and a newer definition stating that a woman is “considered menopausal for one year following her last menstrual period” (Jones, 1994: 48). However, as Jones suggests, “medical science is uncertain about the subtleties of menopause” (p.48). Menopause has been defined in terms of biology, but “its psychological meaning to the individual and its sociological meanings have implications far beyond biological change” (O’Toole and O’Toole, 1988: 85).

One issue of concern to some individuals of this type of research may be that participants can mislead, whether on purpose or unintentionally. According to Hycner (1985), “any description of an experience is already different from the experience itself” (p.295). However, as Hycner describes, if the participant fills in gaps in memory according to her later viewpoint, the way the participant thinks about the phenomena can be important (p.296). In this study, exploring the ways women think - about menopause and their lives - is one of the purposes of the study.

How this research was conducted is a central issue in understanding the process of knowledge development. In sharing their stories with me, the participants open their lives up for analysis and for others to read about. Sometimes, as Barone (1995) suggests, “some stories deserve their own space, with inviolable boundaries surrounding the message” (p.72). As he says, sometimes we do not need to deconstruct them. Similarly, Lather (1994) states that, in postfoundational work, “the text is used to display, rather than analyze” (p.118). Strauss and Corbin (1990) state that some researchers believe that “the researcher’s task is to gather the data and present them in such a manner that the
informants speak for themselves" (p.21). I believe that in some cases the participant's own words are an effective way of presenting information that does not require further analysis.

I have followed additional principles and procedures which are demanded of good qualitative research. Verifying my account of the participants' reality with them during the process of data analysis, as time permitted, ensured that my understandings were reliable. Discussing decisions and findings with my committee has acted as a check on my perception and ensured that I have not remained fixed in one position. I have also kept records of the decision-making process, including reports on my own expectations as they changed and why I made certain decisions and discarded other ideas. Throughout the research process I have written a record of insights and thoughts.

Guba and Lincoln (1989) state that

Like objectivity, confirmability is concerned with assuring that data, interpretations, and outcomes of inquiries are rooted in contexts and persons apart from the evaluator and are not simply figments of the evaluator's imagination (p.242-43).

Since one person has done the interviewing, coding and analyzing, this could possibly lead to biased results. According to Creswell (1994), the dependability issue may be addressed by including information about "the researcher's positions - the central assumptions, the selection of informants, the biases and values of the researcher" (p. 159). In this chapter and in the previous one I address these issues.

My own biases and assumptions can affect the type of questions that I ask, the interaction between the interviewee and myself, and my perceptions of their responses. I have attempted to become aware of them and examine how they may influence my
interviewing and interpretations. On the one hand, my own experience has been beneficial to this study. I am familiar personally with the experience of menopause and various ways of perceiving it. On the other hand, I have developed values and beliefs about the meaning of menopause that, unintentionally, may deny others’ ways of knowing. In holding my own point of view of menopause as a combination of biological, psychological, and social phenomena, I might be more likely to discount the experiences and perceptions held by the women in this study. From a feminist perspective, the subjective understandings of women is important, and I have included women’s own reflections and have attempted to understand their ways of thinking. As Dant (1991) explains, “Knowledge is both constructed and reproduced in the process of participants exchanging and transforming meanings in discourse” (p.208).

Ethics

“Socially sensitive research” may be defined as “studies in which there are potential consequences or implications, either directly for the participants in the research or for the class of individuals represented by the research” (Sieber and Stanley, 1988:49). Menopause may be a taboo topic for some individuals and, as Lee and Renzetti (1993) suggest, sensitivity to the topic may be apparent at the beginning, or may become manifest once research is under way (p.5). I assured the participants that they were not required to answer any questions they preferred not to, and that they could withdraw from the interview at any time (see Appendix 1). I made efforts to maintain confidentiality and used sensitive interviewing techniques to ease the concerns of the participants in this
study. According to Kelly, Burton and Reagan (1994), the potential for harm, that participation in such a project might not result in empowerment or change in material conditions (p.36, 37) is a factor that I took into consideration as I sorted and analyzed the data.

Limitations

Documentation and analysis of life histories is the best method I can use to achieve the information I am seeking. One limitation that cannot be avoided is that, in order to gain in-depth information about women’s lives, the number of participants must be limited. Although it is not possible to generalize the results, this sample gives an indication of the diversity of women’s views and experiences of menopause.

Conclusions

Cobb (1990) claims that the vast majority of women experience some kind of discomfort during menopause. She emphasizes that “menopause often arrives at a time of great social change - job responsibilities, aging or unwell parents, and departing children...some women don’t want to be their old ‘selves’ any longer, and menopause provides an impetus to make the change” (Cobb, 1990: 225).

For this study, it is important to acknowledge the meaning that menopause has to these women - how they define it, what menopause means to them. However, menopause is a socially constructed phenomena - biological, sociological, psychological, and
political - and it is important to recognize that too. The meaning of menopause is changing, from the medicalized definition of a physiological event to many different meanings. Geri Dickson (1993) describes four paradigms of menopausal research: the biomedical, the sociocultural, a feminist, and a postmodern (p.37). She claims that from the postmodern perspective, "any research designed to gain insight into the impact and scope of the menopausal transition should attend to physiological, social, historical, and cultural dimensions of knowledge and power" (p.49).

According to Goodson (1995), "Only if we deal with stories as the starting point for collaboration, as the beginning of a process of coming to know, will we come to understand their meaning: to see them as social constructions which allow us to locate and interrogate the social world in which they are embedded" (p.98). For this research I have used life story methodology, collecting participants' accounts of the significance of menopause in their lives, together with analysis and reflection on the research process.
CHAPTER 3

LITERATURE REVIEW

From a postmodern/poststructural perspective, it is important to understand the social and historical context in which women's subjectivity and consciousness are formed. This section is devoted to exploring the many ways that menopause has been perceived throughout history. This includes the ways that researchers have approached the topic of menopause, views from the medical profession and from feminism, as well as the diverse beliefs and strategies among different individuals and groups who have experienced menopause. For ease of inquiry, this section is divided into two parts, medical discourses and feminist research, these not being entirely distinct but sharing some characteristics as well as exhibiting many differences. As with medical discourses, some feminist research may focus on menopause as a physiological event or transition, apart from the social context. However, feminist research that focuses on menopause within the context of women's lives and society permits a greater awareness of the complexity of this phenomenon.

3.1: Historical Development of Medical Discourses of Menopause

Medical discourse on menopause has its origins in the age of rationality. The Enlightenment era, in the seventeenth and eighteenth centuries, was a break away from the age of irrationality, when superstition, magic and religion was the basis of social
order. The movement toward rationality was based on the highly valued themes of scientific, practical and impersonal thinking. However, medical discourses on menopause reflected the negative societal views held about women and contributed towards reinforcing them.

In 1821, a French physician, Gardanne, first used the term menopause, which came to be used in medical literature to describe the several years before and after the last menstruation (Lock, 1993: 308). Another influential physician in the treatment of middle-aged women in the mid-nineteenth century, Edward Tilt, held a popular view that linked menopausal problems with a wealthy lifestyle. He thought that peasant women suffered least, poor city women only a little because “their hard work prevents and cures the nervous affections which so frequently assail the rich at this period” (Tilt cited in Lock, 1993: 311).

Differences of class and race intersecting with gender pervaded Western thinking at this time. The tendency in North America and Europe was to associate women with nature and the untamed, therefore labelling them more emotional and irrational than men (Lock, 1993: 322). However, according to nineteenth century thinkers, middle-class women suffered more from menopausal troubles than did lower-class women, prostitutes and black women because they were at the mercy of their sensitive nervous system due to their high social position (Lock, 1993: 319). While many women looked forward to menopause because it meant the end of their reproductive years, middle-class women could also look forward to using their wisdom, which they had accumulated through the years, out in the public world, beyond the domestic sphere (Lock, 1993: 313).

The separation of the domestic sphere from the public sphere and the resulting
association of women with the home and family has largely been attributed to
industrialization. Women were seen as connected with nature and bodily functions,
whereas men were “involved with the world of work where (at least for some) ‘cultural,’
‘mental,’ and therefore higher functions occur” (Martin, 1987: 17). This division,
according to Martin (1987), was accompanied by women’s subordination and being seen
as “less than fully persons” (p.17).

In the late nineteenth and early twentieth century, coinciding with the first wave of
feminism, there was a shift in medical discourse away from simple physical effects of
menopause toward the conception of a link between body and mind, to the mental as well
as the physical changes of menopause (Lock, 1993: 329). Menopause became
“psychologized” in the early twentieth century, partly due to the contributions of Sigmund
Freud. Rather than viewing women’s psychological symptoms of “hysteria” as forms of
resistance to the circumstances of their lives, it was preferable, states Millett (1971), to
blame some disorder with women themselves (p.243). Explanations of the causes of
physical and psychological disorders included “too much education, attempts at birth
control or abortion, undue sexual indulgence, insufficient devotion to husband or
children, or the advocacy of women’s suffrage” (MacPherson, 1981: 101).

Ernest Becker analyzes Freud’s interpretation of the breakdown of one woman at
menopause, who decided that her life was not worth living. According to Becker (1963),
Freud concluded that the woman’s accusations of unfaithfulness toward her husband were
a cover for her own unconscious desires to commit adultery, rather than acknowledge
that, at fifty-three, she was now “alone, without usable skills, no longer with children,
without her accustomed beauty” (Becker, 1963: 360-61). Moreover, Becker claims, she
was unable to put her thoughts into words, having only vague thoughts of being denied a place of value in a man's world. At this time, from about 1920 to 1950, there was a conservative trend in North America, apparently due to a post-war reaction, in which women were purged from employment (Millett, 1971: 240; Firestone, 1987: 33). As Millett (1971) suggests, Freud's sexual theories tended to "rationalize the invidious relationship between the sexes, to ratify traditional sex roles, and to validate temperamental differences" (p.243). Theories about the political significance of control over the body were underdeveloped at this time, and feminists were organized mainly around gaining the vote and improving conditions for working women rather than issues about the body (Rowbotham, 1973: 107).

Since the forties, research has been dominated by a focus on the "deficiency model" and the biological aspects of menopause - the symptoms of the deterioration of the body - and promoting the use of hormone replacement therapy (HRT) for all women (Wren, cited in Davis, 1986:74; Mishell, cited in Gannon and Ekstrom, 1993: 276; Gifford-Jones, 1995: B5). This new discourse defined menopause as a disease, rather than the cause of disease, in contrast to earlier theories (MacPherson, 1981: 105).

According to Steiner, "the physiological signs of ageing are (more) difficult for women to accept, especially in view of today's emphasis on sex and the competition they feel with younger members of their sex" (Steiner, cited in Kaufert, 1982: 156). J. W. Huffman described the menopausal woman as having "wrinkles where there were dimples, and an egg-shaped torso is replacing her once trim figure" (Huffman, 1979, cited in Kaufert, 1982: 156). These post-enlightenment thinkers characterized the tendency to incorporate ideology into the "rational" scientific discourse of the time, basing their views
on “anatomical discoveries,” (Lock, 1993; 317). The discovery of estrogen in the 1940s, as a method of treating menopause, was considered by the medical profession to be a major triumph, “second only to that of the treatment of hypothyroidism by thyroid medication and of diabetes by insulin” (Frank, cited in Lock, 1993: 341). By promoting menopause as problematic, and providing the “cure”, the medical system maintained control of women's bodies.

According to medical discourse, menopause signifies loss of personal and social identity, although for some women, menopause may mean increased freedom from traditional roles. The way a woman experiences menopause can be compared to the way an adolescent girl experiences the first sign of menstruation, a way shaped “by her own body but also by family, friends, economic forces, and values at work in the larger society” (Brumberg, 1993: 102). Clinical studies in the United States indicate that “both pre- and post-menarcheal girls regard menarche as a hygienic crisis rather than as a maturational event” (Brumberg, 1993: 101). In the medical view, menstruation is seen “as a positive sign of womanhood, of youth, of reproductive ability, while menopause remains a stigma, a symbol of decrepitude and decay” (Posner, 1979: 181). Medical science has created an ideology that presents hormone replacement therapy as a normal and taken-for-granted solution to menopause.

3.2: Existing Feminist Research on Menopause

While medical discourses view menopause as a disease that limits women’s capacity to function, feminists have challenged this view using a wide range of
interdisciplinary theories and methods. From a feminist perspective, menopause may be viewed as biological, although normal, thus overlapping with medical discourse, it may be viewed as part of the person's personal history, or it may be viewed within the larger social context, taking into account variables such as gender roles, cohort, ethnicity and class.

Since the early seventies there has been a gradual increase of feminist research on menopause (see Posner, 1979: 179-180; Kaufert, 1982: 142; Gannon and Ekstrom, 1993: 277). Prior to this time, theories about the political significance of control over the body were underdeveloped. However, starting in the 1960s, many women, concerned about the suffering of blacks, became involved in the civil rights movement (Firestone, 1987: 33). The parallel between racism and sexism could not be denied, and as a result, the issue of racism spurred on the second wave of feminism in the seventies (Firestone, 1987: 33).

At this time, feminists in the United States began to challenge the legitimacy of the disease model of menopause (McCrea, 1983: 117). They argued that menopause was a natural process of aging, virtually unproblematic, and any problems that did arise could be treated by attention to nutrition, exercise, and vitamin supplements, rather than hormone replacement therapy (McCrea, 1983: 117). In their view, if women were seen as deficient and handicapped by menopause, then they would not be seen as men's equal. Margaret Lock states that Susan Sontag and other radical thinkers believe that women are victims of an essentialist ideology that consigns them to biological incompetency once they are middle-aged. However, in taking the opposite position these theorists are also separating mind and body, blaming the entire problem of aging on social attitudes while ignoring physical changes in the body (Lock, 1993: 339). Both the body and the mind
need to be taken into consideration when exploring discourses on menopause.

In her study, Emily Martin (1987) analyzes the influence of society, in particular, the medical system, on women’s bodies. She describes how control over women’s reproductive lives takes place throughout a woman’s lifetime through medical procedures such as the gynaecological examination and caesarian section, prenatal care, labour and birthing (p.79). Moreover, natural processes such as menstruation, pregnancy, labour and menopause are seen by women as events that happen to them, not as events they are experiencing (Martin, 1987: 86). In her view, menopause is just one in a series of life-long events that contributes towards women’s separation of self from body. However, many women do not seem aware of the splitting of selves implied in the images created by the medical profession (Martin, 1987: 89).

Women are not only fragmented into parts by the practice of scientific medicine, but are also alienated from the content of science which presents “a male-biased model of human nature and social reality” (Martin, 1987: 21). Whereas scientific medicine presents itself as rational, logical and objective, women’s subjective experience involves different meanings and interpretations than those imposed by the dominant discourse. Martin (1987) explains that scientific medicine is a system of socialization, “a cultural system whose ideas and practices pervade popular culture and in which, therefore, we all participate to some degree” (p.13).

Martin argues that it is necessary to make a cultural analysis of scientific representations of women’s bodies (Martin, 1987: 22). It is not only the demeaning descriptions of women at this age that are oppressive, but also the medical treatment, which is often offered as the only alternative to relieve symptoms of menopause and to
counteract the aging process (see Drife, 1993). Although menopause is often blamed for anything out of the ordinary that happens to women at mid-life, surveys of the health status of mid-life men and women in North America - reports of nervousness, dizziness, headache, fatigue, joint pain, aggressivity, etc. - indicate that there are virtually no differences between the sexes (Cobb, 1994: 20). Research on the effects of hormone replacement therapy have not made the risks clear, and as the National Women's Health Network stated in 1989, “women are, in effect, being urged to take part in a ‘risky, uncontrolled experiment without their fully informed consent’” (Lock, 1993: 355).

Lock’s (1993) research, comparing the subjective experiences of women in Japan and North America and analyzing the differences in the dominant discourses of menopause, enables us to perceive more clearly how such a biological phenomenon is constructed and how the ideology surrounding the topic is internalized by women. Japanese culture has a more group-oriented, traditional moral foundation than the individualism believed to typify Western societies (Lock, 1993: 136). Japanese women are also less likely to show concern over menopause.

In the West, however, individualism and the belief in informed choice are highly valued. Recently, there has been less emphasis in some medical discourse on HRT as a universal cure; instead, the aim is to inform women about the risks and benefits of HRT and leave it up to the individual to decide. In this instance, the overlap between medical and feminist discourse is apparent. Dianne Delva (1993), reviews the costs and benefits of HRT, encouraging physicians to treat their patients individually and identify those who would benefit most from HRT (p.2153). Women are left to make their own “informed” choice, whereas in reality, there is no reliable research on which to base a decision.
(McCrea, 1983: 117). Furthermore, by individualizing the problems of menopause, focus is removed from a social-structural interpretation of the situation (McCrea, 1983: 113; Hoehne, 1988: 238).

Although scientific medicine may acknowledge that sociocultural conditions affect women’s experience of menopause, their main interest is to examine the health issues of menopause. The discussion today, in gynaecological textbooks, is not what happens at the end of menstruation but how hormone replacement therapy relates to cancer, heart and bone disease (Lock, 1993: 351). Feminist research on menopause in North America may often focus on health issues rather than a sociocultural analysis, the medical and feminist discourse tending to overlap in some areas, rather than being distinct categories.

Other feminist research discusses health issues within the cultural context. Cobb’s (1993) edition of Understanding Menopause views menopause as natural, and focuses on health, aging, social issues and diversity among women. Although menopause may be viewed as a natural or normal life transition (Cobb, 1994: 19), the meaning of the “change” may vary among individuals, from being an annoying phase in their lives to a major transition. When a woman’s role is described in terms of her childbearing and nurturing capacities, the end of the reproductive and child-rearing years may signify loss of meaning of life. Also, in this culture, where youth and feminine attractiveness are valued, concerns with lack of sexual attractiveness may also interact with concerns about aging. In this study, women have expressed views that reflect some of these concerns.

Life cycle research has focused mainly on adolescent transitions to adulthood, neglecting other life passages “of becoming male and female, of relations within the
family, and of passing into old age” (Van Gennep, 1960: xvii). Whereas the concept of aging in general is a negative one, described in such terms as being “over the hill,” aging for women is particularly devalued, and menopause is a time when many women confront the aging process. Reuter and Zak (1982) focus on Erikson’s mid-life crisis stage of “generativity versus stagnation” in their examination of the effects of motherhood on menopause (p.173). They conclude that “the sequence of development in men and women is markedly different,” that “only after the period of physically enforced decentering of early motherhood can identity concerns finally be dealt with by women” (Reuter and Zak, 1982: 185). Delaney et al (cited in Dickson, 1990), argue for the idea “of menopause as ‘rebirth’, a time when woman is freed from childbearing and child rearing, a new enjoyment of sex and a renewed dedication to her work” (p.28-29).

In a similar vein, Carol Gilligan (1982) argues that “the events of mid-life - menopause and changes in family and work - can alter a woman’s activities of care in ways that affect her sense of self” (p.171). If she has judged her worth through her activities of care and through relationships that may have ended, then “the mourning that accompanies all life transitions can give way to the melancholia of self-deprecation and despair” (Gilligan, 1982: 171). Gilligan (1982) critiques Kohlberg’s six stages of moral development (p.18), as well as Erikson’s studies, which are based on male standards of separation and individuation rather than connection to others (p.17). In her view, the failure to see the different reality of women’s lives and to hear the differences in their voices stems in part from the assumption that there is a single mode of social experience and interpretation (Gilligan, 1982: 173).

By the time menopause is reached, women have undergone a variety of experiences within the family, educational institutions, workplace, church and the
medical system. Thus, menopause may take on significance as a time of reflection (Neugarten, cited in Notman, 1990: 150). In *A Book About Menopause*, Gerson and Byrne-Hunter (1988) assert that midlife is not simply an empty space between raising children and old age, but may be a time of introspection, when past achievements are acknowledged and failures confronted (p.4). Moreover, as Germaine Greer (1991) states, “At menopause as never before, a woman comes face to face with her own mortality” (p.124). She adds that “When a fifty-year-old woman says to herself, ‘Now is the best time of all,’ she means it all the more because she knows it is not forever” (Greer, 1991: 124).

For some women, spirituality or religion may be an influence on their views of menopause. Some religious movements may “challenge the systemic link of self-evaluations and power” (Finley, 1991: 349). Mantecon and Greer suggest that symbols such as the Crone, “the old woman,” may provide perspectives of empowerment for women (Mantecon, 1993: 82; Greer, 1991: 361). In their view, symbols such as this can guide women through menopause. In Kaufert’s (1982) view, the contemporary holistic health movement, which emphasizes self-development, spirituality and interaction with other women, offers a positive feminist model of menopause which “proclaims a message of renewal and activism” (p.160). According to Mankowitz (cited in Patterson and Lynch, 1988), as a woman moves through the stages of maiden, mother, to old woman - to a new self - she may need to be helped to mourn the loss of her procreative self (p.187). During the interviews I have noted the presence of these concepts of development, religion, aging, sexuality, male/female differences, motherhood and identity.
Cross-cultural studies such as Lock’s (1993) research, referred to earlier, reveal that menopause is a product of both local history and culture. Her research on women in Japan suggests that discourses in Japan lead to “remarkably different attitudes about female middle age,” which, unlike discourses in North America, are “neither pathological nor crisis-oriented” (Lock, 1993: xxxviii). In Furman’s (1995) study, Dr. Williams, a thirty-year veteran of family practice medicine, states that his Amish patients have the least difficulty making the transition because they are not concerned about their physical appearance (p.41). These studies suggest that culture has a strong influence over women’s perceptions of menopause and of self-worth, and that the influence may be beneficial for women or harmful.

Feminists have been criticized for devoting their research to the concerns of white, middle-class women (for example, see Berkun, 1986; Dickson, 1990; Jones, 1994). However, Davis’s (1986) study focuses on menopausal women living in poverty in a Newfoundland fishing community. She presents us with a unique view of the way women understand menopause, since the women she interviewed were apparently not aware of either the medical or feminist discourses of menopause or of women’s oppression in general. For these women, it appears that menopause is a life stage to be overcome, but not resulting in positive change.

Class differences, especially as far as poverty is concerned, may influence the anticipation with which women look towards their later years. Since women still receive only seventy-two percent of what men make for the same work, even single career women are not as well off as their male counterparts in their later years (Gadd, 1995: A6). Divorce and single-parenting have left women disadvantaged economically, especially if
they were housewives in traditional marriages and did not gain experience in the work-force. Moreover, women’s access to effective health care may be limited by their economic situation. As McCrea argued in 1983, the women’s health movement, which is largely middle-class, has “advocated self-help outside the established health care system” (p.120). Rather than leaving it up to the individual to seek out solutions, which may involve cost which is beyond their means, an alternative is to bring services to women, for instance, through libraries and community organizations, to increase women’s understanding about their bodies and themselves (Berkun, 1986: 383).

Geri Dickson (1990) applies feminist post-structuralist theory to uncover the competing power relations between scientific discourse and women’s knowledge about menopause. Her study suggests that nurses and others “focus on research and practice based on women’s experience rather than accept, uncritically, the medical knowledge of menopause” (Dickson, 1990: 30).

This review of feminist research on menopause reflects the diversity of approaches that may be taken by researchers. Since the theoretical framework of my research focuses on the interaction between societal influences and the individual's subjectivity and consciousness, this review also provides an indication of the broad range of perspectives that women may take in their understandings of menopause and some of the influences on their views.
CHAPTER 4

THEORETICAL FRAMEWORK: FEMINIST POSTSTRUCTURALISM

In this section, I use Chris Weedon’s framework, mainly, together with the work of others, to explain the key features of feminist poststructuralism and how they may be used in understanding women’s expression of their experience of menopause within the social and political context. I will also draw on other theoretical perspectives and concepts which will increase our understanding of the different perspectives on menopause.

The practice of poststructuralism, as used in this study, involves a shared process of self-reflection on the part of the researcher and the participant, through which the participants’ perceptions about menopause and their lives will be developed into personal stories and related to their social and historical context in a way that is meaningful and useful.

Poststructuralism is included in the body of theory known as postmodernism, which “arose as a response to modernism, with its faith in social amelioration through technological innovation and systematic design” (Bordo, 1992: 159). Postmodernism recognizes the complexity and multiplicity of “reality” and the limitations of modernism, which attempts to “identify essential truths and propose to re-present reality” (Reed, 1995: 71).

Feminist poststructuralist theory offers “an explanation of where our experience comes from, why it is contradictory or incoherent and why and how it can change”
(Weedon, 1987: 41). From a poststructuralist perspective, the meanings that menopause holds for women and the social forces that limit women's consciousness and agency are important considerations. Knowledge is a process, and women's understandings of menopause within the context of their lives is also a developing process, which changes as new knowledge is acquired. Women's bodies have been fragmented through medical discourse and practice, but through constructing narratives of women's lives and contextualizing them within society, we can gain more understanding of human processes.

Menopause has been defined by medical science as the cessation of menses that occurs naturally around the fiftieth birthday of women, although "the word is often used to refer to the physiological changes that happen at this time" (Drife, 1993: 632). However, as Dickson (1993) states, "The last menstrual flow represents a marker in the transition from a reproductive state to a nonreproductive state" (p.36). Thus, not only biological changes but the meaning of menopause, womanhood and the aging process may be issues confronting women at this time.

The concept of feminism varies according to the viewpoint and interests of the speaker, and its meaning is affected by the historic, social, economic and political climate of the time. There are many different types of feminist theory; liberal, radical, Marxist and socialist feminisms offer a variety of theories about the reasons and ways women are oppressed and ways of counteracting their oppression.

Within feminism, there are three approaches in the debate over "sameness" versus "difference" of men and women. One has been to deny the "extent or essential nature of differences between men and women," another is to "celebrate difference," and a third is
to “dislodge difference,” to recast the terms on which gender relations have been debated (Rhode, 1990: 3). The third strategy, the one I am using here, attempts to challenge the hold that dualisms exercise on consciousness (Rhode, 1990: 6).

According to Weedon (1987),

Feminist poststructuralism...is a mode of knowledge production which uses poststructuralist theories of language, subjectivity, social processes and institutions to understand existing power relations and to identify areas and strategies for change (p.40).

Weedon (1987) argues that “liberal humanism masks structures of male privilege and domination,” arguing instead for poststructuralist theory which decentres the rational, self-present subject of humanism, seeing subjectivity and consciousness, as socially produced in language, as a site of struggle and potential change (p. 41).

From this perspective, rather than view menopause only through its scientific definition of a biological change, researchers can view it from a variety of perspectives. Moreover, there is the possibility of a diversity of women's subjective expressions of the experience of menopause.

Weedon (1987) states that understanding Saussure’s theory of the “sign” is fundamental to poststructuralism (p.23). According to Saussure’s theory, rather than reflecting social reality, language constitutes social reality for us (Saussure, cited in Weedon, 1987: 22). In this view, language consists of chains of signs. A sign has no intrinsic meaning but gains its meaning “from its difference from all other signs” (Saussure, cited in Weedon, 1987: 23). Thus, dichotomies such as male/female, mind/body, young/old, influence our perception of the world. Tomm (1992) argues that “the normative dualism of Western rationality is gender-based” (p.211).
Each pair, such as young/old, male/female, exhibits a pattern of dominance and subordination. Youth is valued more than old age, and males are valued more than women. Feminist poststructuralists argue that there are variations and fluctuations within each pair, rather than fixity. They suggest that there are pluralities of meanings for a term, such as woman, which are subject to change (Weedon, 1987: 23). Women’s ways of perceiving themselves may change over time, as they go through stages of girlhood, adolescence, marriage, motherhood, midlife and old womanhood. These positions are not fixed, but can change, and at times women may not feel their chronological age. Similarly, women’s conception of themselves as “women” may vary. As Ann Snitow claims, “Women have constantly to redefine themselves because of the tension between needing to act as women and needing an identity not overdetermined by our gender” (Snitow, 1990: 9).

However, feminist poststructuralism also stresses the importance of “the material relations and practices which constitute individuals as embodied subjects” (Weedon, 1987: 41). According to R. H. Brown’s (1977) sociological perspective, adequate social theory must be both objective and subjectively meaningful; it must yield understanding of persons’ consciousness and agency as well as explanations of social forces beyond their immediate control (p.27).

Weedon (1987) argues that the meaning of a term, such as menopause, is not intrinsic but depends on the social and historical context in which it is used (p.25). Furthermore, she claims that

Social meanings are produced within social institutions and practices in which individuals, who are shaped by these institutions, are agents of change, rather than its authors, change which may serve hegemonic interests or challenge existing power relations (Weedon, 1987: 25).
The term “postmenopausal woman” may mean “over the hill” to some individuals in some contexts, but it is up to concerned individuals to challenge this meaning, as far as material limitations and limitations of consciousness permit. A woman's consciousness of menopause and her embodied experience as “woman” is determined by the discourses to which she is exposed, although the meanings can change through the influence of other discourses. Medical and feminist discourses are two out of many that may have an influence on views of menopause.

There are many different ways that women express consciousness of the oppression of their bodies and their lives. Within the feminist movement there are opposing views which stem from the different theoretical connections made between consciousness, oppression and resistance. Juliet Mitchell claims that “the most economically and socially underprivileged woman is bound much tighter to her condition by a consensus which passes it off as ‘natural’” (Mitchell, in Martin, 1987: 182). The opposite view is that “greater oppression leads to greater consciousness and resistance” (Mullings, in Martin, 1987: 182). Between these views are various possibilities: women may know their oppression but choose either to speak out or not, or they may resist in “devious” ways (Martin, 1987: 182). Although suicide may be viewed as “giving up,” it may also be a form of resistance, of taking control of one’s body. According to the National Task Force on Suicide in Canada (1987), for females, the age of maximum risk for suicide is from age forty to sixty-nine (p.7). Why the rate increases at midlife is a phenomenon that needs to be explored. Therborn’s view is that “At the heart of people’s ability to question the social order is their ability to conceive of an alternative kind of regime” (Therborn, cited in Martin, 1987: 183). If they are unable to perceive alternatives
they will become resigned to their situation, but if they can, they may begin to oppose the system.

For poststructuralists, discourse is the site of struggle for power, and it is “through language that meanings, forms of organization, and their social and political consequences are defined and contested” (Currie and Raoul, 1992: 14). Poststructuralists study “terms, statements, texts, and other representations in order to explore how Truth is constructed” (Currie and Raoul, 1992: 14).

According to Popkewitz, cited in Dickson (1993), “the discourse of science can be viewed as having different layers of abstraction” (p.37). At one level, the language focuses on the content, but at a deeper level, the metalanguage is filled with unconscious assumptions about “both what the world is like and the nature of things” (Popkewitz, cited in Dickson, 1993: 37). According to McCrea (cited in Dickson, 1993),

the study of women and menopause provides evidence to illuminate the social connection between science and societal values that combine to assign aging women to a maligned and marginal status in our society (p.37).

In Foucault’s view, the body gains meaning within a set of power relations (Foucault, cited in Butler, 1990: 130). Although Foucault’s theory falls short of an analysis of patriarchal power relations, his theory can be applied to feminist theory of male domination. According to Barrett (1988), male supremacy is grounded in men’s attempts to control reproduction and women’s bodies (p.45). Medical (or scientific) discourse can be viewed as a means of perpetuating male supremacy by controlling women's bodies and the meanings of women’s experiences. Women’s embodied experiences as women, experiences related to serving the needs of reproduction for
society, are the basis of their commonality. These experiences include motherhood and control of their bodies and sexuality by a variety of means, of which the medical system is one. Menopause, then, can include issues of sexuality, aging, autonomy and relationships.

For some poststructuralists, the key to women reclaiming their bodies and the meaning of their experience is for women to tell their stories. Martin maintains that women - whose bodily experience is denigrated and demolished by models implying failed production, waste, decay, and breakdown - have it literally within them to confront the story science tells with another story, based on their own experience (Martin, 1987: 197).

Similarly, Helene Cixous (1981) claims that

By writing her self, woman will return to the body which has been more than confiscated from her, which has been turned into the uncanny stranger on display (p.245).

For women, writing in a journal, even publishing the results, can be a form of consciousness-raising (Steinem, 1992: 169). Academic research, novels and articles that tell women’s stories can influence discourses on menopause. However, these solutions deny the reality of many women’s lives. Not all women have access to resources, nor freedom to write. This study provides partial solutions to this problem by giving women the opportunity to tell their stories which, in turn, may raise the awareness of those who read them.

The feminist concepts of choice and self-determination are ambiguous, since women may not be conscious of choices available, choices available are not the same for all women, and self-determination is not achieved in the same way by all women. Although midlife may be a time when many women attempt to reclaim control over their own bodies and lives, Western culture’s concept of individualism, highly valued by many
feminists, can conflict with and override consideration for or connection with others. For example, Kaufert (1982), views menopause as a new life stage in which a woman’s “obligations to family are replaced by her obligations to self” (p.162). However, she fails to recognize that, as members of the “sandwich generation,” some women still maintain relationships with their adult children and aging parents, although the nature of the relationships may change as women focus more on their own lives.

As stated earlier, a woman’s sense of herself, her subjectivity, is constructed through a range of discursive practices. Women are assimilated into particular groups through the discourse they encounter. For instance, being of a particular class, race, family, occupation, sexual orientation or age group or cohort can influence women’s consciousness of themselves and their experiences. However, since women themselves are capable of using language, they can also have an effect on society. Thus there can be a dialectic relationship between the individual and the social system.

However, “the social order” and “the system” are not concrete structures of power that can be opposed and resisted. Foucault (1978) argues that “Power is everywhere; not because it embraces everything, but because it comes from everywhere...power is not an institution, and not a structure” (p.93). As Foucault suggests,

we must not imagine a world of discourse divided between accepted discourse and excluded discourse, or between the dominant discourse and the dominated one; but as a multiplicity of discursive elements (Foucault, 1978: 100).

Rather than view Foucault’s suggestion as overlooking feminist claims of the importance of women’s oppression and of “feminist discourses,” he can be seen as suggesting that there are many ways in which women are oppressed, and women themselves contribute toward other women’s oppression. For example, women continue to hand down
traditional views of menstruation and menopause to their daughters, reinforcing and
perpetuating the power of the medical system over their lives.

Jupp and Norris (1993) argue that, although discourses are “mechanisms of power
and control, they are not beyond resistance from other, alternative discourses” (p.49).
Within the medical framework, women learn to blame their bodies for unpleasant
experiences that, in reality, may be linked to their social position (Currie and Raoul,
1992: 25). Discourses which uncover the ways women’s bodies are repressed will
contribute to alternative ways of viewing women. Weedon states that

It is language in the form of conflicting discourses which constitutes us as
conscious thinking subjects and enables us to give meaning to the world
and to act to transform it (Weedon, 1987: 32).

Martin’s (1987) study, a qualitative study which considers women’s views of
menopause, analyzes a wide variety of forms that consciousness and resistance may take
as women negotiate their way though the medical system: acceptance, self-pity, anger,
nonparticipation, fantasy, sabotage, resistance and rebellion (Martin, 1987: 184-89). In
her view, even through engaging in seemingly ineffective forms of resistance, women
retain a sense of power over situations which they may perceive to be unnecessary,
inappropriate or coercive.

Power can be used constructively to produce social change, rather than as a
destructive force to control others. Barrett (1988) argues that discourse is an important
site of feminist struggle and that language in which feminist views and demands are
expressed must be constructed with care and integrity (p.95). Weedon argues that
discourse needs to be revised in ways that do not marginalize women’s experience
(Weedon, 1987: 28). She states that
This range of discourses and their material supports in social institutions and practices is integral to the maintenance and contestation of forms of social power, since social reality has no meaning except in language (Weedon, 1987: 34).

Research that focuses on women's understandings of menopause can introduce new perspectives and increase our understanding of women's lives. In turn, these narratives will be an influence on others who read them. Biologically, women are different than men, but women are not just women. There may be just as many differences within the genders as there are between them; differences in class, race, cohort, ablebodiedness, and sexual orientation among women can result in a variety of discourses about menopause. As Judith Posner (1979) argues, menopause is "an intricate relationship between a variety of factors that are cultural, psychological, and biological" (p.189). Recognizing how race and class and other variables intersect with gender to produce a variety of experiences at menopause will enable feminists to understand women better and work towards making changes to improve their situation. As Godard (1985) suggests, we need to "recognize difference as several equal variables, positively valued" (p.176). This study includes women from diverse backgrounds, who hold equally diverse views on menopause.

Men also may experience some society-related issues of development and aging during the mid-life transition. According to Farrell and Rosenberg (1981), "there is a gradual accumulation of life problems, role transitions, physiological changes, and events that ultimately lead a man to experience himself as having become middle-aged" (p.17). Research on men at midlife, however, is even more sparse than research on women, and may be because men refuse to acknowledge its impact on their lives (Datan, 1986:701). According to Neugarten, cited in Notman (1990), although patterns of development are
different for men and women, the fifties is a turning point for all adults (p.150).

Within poststructuralism, discourse constitutes rather than reflects meaning. Thus, the different social and psychological characteristics of the genders are seen to be socially constructed through discourse. But what happens as men and women grow older? Rational, logical, objective thinking is considered a masculine trait, while intuitive, subjective, and "irrational" ways of thinking are attributed to women. "Mind" is male, while "body" is female. According to Dorothy Smith, writing and speaking from the "head" denies "the body, the material work involved, and the general social environment" (Smith, cited in Currie and Raoul, 1992: 5). Moreover, the male focus of mind over body, rational over emotional can conflict with the concept of connectedness and interdependence. Betty Friedan (1993) asks the question "Is the bridging of the polarization between men and women, and between the "masculine" and "feminine" sides of our personhood, a key to the fountain of age?" (p.157).

In my study, I have interviewed women who, in their own view, are going through menopause or who have gone through it. Asking women about their experience of menopause and their subjective understandings of womanhood will provide insight into the ways they have been influenced by various discourses. "Subjectivity," according to Weedon (1987), refers to "the conscious and unconscious thoughts and emotions of the individual, her sense of herself and her ways of understanding her relation to the world" (p.32). Focusing on women's narratives about menopause will enable us to understand better how women view themselves and their place in society. As a means of emancipation, new discourses on menopause will provide alternative ways of perceiving menopause and assist in achieving a greater understanding of women's lives.
CHAPTER 5

THE PARTICIPANTS

What follows is a brief synopsis of the lives of the ten women interviewed for this study.

ANNIE

Annie is forty-six years old, of Scottish/German descent, a high school graduate, and married to her third husband. She has never given birth to a child, although she has a stepson whom she raised as her own, following her second husband’s death. Annie has an extensive medical history including a therapeutic abortion at the age of nineteen, at least fourteen D & Cs (two for each IUD), five miscarriages, a tubal ligation and, at the age of forty-four, a hysterectomy.

Annie and her husband jointly run their own janitorial business and live comfortably, although there are some concerns about the lack of security for the future. Her husband, whom she married when she was thirty-nine, is nine years younger. They were planning a pregnancy at approximately the same time she began menopause, at the age of forty-two. The symptoms she experienced included back pain, profuse sweating, scant menstrual flow, tenseness, dizziness, insomnia and emotional problems. Three years later she had a hysterectomy, which in her words, “helped me to close that door”. Rather than call herself a feminist, she claims “I consider myself to be an individualist, because I believe I am masculine and feminine...and I believe all men are masculine and feminine.”

Annie has given up strenuous exercise, but to keep healthy, she walks, hikes,
listens to music and spends time on her hobbies. Although she is a smoker, she is concerned about nutrition. She takes hormone replacement therapy, although she is not sure she wants it.

Her spirituality has helped her come to terms, not only with menopause, but with the abortion and her sense of self as a woman. She sees herself now, not as only a woman, but as a person on a journey toward wholeness. Going through menopause has enabled her to explore her womanhood and her sexuality. Her relationship with her mother has improved, and as a result of the tension being lifted, her father is pleased. Moreover, her husband, who has been supportive throughout, has declared that he no longer wants a child.

CHERYL

Cheryl is fifty-six years old, from a British background, with a postgraduate education, and is married with five children and two grandchildren. She ceased to menstruate several years ago, and sees herself at this time as having gone through menopause. She had to deal with some bothersome symptoms, hot flashes and sweating being the most noticeable, but was not affected seriously.

At approximately the same time that she was experiencing physical changes, she completed her PhD and moved to another city away from her family in order to start a new career. Menopause has been a positive experience, and she feels better now than she has for a long, long time. To keep healthy, she takes time out to relax when necessary, looks after her garden, climbs stairs rather than take an elevator, and tries to eat somewhat decently. She uses hormone replacement therapy as a prevention against heart attacks.
Concerns about aging include weight gain and health-related problems rather than concern over her looks.

Her relationship with her husband has changed for the better since she has gained financial independence. However, she thinks sometimes her (adult) children feel a little resentment because she has compromised the mother role.

Cheryl believes in equality for women. She gives the example of her own experience in trying to get a tubal ligation as an indication of the “power of the male medical establishment.” Achieving her degree and starting a new career in a male-dominated profession have provided her with a sense of accomplishment in her life.

ELIZABETH

Elizabeth is fifty-six years old, divorced, the mother of three, with a postgraduate education. Menopause began at approximately age forty-five when she experienced changes in her menstrual cycle and “some hot flashes and some of the other common symptoms of menopause.”

Her life now is very different from the way it was before menopause, when she was still married and living with her husband and other family members. She has moved to a different city, has a different circle of friends and a completely different job. As a feminist, she believes that “feminism means commitment to the full rights and equality of women and furthering their position in society, and I am very much in favour of that.”

She is concerned about the loss of sexual attractiveness and youthful vitality that is signified by menopause. As she says, “I don’t enjoy getting older.” She also experienced a slight sadness at the realization that the option of having more children was
no longer available to her, although it was of no major concern.

To keep her good health she tends her garden, takes walks on occasion and tries to pay attention to nutrition. She also has regular medical checkups and takes hormone replacement therapy. One concern is weight gain, which she finds difficult to control.

For the last four years, Elizabeth has been in a long distance relationship with a man several years younger than herself, but has no expectations that it will last forever. She has good relationships with her children and her mother, also from a distance.

As far as the spiritual meaning of menopause is concerned, she says. “I think I have the sense that by the time of menopause, one ought to have acquired a certain amount of wisdom, and I do remember that my fiftieth birthday was quite traumatic for me, not because I minded being in my fifties, but because I felt that by age fifty I should be settled and wise and mature, and, at that time, I didn't feel any of those things.”

Rather, she felt that she was in a transitional stage, was experiencing the end of a relationship and a period of decision-making about her future. As she describes it, her life was in chaos. Gradually, she changed and her life changed, and now, she feels “more of a sense of being settled and mature and happy and tranquil.”

GLORIA

Gloria is a forty year old career woman, fifth generation Canadian with European roots, with a postgraduate education, single and childless. Because her menstrual cycle is becoming irregular and she is experiencing mood swings, she sees herself as being in the beginning stages of menopause and has started reading about it and talking to her doctor.

During the last year, there have been many changes in her life. She lost her job,
gave up her home and moved to another city to live with her fiance. At the same time, her health suffered, although she is attempting to recover both her physical and mental health through practicing good eating habits, exercising regularly and pampering herself.

At the time of the interview, she was in the process of negotiating and making major decisions that would likely affect not only her future but her fiance's. After mulling around the idea of having a child, she decided to delay the decision on whether or not motherhood had a place in her life until she was established in a career. Finding that she was feeling isolated, unfulfilled and dependent in her new situation, she decided to look for work and an apartment in the city where she had been employed previously. As a rule, barring unemployment, she considers herself to be middle-class, although as part of a twosome in her relationship her status moves up to middle-upper class. Feminism, for her, includes the belief that "women are equal to men, in the public and private spheres - both - and that women can do anything that they set their minds to."

Gloria views menopause as a stage in her life signifying the end of fertility and the start of mature womanhood. She sees this as a time for assessing her life and facing the aging process and her own mortality. In particular, because she feels that she has little, if any, time left to bear children, she has had to deal with the question of whether or not to have a child. Her spiritual views, which shape her understanding of the world, connect sexuality to its life-giving properties. For her, there's a spiritual component to life, a real connection between spirituality, sexuality, and life itself.

**JULIA**

Julia is sixty-three years old and has a high school education. As she sees it, she
began going through menopause in her late forties, when her menstrual flow became heavier, and eventually, gradually, she stopped menstruating in her early fifties. During this process, she also became aware of her body aging, but in general, she was very involved in family life and didn't give menopause much thought.

As a result of a childhood illness, Julia has had to learn to live with the limitations afforded by a crooked leg, namely, a somewhat less active life than many other people. She worked off and on during her marriage but her main concern was to be at home when the children were there.

Menopause, as she sees it now, meant that she could go off the pill and not worry about getting pregnant. Also, she says, "I suppose, mentally, emotionally, if you let yourself think about it, you realize you're coming to a close of one part of your life...and opening doors in other areas."

Her three children and her seven grandchildren are very much a part of her and her husband's lives. However, her involvement in church activities, particularly as a soloist in the choir, is a source of satisfaction and enjoyment. Moreover, it provides a sense of personal accomplishment that is independent of her family life. She doesn't know whether she's a feminist or not, saying, "It probably depends on your definition of a feminist", although she adds, "Women certainly haven't the rights and equality that I thought they had."

As she ages, particularly since she turned sixty, Julia is more aware of the approaching physical limitations and loss of independence. Over time, she has become comfortable with her leg — it's a part of her, but not all of who she is. Her religious and spiritual views have helped her deal with issues of aging and self-perception. She states
that “There’s a mystery to life’s cycles that we probably don’t have the answers to. The medical system may think they have, but there are cycles that go on in every life, whether it’s an animal or the human animal - the natural cycle.”

LISA

Lisa is forty-seven years old, divorced, and comes from a mixed background including French, Irish and North American Indian. She went back to university as a mature student and earned her Bachelor of Musical Arts while raising her three children, and now teaches others and performs in public.

Just before the interview took place, she had thought she was through menopause, and then unexpectedly she had another menstrual period. Over the last three or four years, since she has been going through this, she did not seek out her doctor but relies instead on naturapathic methods and her own judgement, learning through reading and talking to other women. Her way is to practice preventative health measures, such as attention to nutrition (she’s a vegetarian), herbal remedies, and daily yoga exercises, which benefit her physically and mentally.

Lisa spent two and a half years in a women’s therapy group, reaching a place where she came to believe that her opinion was valuable and that she had something to contribute. The completion of the BMA was a milestone in her life, taking twelve years while raising her children. At this time, being in a relationship is not a priority, but mothering is important to her, and many of her concerns are focused on her children, two of whom still live with her. However, her interest in music, socio-political concerns and other people is also a large part of her life.
She sees menopause not only as a physical change, but as a stage in her development, where the child-bearing years are over and the time of the wise, older woman begins. Her perception of herself includes her roles as woman, mother, person and musician. As a woman, she feels good about herself, and feels connected to other women as well as her family. Although she writes music from a woman's perspective, she says that her involvement with other musicians and her performing is often unrelated to gender - genderless. Tolerating an insecure financial situation as a single parent, she envisions a future of sharing her life - working and living - with other women musicians.

MAUREEN

Maureen is fifty-two years old, a member of the Iroquois Nation, and is a university graduate. She has three children from an earlier marriage, now on their own, and has been in her present relationship for several years.

Although indecisive about precisely when menopause began, the last four years have been taxing, due to the discovery that she has diabetes with an accompanying gain in weight and depression. At the same time, although less significant, she has been leading up to what she feels is the end of her menstrual periods. Through having to meet all these concerns, she says she was “forced to become aware of my body, my total body.”

Work has always been a part of Maureen’s life, in combination with raising her three surviving children (one died at an early age). Describing herself as having a multicultural identity, living on and off her native reservation at various times throughout her life, she seems to have adapted to both lifestyles in many ways. For health concerns, which she views holistically, she makes use of traditional native medicines and
ceremonies as well as relying on our conventional medical system.

Having achieved independence in the work force and a strong sense of self, menopause became a time of re-assertion of the value of life. Although she has serious health concerns, she looks forward to aging within the framework of native tradition, which fosters integration of both the young and the old. She values our conventional marriage system along with traditional native guidelines which observe distinct gender roles, and, having contributed to society for many years, would now like to join in marriage in this fashion.

**PAULA**

Paula is forty-five years old, a high school graduate, childless, and is in a long-term relationship with another woman. About three years ago, at the age of forty-two, her gynaecologist agreed she was going through menopause, basing his decision on her age, the irregularity of her menstrual periods and a hormone test. Since then, as part of her menopausal experience, she has had to deal with weight gain, moodiness, crankiness, hot flashes and sweats, as well as the continuing irregular periods. She uses naturopathic medicine, attention to nutrition and a regular exercise program to deal with these physical symptoms of what she considers a transitional period in her life. One concern now is the growth of hair on her face, for which she cannot find a satisfactory solution.

She and her partner have been together for twenty-one years and live a traditional life style, the exception to tradition being that they are lesbians. They both work, own their home, have two dogs and two cars, and do many of the same things that married people do. For a few years, while in her twenties, Paula wanted children, but has no
regrets. Friends, more so than family, are very much a part of their lives. Paula’s relationship with her mother has changed for the better over the last three years, with improved communication and acceptance of one another.

Menopause, as she sees it, is a combination of biology, emotions, intellect and intuition that “triggers the need to find out who you are”. Although she sees herself as a woman, she believes that she has both male and female in her, and going through “the change” has enabled her to see that and integrate the different parts of herself - spirituality, sexuality, feminism, intellect and wisdom.

Spirituality is a large part of her life, related to the recovery program for alcoholics in which she is involved. She looks forward to a lessening of society’s restrictions on her life as she ages and more involvement in her spiritual life. Paula considers herself to be a feminist and a humanist, believing that “women’s rights need to be affirmed and nurtured by other women, but not to the negation of men.”

RUTH

Ruth is seventy-eight years old, born in Romania, high school educated, and is a survivor of the Holocaust. After her release from Auswitzch in 1945 she married and a few years later left Germany to live first in Israel and then in Canada. She bore three children: a mentally retarded son, now institutionalized, a daughter who died at an early age, and another son, who is now married with two children of his own.

She is unclear about what menopause means or the place of menopause in her life. She had a hysterectomy when she was forty-two years old, stating that it made no effect on her life, except that she was more relaxed and did enjoy sex more, not having to worry
about pregnancy.

Ruth is now widowed, but she is close to the rest of her family. What is important to her now is that she remains healthy so that she can take care of herself and hear good things about her family - her son and his family, her retarded son, her sisters, brothers and their children. One brother died in Russia during World War II, but she still feels like a mother, as she always has, toward her three brothers and three sisters, all younger than herself.

She does volunteer work for charity because she likes to give and she likes to be with people. To maintain her good health, she does housework, walks and swims for exercise, and eats nutritious meals. She believes that “a woman should be able to do what a man does, but I think, in certain ways they’ve gone too far.”

SALLY

Sally is sixty-four years old and has some high school education complemented by several university courses taken as an adult. She recollects that menopause began quite suddenly, at age forty-three, the ending of her periods coinciding with an emotional breakdown. She separated from her husband at about this time in her life, and her oldest son, whom she misses very much, left for college. She says that, if she had been happily married, she would have been happy for her menstrual cycles to come to an end.

Womanhood, for her, is connected with motherhood, sexuality and intelligence. Her children are very important to her sense of wellbeing, but equally as important are seeing herself as a sexual woman and as an intellectual woman. Her studies at university contribute to a sense of satisfaction, but what is missing is a man in her life.
During her marriage, Sally worked only a short time, and then decided to remain at home to devote herself to her children. She describes her present financial situation as being at the poverty level. In spite of the difficulties of living in poverty and with the memories of her past experiences, Sally enjoys life and wants to live as long as possible. Although she has suffered from depression, she is in good health now and tries to take care of herself. Unclear whether or not she is a feminist, she says she is a feminist in "some areas," and does believe that "women should be treated fairly, just as fairly as men are treated."
CHAPTER 6

WOMEN'S KNOWLEDGE ABOUT MENOPAUSE

Up until recently, where information on menopause has been available, it has focused on the physiological aspects rather than exploring menopause as a multi-stranded phenomenon. Even when viewed as a normal phenomenon, menopause may still be medicalized. As sociologist Susan Bell states, “medicalization occurs when individual physicians define or treat patients’ complaints as medical problems” (Bell, cited in MacPherson, 1995: 348). MacPherson argues that women may understand menopause as “a disease or as a developmental phase,” the first view, as she states, implying poor health, the second, personal growth (MacPherson, 1995: 348). However, many women hold views of menopause that fall between these two possibilities or which may be a combination of physiological, psychological and social factors.

In this chapter, I relate women’s own understandings of menopause, which include menopause as a health issue, changes in the body, as the end of the reproductive years, and as a transition, passage or rebirth into a time of maturity. The participants in this study, in their own view, were either currently experiencing menopause or had already experienced menopause at the time of the interview. An exception is Ruth, age seventy-eight, for whom the concept “menopause” has no meaning in her own experience. During the initial stages of the interview, the participants use medicalized or physical definitions, but as the interview progresses they reveal diverse understandings about menopause.
6.1 Determining Whether Menopause Has Begun

There is no clear marker of when menopause begins, although the medical or literal definitions of menopause according to the Concise Oxford Dictionary (1987) are the "final cessation of menses" or the "period of a woman's life (usually between 40 and 50) when this occurs" (p.633). According to Doress & Siegel (cited in Jones, 1994), a woman is considered peri-menopausal with the onset of any changes in her body which are attributable to menopause, she is considered menopausal for one year following her last menstrual period, and is considered post-menopausal after that (p.48).

The first question I asked the participants was how they knew they were experiencing or had experienced menopause. Initially, the realization that this might be menopause came from the women themselves noticing changes in their bodies. Changes in menstrual periods or the end of menstruation appeared to provide the key as to whether menopause had been reached, although some mentioned other physical and emotional indications. Looking back, Elizabeth describes how she knew:

I no longer have periods. I am no longer menstruating. I went through a time when my menstrual cycle changed, and it became less frequent, and I experienced some hot flashes and some of the other common symptoms of menopause. I haven’t had a regular, an ordinary menstrual cycle for several years now. (Elizabeth)

Gloria is just beginning to suspect that she is approaching menopause:

I see myself as being in the beginning stages of menopause, yes. I have irregular periods and I have had some mood swings and I am actually checking that out now - the literature and talking to my doctor about it. I still think it may be a change in hormones. (Gloria)

Since there is no clear age at which menopause begins, but only definitions and tests provided by the medical system and women’s own knowledge of their bodies, some
of the participants expressed indecisiveness, particularly if their experience deviated from
their expectations of age of onset. Gloria asserts that now she has passed the “magic age”
of 40 she can expect to go through menopause in the near future. She says, “I’m over
forty...well, I’m 40. But I’ve crossed that magic four - O, yes.” Paula, however, who
began going through menopause at age forty-two, claims that, in her view, menopause
began early.

I went to a gynaecologist about three years ago because of the irregular
menses and he decided that indeed I was going through an early
menopause - because of my age - and that has been my lot in life since
then, dealing with irregular menses and moodiness and crankiness and hot
flashes, and sweats. (Paula)

Julia, age sixty-three, expresses puzzlement about the boundaries surrounding
menopause when she states “I don’t even know if I'd be considered in menopause now.”
Unlike some of the other participants, in retrospect she mentions her awareness of her
body aging as being significant. She states:

My periods stopped so therefore I know I went through menopause...Well
I know from the point of view of my body aging that I went through a
process, yes. And I think I know this now, now that I’m on the later edge
of it, the last edge of it, so to speak, rather than the early, where the
symptoms usually come. (Julia)

Maureen became aware of changes in her cycle about twelve years ago, and, like
Julia, expresses doubts as to whether this was menopause or not. She says:

My body must have been preparing around about forty for it, because I
started experiencing heavy flows of blood...and there was one point there
when I had to have a D & C, so I knew there was changes happening. I
don’t know whether you would consider that menopause or not. I don’t
really know. (Maureen)

She describes menopause in terms of her changing menstrual cycle and her emotions, but
also refers to the onset of diabetes as significant at this time:

I’ve been going through it for about four years...I think it’s almost complete now...I’m probably not totally through menopause...I know about the feelings I’ve been going through...very mixed emotions. And I think at the same time I had the onset of diabetes. (Maureen)

For most of the women I interviewed, the doctor’s confirmation seemed to be a necessary adjunct to their own perception that menopause had begun or ended (see Gloria and Paula, above). When I asked Cheryl how she knew that she had gone through menopause, she replied,

I guess [I knew by] the end of my menstrual period...I think he [her doctor] knew by the criterion I did. The periods stopped. That’s it. (Cheryl)

Lisa has not visited a doctor about menopause, but relies on her body to let her know where she is in the process. As her statement reveals, awareness that menstruation has ended permanently can only be recognized in retrospect, after a length of time without menstruating. Lisa, who has been going through menopause for a few years, states:

I just recently had a period after a period of time when I didn't have a period, maybe two or three months, and I'm not really counting. I'm just in a mindset of thinking “Oh, I'm through.” But then I had another period last week. So, I am, obviously, still in the process. (Lisa)

The oldest woman in the study, Ruth, age seventy-eight, was unfamiliar with the term “menopause” when I first asked her about it. She told me that she did not know an equivalent word for it in the Jewish language, and that it was a subject of very little discussion among her age cohort until recent years. She did, however, agree to express her views on this topic. As she says,

I'll tell you the truth, I had a hysterectomy when I was 42 years old. So I really didn't see any difference before or after. A lot of people with different nervous kinds, sweating, this is what I understood. I wasn't clear what menopause means. (Ruth)
The dominance of the medical model is reflected in the participants’ knowledge of menopause. For most of the participants in this study, the medical definition was the initial authority on whether they were going through menopause or not. However, medical discourse is by no means universal, as Ruth's experience suggests. For the other women, however, ways of knowing included changes in their bodies, including changes in menstrual cycles, emotional states and signs of aging. Other signs of the influence of the medical system included expectations due to age and confirmation by doctors that they were going through menopause.

6.2 Learning About Menopause

Paula relates her experience in the doctor’s office three years prior to the interview, when she learned she was going through menopause:

Well, when I was diagnosed with menopause...he just sits back and says, “Well, you’re going through the menopause.” And you just have, as if, that’s it. And I don’t know what he’s talking about. I was young and naive and very intimidated by doctors at that time. I’m not intimidated any longer, but I didn’t say “What do you mean?” or “What can I do?”...I was 42 years old. And so, I just didn’t ask any questions, and went thinking, “Oh well, I guess my periods won’t be here much longer,” you know. I didn’t know how long it takes. You know, I was too insecure to ask questions, and he was not helpful. (Paula)

Paula's statement reflects the opinions of other participants in this study; namely, that there is little information readily available to women. Jill Jones (1994), states

One of the most important findings of my study was that the women lacked information or knowledge about menopause. As a consequence, even those women who complained about their physician’s failure to provide adequate information tended to passively turn the care of their menopausal body over to them (p.51).
In the present study, I asked participants how they learned about menopause. I discovered that they learned from many different sources: doctors, therapists, their mothers, other family members, friends, videotapes and/or a variety of reading material.

The women who talked to their mothers and other family members did not all learn the same things. Lisa explained to me that her mother told her never to take estrogen, and that it was partly due to her mother’s influence that she decided against taking it. Gloria, Annie, Sally and Julia also reported talking to family members about menopause. Some of Gloria’s information came from observing the women in her family:

There isn’t a lot out there, I find, and I’ve talked to my aunt and my mother and people who have been through it. She [my mother] had hot flashes and she seemed to go into mood swings, and get a little jumpy and irritable and that sort of thing. And I remember my aunt, also having it and she’d get really hot. She’d just have to go and open the windows, even in winter, and then it would go away quickly, for her, but she’d go “Oh I’m burning up. I’m going to die – it’s so hot, it’s just boiling.” (Gloria)

Annie’s own experience differed from what her family told her. She states:

Some of it the family would discuss, because there were other members of my family - aunts, cousins, who were in the same age bracket or older and would describe when they were together what it was like, and I recognized that that was the same as what I was dealing with, with the exception of the regular periods. (Annie)

Sally asserts that her aunt was a strong influence on her understanding of what menopause would be like:

There are so many assumptions, you know, there are so many gory details as to what a woman goes through during her menopause. I mean, that’s what we hear about. But an aunt of mine said to me, “There’s nothing to
it. I experienced nothing of a negative nature.” And she said that to me when I was in my early thirties. And that stood out in my mind as something that I remembered, as opposed to all the gory details...sweats, hot flashes. (Sally)

Julia learned from her family that not all women experience menopause in the same way:

I didn’t give it really too much thought, but I just knew that it was something all women went through, and some had harder times, because I heard my mother and I knew what my mother had gone through, and she’d experienced a lot of difficulty, whereas my mother-in-law breezed through it. (Julia)

Not all of the women discussed menopause with their families, as Paula and Cheryl explain. In the following quotes, whereas Paula indicates that her family is not close and therefore did not discuss menopause, Cheryl suggests that her mother’s background and experience had something to do with it.

Oh, mother doesn’t talk about those things. I didn’t have much family input into what menopause is. It was always that “change thing”...We’ve never been a close family to talk about those things. (Paula)

My mother is very British background. We didn’t discuss things like that. (Cheryl)

Later in the interview Cheryl adds:

Part of the thing is that my mother had had a hysterectomy so never went through menopause normally in the sense you think of going through menopause. And so that means she never experienced it in the same way I would have experienced it. (Cheryl)

As with learning from the family, whether or not menopause was discussed with friends differed from person to person, as did the reasons. Gloria’s friends were not accessible to her at this time in her life:

I don’t know that many people where I recently moved to, and I don’t know that many females that well right now...They [my friends] are not in
town, they’re not where I am, and the people that I’ve met since I’ve been here I don’t know that well, so I wouldn’t likely get into the discussion until I know them. (Gloria)

For Cheryl’s friends, the topic still seems to be taboo:

I haven’t really talked a lot to friends. They seemed to be a little uncomfortable when I mention - when I say I’m on estrogen-replacement therapy - they get very uncomfortable. I think it’s still a very taboo topic. There are some people I can sit down and talk to and be very open about it, but, on the whole, most of my friends feel very uncomfortable. And I think part of that is that a lot of my friends are younger than I am, and they’re not menopausal so they don’t quite know how to deal with it when we’re talking about things they don’t really understand. So I think that’s maybe why I’m getting the reaction I’m getting. (Cheryl)

Similarly, Ruth and her friends did not discuss menopause.

Women friends are important in Lisa’s life, particularly the guidance of one particular older woman:

I think story-telling and messages passed on from other women – that’s where I’ve gotten my information - from other women who have gone through it or who are in it, because I haven’t gone to the medical profession. And the other place I got messages about menopause was from my friend, who said to me “When you’re having hot flashes, just stand in the doorway and let the wind cool you.”...She was like a light for me - a guiding light, cause she’s old. When I was having my doubts, I called her. (Lisa)

Julia is one of the older women in the study, and thinks perhaps menopause simply was not a topic of discussion back then:

I had friends, but I didn’t talk to them about it...we were talking about family and other things, even relatives at church and so on. You didn’t talk about it, and maybe from my era you didn’t talk about it as much as you would now, if you were experiencing a symptom. (Julia)

Some of the women discussed menopause with their doctors and therapists and/or learned through reading. Most of the participants acquired their knowledge about menopause in bits and pieces from a variety of sources, sometimes learning without
knowing how they learned. Paula was eager to learn, and drew from a variety of sources:

I do talk to my therapist about it, and my friends, and I’ve read a book about it, trying to understand it. I’m not sure literature tells me much...I just knew that I had to read something so I picked up a book. (Paula)

Later in the interview she says,

There hasn’t been a lot of education out there that this happens when your body and your life tells you it’s going to happen. (Paula)

Julia was too busy at the time, and unconcerned, but is now attempting to find out more about menopause:

I really didn’t talk it over much with the doctor. I took it as part of this thing that women go through. I’m probably doing a little more reading on it now that I’m past that, than I did back then, because at that time I still had our youngest child at home, and the middle one was just being married during this period, and I had grandchildren at this time, and I was involved with them. (Julia)

Similarly, Cheryl was too busy, although it was not so much family as career that absorbed her time:

I really didn’t pay that much attention to it...I probably read a couple of books on women going through menopause. That was it. (Cheryl)

Elizabeth is vague about how she learned, except for one particular memory of a verse in the Bible:

I don’t think I learned it from any particular person. I suppose I have read things, but it was not something that I can recall learning at a particular point in my life... Probably I picked some up from friends and from general discussion and from reading. I can remember one thing as a child. You know, you look for all the naughty and sexy bits in what you read and in the Bible, and I can remember in Genesis it refers to Sarah who was too old to have a child and it said it had ceased to be with her after the manner of women. I figured out that that meant that she'd gone through menopause. (Elizabeth)

Annie showed determination in her quest for knowledge. Besides learning from
her family, she sought out information from other sources:

Some of it I read - from brochures in the doctors’ office...I rented a videotape on menopause even though the doctor said “You’re not going through it”. (Annie)

As she got closer to her own time of menopause, Maureen learned through helping another woman:

Helping her through it I think I was living it the whole time...I never really thought about it until I started having these mood swings, and I think that was part of the diabetes, partly being menopausal. (Maureen)

Rather than passively accepting the authority of the physician, I discovered that, while some women were unconcerned and did not go looking for information, several of the women in my study showed a great deal of initiative in the ways that they attempted to come to an understanding of menopause. While the older women tended not to confer with the doctor at all, for the younger participants, seeking their doctor’s advice was often only a part of the total effort toward seeking out information, and perhaps was an attempt to include the doctor in their total health care or to ensure that it was menopause and not an indication of a medical problem.

6.3 Women's Experiences of Menopause

According to Bell (1990), menopause became medicalized during the 1930’s and 1940’s, through laboratory developments and research medicine, “as well as by the persistence of sexist values about menopausal women” (p.61). Menopause is still defined in much of the literature in terms of physiology, and also in these terms by women themselves. Moreover, the medical system provides a normal age-range at which
menopause "should" happen.

Most, but not all of the women, in my study, recalled going through physical changes which brought them to an understanding that they were going through menopause. However, they approached menopause with expectations as to the "normal" age of onset, as described earlier by Gloria and Paula. For Elizabeth, menopause happened "on time," thus placing her within the normal framework of expectations for beginning menopause:

I knew that menopause would happen when I was in my late forties or early fifties. I guess I've known that since I began to menstruate, probably. So I was aware of what to expect. (Elizabeth)

Annie and Paula, however, reported not being believed by their friends that they were going through menopause:

They haven't yet gone through it...nothing to do with age. I was going through it very young, compared with what anybody had been told...the sweats and everything started when I was about 38...I had my hysterectomy when I was 44 - two years ago. (Annie)

They don't understand that it could happen to someone young, less than 50, you know, they just don't understand. (Paula)

Menopause can include some unpleasant aspects, even though the outcome can be positive. The participants describe some of their experiences, which range from insignificant to traumatic events in their lives. Hot flashes were a common concern for most of the participants, but not debilitating. Lisa describes how a hot flash feels to her:

I get hot flashes, like I get real hot, you know, when that rush runs through you - deep inside, and flushes out of you. (Lisa)

Lisa also describes her menstrual periods as she approaches menopause:

The couple of times I've had my periods for like three weeks, I've just bled and bled and bled, and it hasn't stopped, is because the wall is not going to hold babies any more. My uterus in there, it's not going to be
holding babies any more, and so it’s not keeping it, it’s not producing that wall any more, it’s sloughing it off, and the blood is coming out, and it’s just coming to the end of that process in my life, that physical process of housing an embryo, and so it’s just ending...It’s just a time of my development as a human being, just a different stage, like I said, like a different chapter, and I’m going through just that ending, that ending...That time is ending. I’m not going to make babies any more. (Lisa)

Mood swings and night sweats can also be a part of menopause, and for Paula, more tolerable because of her partner’s support:

My partner is very supportive and very understanding of my mood swings and she’ll help me even in the middle of the night to change my pyjamas because they’re soaked with sweat and stuff like that. So she’s very, very supportive of what I’m having to go through. (Paula)

Sally’s experience at menopause was more severe than most. As she explains:

My menstrual periods came to an end like that [snaps her fingers]. At 43...I went through a terrible trauma...I never had a period after that. (Sally)

Unfortunately, coinciding with the end of her periods, Sally suffered an emotional breakdown.

Cheryl’s experience, on the other hand, was mainly physical. As she states:

I didn’t get hung up about it. The only time I paid attention was when it forced me to pay attention - hot flashes, etc. Other than that, I didn’t view it as anything psychologically...It’s - you know - your body’s changing. (Cheryl)

Later in the interview, Cheryl reflects on how it feels to be through menopause, expressing the relief that other participants also expressed:

Well, for me, it’s meant a big difference in the way I feel, cause like I said, I had such heavy periods, particularly towards the end...Physically, I feel a heck of a lot better since I went through menopause, than I did, particularly in the last two years before my periods stopped, because I was really
having problems at that time. I feel very different, very different. I feel really good, compared to what I did before, so for me it’s been a positive experience. (Cheryl)

At this stage of the interview, most of these women tended to reflect the medical system’s definitions and expectations, reporting mainly physical changes when asked about their experiences of menopause and feeling misunderstood when they departed from the norm of age of onset.

6.4 End of the Childbearing Years

Physically and symbolically, menopause means that the child-bearing years are over. Whether women acknowledge that this is related to menopause or not, they may be affected in some way or other. The participants in this study described feelings about the end of the child-bearing years that included relief, regret, sadness, and sometimes mixed feelings.

Julia contemplates at times the desirability of having more children:

As far as thinking about having more children, I mean, sometimes now you sit and think, “Oh, wouldn’t it be nice to be thirty years younger and having another child,”, and - no, no, no, no. No, I’m enjoying my grandchildren. (Julia)

For Elizabeth, the sadness she feels is because she realizes the option of having children is no longer available:

There’s a slight sadness about knowing that I will no longer have any more children. A slight sadness. I wouldn’t say it’s major because I don’t think I would want to have any more children really. Just occasionally it’s a fleeting thought that it’s sad that that option is no longer open. But I wouldn’t say that that’s a big deal for me at all. (Elizabeth)
In contrast, Gloria, at age 40, realizes that her fertile years will soon be over and is just now facing the decision of whether or not to have a child. In this quote she contemplates the meaning of menopause:

"What it means to me is it’s the end of your fertility - the end of your fertile cycle. It’s the start of mature womanhood...It’s a passage, it’s not just a physical passage...there’s a certain grace that comes with that. Often it’s associated with loss of something, loss of fertility. It’s also moving to another stage that can be exciting in your life – you’re not devoting your life to your young...My grandmother was quite old when she married, and quite old when she had her two daughters, and I’m still older yet, but there still is a possibility that I might have a child – there’s still that possibility that I might have a child...If it happens, it happens, but ideally, I would not want it to happen right now. (Gloria)

Sexual freedom may be an important consideration related to the end of menstruation, depending on whether birth-control is used or not. As Ruth discloses:

"I was more relaxed after I knew I didn’t have my period, you know, I was more relaxed. I could have the sex without being afraid I would get pregnant...I changed for the better. (Ruth)

The significance of menopause as the end of fertility to the women in this study varied a great deal. The reasons why may be due to a number of physical, social and psychological factors which are too vast for the focus of this study: birth-control, prior births, relationship status, expectations of self and others, and past experiences. Participants’ views on some of these issues will be addressed farther along in this study.

6.5 Getting Older

Elizabeth’s statement sums up the relationship between menopause and aging:
I guess it's hard to distinguish between getting older and menopause since menopause is one of the things that happens as you're getting older.
(Elizabeth)

The aging process involves not only physical but psychological and social factors also. Aging men and women are stigmatized in our society, women more so than men. Women's worth is often defined in terms of their reproductive capability and their sexual attractiveness.

In this study, the participants' concerns about getting older are mainly about separation from family and friends, and losing their sexual attractiveness, vitality, and mental and physical health. Aging is a process, and the participants' awareness of their own change comes gradually, and sometimes reluctantly.

Sally's concerns are that her family will not be there for her and that her friends will grow old and die:

I'm in good health now, and try to take care of myself...I fear that my family will not be around, supporting me, in my old age, from the standpoint of emotionally. Like, for instance, take me for a ride, or take me out for dinner. Those two things. That'd be lovely. And I know as I grow older my friends will die. That's kind of painful. But they're all well now. They all seem to be well. (Sally)

For Elizabeth, menopause means the end of sexual attractiveness:

I don't enjoy getting older. I'd like to stay young and beautiful forever and ever. Young and strong and beautiful...Menopause means recognizing that one is no longer young, and no longer as strong and no longer as good to look at in the sense of the image that, um. No, I think I can be more specific about this. When I say beautiful or good to look at, I mean sexual attractiveness. I would like to be sexually attractive forever. And menopause, I think, has been for me some suggestion, probably quite a lot of suggestion, of the end of that. (Elizabeth)

Thinking and acting young are important to Gloria as she ages:

The physical manifestations of aging - that pisses me off. The things I
can't do is partly because of my back. I can probably never run again, and I like running - distance running. But I have a feeling that I'm going to do it anyway. I'm going to try it anyway, cause I find that's very satisfying exercise. And I think while I run, so it's mental health exercise as well. I don't really think of myself as old, and I delight in the fact that I'm blessed with genetics that don't make me look as old as I am...I think young and I act young and I think that's why I get along well with teenagers, because I feel in many ways I'm still rebelling, although I certainly accept that as a full part of my adult character. (Gloria)

Physically, aging has affected Julia, and she expresses regret at the realization she is getting older:

It's hit me more since I've turned sixty. Turning fifty to me was not really much. It was just a birthday. Some people think "Oh, the big five - O." I don't remember ever considering it as that. As I said, I was busy with grandchildren, so on and so forth. Sixty, yes. I think it's been harder since I turned sixty because I see the limitations in myself, as I become older - physical limitations. I see my mother - her aging, her limitations - yet I see how vital her mind is and so on and so forth...As your limitations come and you lose your independence – that's hard - hard on any of us. (Julia)

Later in the interview she adds:

When you let yourself think about it, or you stop and think about it for one reason or another, you realize the aging, and that you're no longer before fifty - you know, that vital part of your life. I suppose, kind of a wind down - the wind down part of your life now, where things should become more calm. They don't always become more calm and more serene, you know, there are moments when it's great and moments when it's not so great, depending on what's going on in your life. But, yes, I would say you become probably - as each year passes - you become more aware that you're into a different period of your life...So all of a sudden I'm very aware that the road is probably getting shorter. You know, you don't see that long stretch out there that once upon a time you did when you were young. You were just never going to get old. (Julia)

Not all the changes associated with menopause are visible, as Ruth's statement indicates:

I didn't change till I was 45 years. This is how I am. Just my bones got older and weaker - my knees and ankles. Nobody sees it. I just feel it. (Ruth)
Cheryl’s main concern is that she might lose her mental capabilities:

The reason I’m probably more concerned now than I used to is because we’re dealing with my husband’s parents - his father just passed away. I think he had Alzheimer's but now we’re dealing with his mother. Her short term memory is totally gone. And it’s really difficult to see somebody like that who can’t remember what they said to you ten minutes ago. And so I think you look at it and say, “Is that going to happen to me?” (Cheryl)

Cheryl also expresses the thought that one’s perception of oneself might not coincide with others’ perceptions:

I was ordering breakfast, and the waitress said, “You might like to order off the seniors' menu”...even though I was 55 at the time...and I thought, “Gee, I don’t perceive myself as that old,” but it’s interesting that they perceive me, and I think it’s the grey in my hair. (Cheryl)

Ruth expresses discontent at getting older:

It’s not such a pleasure to be old...People want to live young, they don’t want to get old. Because old is not pretty. Let’s face it. No, very few people, they don’t change and they even say to me “Oh, you don’t look old, you look so good, you didn’t change since I know you.” Sure. Everybody change. Everybody wants to live long. You shouldn’t give the name the Golden Age because it’s prettier, the name is prettier than old age, and that’s how I feel. (Ruth)

Maureen, at the age of 52, expresses her satisfaction with her present age:

I’m pretty happy about it. I don’t ever want to go back and experience those things again...I really enjoyed my children. I just really enjoyed raising my children, and I did the best with that that I could - not perfect but I gave it my best shot...I wouldn’t want to go back...if I went back where I was 23 or 24 again, I would still have the same knowledge that I had then, the same upbringing. I could not change anything. (Maureen)

Maureen describes how age difference is both acknowledged and sanctioned in this ritual in the native tradition:

No one tells you you’re old. No one tells you in the native culture that you’re old. You’re still just thought of as you, and you still participate...You’re the one that tells people when you’ve done it, when you feel you’ve done it, or you completed that process or whatever. We
have women’s dances. We do them all the time. In the women’s dances there’s certain dances [performed in a circle]. The young girls that are of child-bearing age they turn in, when we’re dancing, so they would turn in like this, whereas if you’re not of child-bearing years, then you just stay straight and keep going...Older women aren’t viewed any differently than younger women...In the socialization of the traditional people, everyone goes to a dance...And when we go to the dance, everyone who wants to dance, dances - elders, young kids, everyone. (Maureen)

The participants’ awareness that they were getting older appeared to come gradually, as they noticed changes in themselves and reflected on others’ perceptions of them. Several of the responses reflect the discrepancy between the mind and the body in relation to the aging process: the mind and the body do not necessarily age at the same time. Some of the participants expressed the internalization of cultural expectations of sexual attractiveness based on youth. In total, the participants verbalized feelings of puzzlement, regret, exasperation and optimism at growing old.

6.6 Body Image

In a youth-oriented society, signs of physical aging are devalued, especially in women, rather than being looked upon as normal. Research indicates that for women, “your body is something your self has to adjust to or cope with” (Martin, 1987: 77). Changes in the body are part of the aging process, and women often have difficulty coming to terms with their bodies as they age.

In the present study, several of the women gave indications that changes in their bodies due to aging were not welcome. Paula expresses her misgivings as she attempts to come to terms with her changing body.
What the hell’s going on here? He [the doctor] sent me for these tests. As a result, here I am - fat, hairy, and hot flashing...I can laugh about it now. I couldn’t laugh about it four years ago. That’s why I went to my doctor about it, because I was frustrated with it. I thought I was ugly, I thought I was – I’m also a lesbian so I didn’t want that to be a mark of a lesbian, and have all these stereotypes molded into one, you know...And so, I was devastated by it, and I’ve done waxing and plucking and everything to try to not have it, and I still do that today. I try to not let it be as much as is there, but I haven’t given into shaving. (Paula)

Annie, now that she is through menopause, has discovered a new appreciation for her body:

I love my body now...I love myself very much and if somebody else doesn’t, that’s their problem. (Annie)

Farther along in the interview, when I asked her if she uses hormone replacements, she expresses the same concern as Paula:

I’m not even sure if I even want it. But if I’m going to get a moustache, then I want to be on it. (Annie)

Both Cheryl and Paula contend that their concerns with body image are health-related, although Cheryl expressed puzzlement earlier in this chapter about being offered a seniors’ menu. Paula admits here that her looks are somewhat important to her, although if she were not established in a relationship, they would be more so.

The concerns I have are health related. I’m not concerned about my looks. I’m not concerned that I’m going to look older, but strictly related to my health. (Cheryl)

I guess I would only have concerns if I were trying to hook up with some young chick. I’m certainly more concerned with body image because of my health, not because of my attractiveness. I really believe, though, I am vain enough that if there were a way to get rid of all this hair on my face, I would love it. (Paula)

Lisa, too, has had to deal with “feeling like I’m not attractive anymore,” but focuses her thoughts instead on her talents:
...the beauty that I see in myself is the gift I received of music. And also that coming to know that the light that shines inside of me is what’s beautiful, not the outside look, and so that when that light is shining and I’m feeling really beautiful about myself and loving myself and knowing I have a gift to share and feeling alright with the world...that comes out and so therefore I look beautiful, physically. And trusting that that’s true, and not feeling inadequate because of my age. (Lisa)

Weight gain was a concern for most of the women interviewed, for health reasons and because of the change in their image of themselves. Most of those who mentioned gaining weight expressed a great deal of dissatisfaction. Gloria, Cheryl, Elizabeth, and Paula are attempting to accept it as inevitable, but are finding it difficult. As Gloria says:

I don’t like being heavier...The weight thing is irritating to me, because it is a health risk and I also find myself, as much as I try not to, I find, buying into the popular culture where I would really rather be skinnier...I have tried very hard to change my weight and it’s not happening and I’m not going to worry about that or beat myself up over it. So, in other words, I’m saying I accept myself and part of me is comfortable with that, and then another part of me is really annoyed. (Gloria)

Cheryl expresses the nagging feeling that many women feel, but also her resistance to society’s norms:

Well, every once in a while there’s that little inkling that I’m overweight, I should lose weight, and I think that nagging that most women go through that we shouldn’t be overweight. But it’s not a burning issue with me...Life’s too short...sometimes I put on a suit and I can’t get it done up and I’ll get angry with myself that I’ve let this happen, but I don’t think it’s so much...It may be an image problem. I don’t know. To some degree, I guess, it’s society having an influence on me but its not a strong enough issue that I’m going to diet or do anything else. I’m going to eat what I want to eat. (Cheryl)

Lisa is more accepting of herself, although that has taken time:

I’ve always been really thin - like a string-bean, right, and now my body has changed and I weigh more and I am not thin, and I went through a period of not accepting that, having a really hard time accepting that, that I wasn’t going to be like this Barbie-doll shape which we were taught was the best shape to have. I never had a Barbie-doll shape, but I mean I was
thin, and thin is in, and then I had to come to terms with that I’m not thin anymore...but I’ve really come to accept my body and I feel really good about me. (Lisa)

During the interviews, the women expressed difficulty in coming to terms with the physical aspects of aging and the effects of changing hormone levels. Their accounts reflect concerns with both body image and health, particularly as it relates to weight.

6.7 Menopause as Passage, Transition, Death/Rebirth

Menopause is sometimes referred to as a passage, a transition or a death/rebirth experience. For example, Delaney et al (cited in Dickson, 1990, argue for the idea of “menopause as ‘rebirth,’ a time when woman is freed from childbearing and child rearing, a new enjoyment of sex and a renewed dedication to her work” (p.28-29).

Although the terms are not necessarily synonymous, the meanings of passage, transition, and death/rebirth are very similar - moving from one place to another, or an ending and a beginning.

When I asked the participants whether they perceived any symbolic meanings to menopause, several of them volunteered meanings which went beyond the medical definitions. Both Gloria and Lisa view menopause as a passage, as the following comments suggest.

There’s times when you’re kind of sad and you say, well now I’ve got forty years left to live. Now this part of my life is over. If I wanted children, it’s over - that kind of thing. So it’s an ending as well as a beginning and it’s a realization of - hey, I’d better set some new goals for my life. I’ve got maybe forty more years or something. What do I want to do? (Gloria)
I see coming through this period of time as a channel where I’m - like, say I’m on a boat and I’m in this big huge ocean and I’ve come to a channel, and so I’ve gone through this channel, I’m going through this channel - a passage...I feel like I’ve had to kind of watch that I don’t hit the shore - just stay on course, stay focused and strong and trusting that everything is okay and hanging on to that belief that this is a natural process and I’m just going through a channel, and I feel like I’m almost through it. (Lisa)

Another of the participants expressed her views in this poem:

The days beyond seem far away,
not knowing, not understanding, only hoping.
Will the waiting never cease? The interminable waiting.
Like cancer - or the threat of it.
Why does it loom so large?
Why can it not be?
The future can just as easily be a gift of life.
Perhaps the two are the same - life and death,
joy and despair. The two are one.
My body, my feelings, my life are on hold,
waiting for the end...for the beginning,
to secure a place for myself
in life and in death.

Julia and Sally see menopause as the ending of a period in their lives:

I suppose mentally, emotionally, if you let yourself think about it, you realize you’re coming to a close of one part of your life...Well, it’s opening doors in other areas, I guess, but I don’t think I’ve ever really sat down and given it too much thought. (Julia)

As far as menopause was concerned, I thought in terms of - just the end of an era. I had had my children...(Sally)

Annie refers to this period of life as a death and a rebirth:

I believe menopause is a death and a rebirth...I had to close a door, that I hadn’t wanted to close for so long...I raised another child, but never my own...But when this menopause thing happened, it’s like, for me, it took it out of my control, putting it in the hands of biological aging, and helped me to close that door...Menopause became my pregnancy...instead of being the woman who had a pregnancy and went through nine months of the nurturing, I nurtured menopause, as a part of womanhood...I pampered myself with perfumes and bathsalts and hairdos and flanellette nighties and soft cozy chairs. (Annie)
Paula also refers to rebirth:

I think it [menopause] has enhanced my concept of what womanhood is – it’s made me aware of my body, it’s made me aware of my hormones, it’s made me aware of my life process, which is going on, maybe not reproducing inside of my body but my body is reproducing inside of me... And it’s an exciting process, and it’s becoming alive, and so however much I may not be able to bear children, I am able now to bear life. (Paula)

Although the participants leaned on medical definitions as their primary understanding of menopause, some of them went on to explain a more complex understanding of menopause through the use of metaphors, symbols and imaginative terminology alluding to the idea of transition, but more so, to the idea of creation or birth - rebirth, birth of oneself, bearer of life.

6.8 Spirituality

Symbolic and spiritual understandings of menopause are not necessarily separate, although for the purpose of this thesis I have divided them. Menopause has been considered a time of introspection (Gerson and Byrne-Hunter, 1988: 4), and for some women, a revisioning of archetypes for women, such as the Crone, the “wise elder woman” (Mantecon, 1993: 81). In this section, I focus on the participants’ reflections on wisdom, the life cycle, and their questioning of the meaning of life.

The theme of the wise, older woman appears in several interviews, Elizabeth here expressing a few doubts about her capabilities:

I think I have the sense that by the time of menopause one ought to have acquired a certain amount of wisdom, and I do remember that my fiftieth birthday was quite traumatic for me, not so much because I minded being
in my fifties but because I felt that by age fifty I should be settled and wise
and mature, and at that time I didn’t feel any of those things. I was in a
very transitional phase...My life was pretty much in chaos, and I was not
happy with it, and that contradicted what I thought should be the spiritual
meaning of turning fifty, you know. It should have had more of a
celebration of being wise and mature, when it didn’t have that for me
then...It wasn’t all at once but over the next few years and certainly by now
I feel much more of a sense of being settled and mature and happy and
tranquil. If not wise, at least some of those other things. Maybe a little bit
of wisdom, too. (Elizabeth)

Lisa draws on symbolic archetypes of the wise woman in her
description of aging women:

You’re wise woman material, which means that you’re an elder. To me, I
feel like that women come to you for learning, to talk to you of your
experience, to give them hope and light, and - not that you’re the all-
powerful, wise people - just that that is a really sacred time also, as being a
mother and the maiden time. (Lisa)

Maureen explains the meaning of spirituality to her:

As it relates to menopause, being aware of who I am mentally,
emotionally, physically and spiritually, being centred, being balanced,
being available, being kind, being honest, being, being, being. Versus,
doing, doing, doing. Totally in the here and now, because today is all
there is, and it’s filled with all kinds of opportunities and it’s exciting, just
to be alive and to experience life - a new day - the bird sings. To be able
to hear, to be, just totally thankful to be able to do that. For so many years
I took it for granted, you know. And now it’s just to be grateful.
(Maureen)

She also describes a native ritual celebrating the cycles of life:

From the native way, life, in that sense, when you understand native ways,
is all interconnected...And even in our ceremonies that we do in the
longhouse...what we do is go through the “stirring of the ashes” ceremony,
and everyone that’s present gets to do this....each one takes their paddle
and throws it in the ashes, and that signifies that this is new life...and when
you come to the other side you stir the ashes at the other end - and that’s
midway on your life-cycle, and then you come back, and that means it’s
like your whole life is within that...Some people get to walk on earth a
long time, and then some don’t, some might only get that one breath, and
it’s all acknowledged like that in the traditional ways. So the traditional
way is so accepting of life and the cycles. (Maureen)

Julia also refers to the life-cycle:

There's a mystery to life's cycles that we probably don't have the answers to. The medical profession may think they have, but there are cycles that go on in every life, whether it's an animal or the human animal - the natural cycle...And then it's up to us to deal with it...this process that's going on in our bodies - probably learning to be tolerant and accepting and open.

For Gloria and Annie, spirituality at menopause involves questioning the meaning of one's life thus far as well as the future. As Gloria states:

Well, I think it [menopause] puts you into the frame of mind of assessing things in your life. It's a life change and life change gets you looking at larger questions and big life questions. (Gloria)

Accounts by the women in this study indicated a variety of positions regarding spiritual views on menopause, including components of native spirituality, feminist spirituality and philosophical perspectives on life. The spiritual perspectives of the women are often integrated into other areas of their lives and so may also influence how they deal with health issues, for example, or sexuality, or aging.

In this chapter, I have drawn together some of women's statements about their own understandings of menopause, which encompass a diversity of experiences, interpretations and meanings. The medical model of menopause has influenced women's perceptions, alienating their selves from their bodies (Martin, 1987: 71). Nevertheless, women may seek to reconnect with their bodies through alternative models including female-defined models of menopause.
CHAPTER 7

WOMEN'S HEALTH

Emily Martin (1987), suggests in her book *The Woman in the Body* that "many elements of modern medical science have been held to contribute to a fragmentation of the unity of the person" (p.19). Like Martin, Lock explains that menopause cannot be understood in isolation, but as one aspect of a larger process that starts before birth and has repercussions for old age (Lock, 1993: xxv). Women's experiences of medical treatments and procedures during their lives contribute to an alienation of self from body.

In this chapter I will draw on women's reflections on their health concerns and their experiences with the medical system as they relate to menopause. Martin states that "medicine is a cultural system whose ideas and practices pervade popular culture and in which, therefore, we all participate to some degree" (p.13). In some cases, women are attempting to take control over their own bodies, through using a more holistic approach to health, making their own decisions, or withdrawing as much as possible from the medical system. An exploration of women's experiences throughout their lives is not possible within the scope of this paper. However, since four of the women mentioned their decision to have the medical procedure "tubal ligation," I have included this aspect of women's reproductive lives as an example of what women go through. I include Julia's experience, not to blame individual doctors, but to give a suggestion of the power of the body to heal itself. As Martin (1987) states, "...doctors, like anyone else, can make mistakes" (p.13).
7.1 Medical System

The biomedical model of menopause as a hormone deficiency disease has been the predominant model of menopause within the institution of medicine, and hormone replacement therapy has been the prescribed treatment for many women. There are, however, indications of a shift toward a biocultural paradigm of menopause in which the individual’s history and culture are being taken into account (Cobb, 1995: 1). The participants on the current study revealed a variety of experiences with the medical system. In this section I focus on their experiences with their physicians, particularly in connection with menopause.

Annie found it difficult to locate a doctor who would attempt to understand and do something to help her:

I couldn’t get the doctors to understand that even though I was only 45, I had felt that the previous three years I had gone through menopause...I was sweating profusely in the night - soaking the sheets, for three years...I would go to the doctor and say... “I know I’m in menopause, and I would like someone to pay attention because I think I need help with my emotions”...I didn’t know that, physically, I was having difficulty. I assumed it was the emotions causing me to not sleep and everything else. (Annie)

She finally found a doctor she could trust, and she relates her views on this:

He has a holistic approach - not entirely, but he did listen to me...It’s the first time in my life I’ve had a doctor that I really believe understands, that no matter what he may personally feel should be done, more important it’s what I feel. (Annie)

Elizabeth has had little reason to visit her physician, although she practices preventative health care:
I go to a doctor regularly for a checkup and a Pap smear and renewal of my hormone replacement therapy. (Elizabeth)

Cheryl received conflicting advice from two different doctors regarding hormone replacement therapy, and had to make her own decision:

I had an obstetrician who I’d been with for many, many years, ’cause I have five children...he recommended I go on estrogen replacement therapy, and as a matter of fact prescribed it. And then when I came here, I went to the doctor here, a woman doctor, and she was very concerned about having me on hormone replacement therapy, and she expressed that concern, and it was almost - you know, I sensed some resistance on her part, so, as the customer here, I was divided - I had two physicians giving me somewhat different advice, and I chose to stay on it simply because there's a family history of heart attack, and just from what I’ve read, it seems to me that estrogen-replacement therapy helps. (Cheryl)

Julia's dilemma occurred at approximately the same time that she was going through menopause. The surgery that she underwent at age five developed complications fifty years later, an apparent effort by the body to heal itself. She explains:

The incision - it started to drain after fifty years - it started to drain - the old incision...It drained and drained and drained...But, so anyway, they removed the scab and redid the incision and when they biopsied the scab, the part they took off, they found there was, besides an accumulation of bacteria and all sorts of guck, there was also a little shaving of metal....Apparently it just needed to have - whatever it was - that foreign object - to work its way out. (Julia)

Gloria’s doctor has suggested the birth control pill in an effort to treat her irregular menstrual periods, and Gloria has decided to take her advice. She says:

She [her doctor] thought she would try that [the birth control pill] and if that doesn’t work, then we’ll try something else. I think she’s just trying to normalize what's happening...I really like this woman. I’ve just been going to her for about four months now, and she seem to be very competent, so I’m comfortable with her. (Gloria)

Lisa and Maureen did not consult their physicians about menopause. As Lisa explains,
I haven’t gone to a doctor about that [menopause] at all, because I don’t feel like - it’s not a sickness, it’s a natural process, and when I was pregnant with my first child, I never went to the doctor until I was eight months pregnant. (Lisa)

The discovery, during the time of menopause, that she had diabetes was a huge influence on Maureen’s life. She says, “I went through a depression...it started when I found out I was diabetic” [4 years ago]. Maureen visits the doctor, not over menopause, but regarding her diabetes and for things that cannot be attended to through herbs or ointments. She declares, “I don’t totally rely on that medical system out there.” She expresses concerns about possible future medical treatment of her diabetic condition:

But diabetes. I had thoughts of death when I knew I was a diabetic...The diabetes is what made me think about death and about leaving this world piece by piece, if it comes to that. Surgery - take a toe, take another toe, take part of the foot, you know, and just moving on up. (Maureen)

Although most of the participants consulted a physician about menopause, reliance on the medical system varied from person to person. While it was important for Annie to have a doctor who could understand, Gloria was seeking someone she felt was competent, and Cheryl just listened and made her own decision. For most of the participants, the medical system was only one source of assistance while going through menopause.

7.2 Alternatives to Medical Treatment

An alternative approach to medical treatment is naturopathy, the use of herbs and natural ingredients rather than man-made chemicals, as described by Weed (1992).
Naturopathy is used as a form of treatment as well as used to promote and maintain good health.

Paula and Lisa are two women who rely on naturopathy to a great extent, as the following comments suggest, one difference being that Paula relies on the naturopath for advice, while Lisa seeks out information on her own.

Actually, I've changed doctors to a naturopath to try and help me through it more easily...the physical symptoms of menopause have been relieved greatly by naturopathic medicine, and that has been a wonderful revelation...I don't have near the sweats or near the hot flashes. (Paula)

I think a lot of it is, and I've always been really health conscious, and read a lot of books about, you know, vitamins and minerals and herb teas, so I have done remedies like drank herb teas, looked in my books about teas that were good for menopause...I respect the need for doctors if I was to, and I have, cut my fingers, and you've got to go get stitched up, you know. I live by preventative ways, so as not to get to that place where I would need a doctor for surgery, but we're only human, and so I understand we need to have that. (Lisa)

Maureen practices herbology and also relies on native doctors rather than standard medical care:

If I get an ailment and it isn't being treated properly through the regular channels that everyone else uses, like going to the doctor and getting all of these medications or whatever, then I go to the native doctors. I think native people have a practice that goes beyond what you can get with the medical doctor or facility. (Maureen)

As Lisa stipulates, naturopathic remedies are her primary resource, with the medical system as a secondary source of health care. Maureen, however, as a native, has additional resources that are not available to most people - native doctors. While some symptoms can be treated through the use of herbal remedies alone, herbs may also be used in addition to conventional medicine. There are times however, when unconventional methods are unreliable and the expertise of the medical system may be required.
7.3 Health

Women’s health involves the emotions, physical aspects, and mental well-being. In this section, women describe how they restore and maintain their health, reflecting the diverse perceptions and experiences of women at menopause.

Lisa refers specifically to her menstrual cycle as she describes the preventative measures she takes. Her statement reflects her awareness of her body’s reactions to different foods:

I know when I drink coffee I have harder cramps or if I’m not eating a salad a day or something like that, if I’m not eating healthy... I’m pretty much a vegetarian and I know from eating meat - like I’ve had some real things that have happened to me that have stopped when I stopped eating meat and stopped when I stopped drinking coffee. (Lisa)

She also adds:

Yoga, I do yoga - every morning before I get out of bed I do yoga... it wakes you up and stirs you up – it’s a very healthy thing. (Lisa)

Julia’s statement explaining the means by which she looks after her health reflects similarities with other participants:

... probably talk to my husband, or my daughter who called this morning. Or call up a friend... Try to walk if I feel up to it, and so forth. And stay interested in things - in family and things like that - and have the morale, sometimes, whether I feel well or not, so sometimes that can make you feel better, rather than just sitting here thinking about how badly you feel. But as I say, it depends on the symptoms and what’s the problem. (Julia)

Annie, too, uses a variety of methods, although physically, she has slowed down:

I walk. I don't drive so I walk a lot... I have an interest in music and hobbies, and I love to decorate my own home, so I spend a lot of time just really drowning myself in those kinds of things... I took vitamin C because
I'm a smoker...and I'm a salad person...I used to do karate and aerobics once a week. I found that I had to slow down - these sweats. (Annie)

Several of the participants mentioned limitations to physical activity due to injury, illness and aging. Julia explains:

Well, I try to walk every day with my husband. He started out yesterday and I said “I don’t know if I will or not, in this wind” and my ankle limits me as to what I can do. Anyway I go, I hit that back street over there and the wind caught me and I go “Oh, I will blow away”. Anyway, I met him along the way and hung on to him. So, I try to walk, get as much rest as possible, just keep occupied I guess, try to eat healthy. (Julia)

Thyroid problems are not unusual at this time of life and several of the women mentioned problems in this area. Cheryl gives an account of her experience:

I had a hyperactive thyroid, and I lost a tremendous amount of weight, cause its like you’re in fast gear all the time, and so, I lost a lot of weight. I could barely eat. I had to force myself to eat one little meal a day, because that’s all I could stand, because everything’s running - so, I was dealing with that, and we had to get that under control. (Cheryl)

Sally’s ways of maintaining her health are similar to the other participants, although she relates that her experience with depression was especially difficult. She describes her experience of depression:

I’ve experienced depression on a couple of occasions, and it’s very different from unhappiness. Depression is extremely painful. Extremely painful. The whole cycle - the whole - it’s something that you want to get rid of - just so desperately, but it just doesn’t go away...At times, - there was a time I thought to myself “Is this ever going to end?” and I just had to fight tooth and nail to come back to reality, and to overcome, with medication...It was just a horrible, horrible experience. And I just sort of thought of in terms of “I’m going to be well again”. And I just fought to come into my own - every step of the way. (Sally)

Having diabetes has influenced Maureen’s views on her weight gain during the time of menopause:

It seemed to take the form of that diabetes...even though I didn’t change the way of my eating... I slowly started putting on weight...within that time
frame - that four-year time frame...and I was wondering, why is this happening when nothing has really changed? (Maureen)

Since menopause and diabetes came at the same time, Maureen has difficulty differentiating between the two.

With the onset of diabetes right about the same time, I was - I guess in a sense - forced to be aware of my body, my total body. So, for a period there, I can't tell if it was menopause or if it was becoming a diabetic that caused depression, and I didn't focus in so much on menopause because I was depressed about being a diabetic. (Maureen)

Native spirituality has guided Maureen's way of living. Maintenance of her health involves taking care of physical, emotional, mental and spiritual aspects of her life:

How do I want to be in this world. How do I want to be balanced, or how do I want to experience this world. What do I want to do, and whenever I meet up with negativity, I smudge, or I drink water, because water's cleansing, symbolic of it, or I go to prayer or meditation. I try to take care of that in the best way that I can. Or if it's something that I need to work out physically, then I try to do that. So I kind of live as balanced a life as I can. (Maureen)

Looking for work is part of Gloria's solution for regaining her mental health, which she believes has suffered because of her unhappiness. She recounts stories about her relationship, moving to another city, unemployment, illness, back problems and her problems physically with menopause, relating them all to her mental health. For her, making decisions and taking control of her life - making a new plan for looking for work - are part of her solution for improved mental health. She sums up by saying:

So all of these things, I think, are somehow related together, and my system's not working very well at present, although I try to remain positive and I feel my mental health outlook is a lot better now that I've sort of taken control of my life and identified what I need to do next. (Gloria)

For the participants in this study, there was little difference between measures taken for maintenance of health and for relief from illness. All of the women seemed to
be aware of the benefits of exercise and nutrition, but there were differences in the implementation of programs and methods of achieving their goals. Some included relaxation, meditation, hobbies and generally keeping busy as part of their overall program - a holistic approach, taking into account both mental and physical health.

7.4 Emotions

Menopause occurs “in the context of the personal developmental changes and the family constellations of midlife” (Notman, 1990: 152). According to Notman (1990),

The upheaval is often blamed on the menopause rather than on the life events...Menopause is considered responsible for any distress or unfamiliar states of feeling or disruptions that take place during the menopausal years (p.153).

The division which exists between youth and old age is a painful one (Sardello, 1977: 186) which may be expressed in the form of emotional changes. Furthermore, unfulfilling social roles can contribute toward emotional upheaval. According to Furman (1995: 47), women who experience depression during menopause number about the same as one would expect in the general population. Although I did not ask specifically, four of the women mentioned emotional changes occurring around the time of menopause, and for Sally, this is what she remembers most. She states:

Well, it [menopause] came in such a traumatic way and there was so much surrounding that time. It was so painful, that that's in the background. Menopause is in the background... What's first and foremost in my mind, as far as that time is concerned, is what I went through emotionally - not the menopause. (Sally)

Although not as severe as Sally's ordeal, several of the women also referred to
emotional fluctuations. Paula considered her emotions to be more problematic than the changes in her body. She states, “I have my moments of being miserable and bitchy, but I’m not a miserable bitch.” She explains further,

Well I’ve learned that the body certainly adjusts itself to changes. The mind doesn’t necessarily adjust itself so easily. And emotionally you’re up and down and up and down and up and down. (Paula)

Maureen explains the changes in her emotions as she approached menopause:

Up to that point I had been very able to control my emotions, I guess if you want to call it control, but it was so unconscious that I never ever felt extremely angry. I never ever felt I wanted to really go out and really slap somebody. (Maureen)

She describes the effect her emotions had on her relationship:

I told my partner...I don’t think I’m emotionally stable right now. I’m dealing with my diabetes and menopause and all of these things, and I said I don’t really know how far it’s going to go, because right now, there was this one point, physically and emotionally - you know how they talk about this feeling you get just before you have your period each month - you get emotional - PMS syndrome. When it came upon me, I was about 48, that was the same time I started dealing with the diabetes, I think there might have been some hormonal changes that were really strong at that point and I would become really emotional, and how it would usually come out is with a strong retort or statement to my partner and afterwards I wondered why did I do that, and usually the next day, then there’s my period. (Maureen)

Gloria also reported emotional fluctuations as she attempted to deal with all the changes in her life, and particularly, her unhappiness at being at home and unemployed:

I’m not going to sacrifice my mental health and not do the things I want to do. I have to do what I need to do...I’ve just been so unhappy, and I’ve been sick, one illness after another, which, I think, indicates other things, although it can’t be proven. (Gloria)

While these participants were open about naming emotional changes, throughout the interviews there were indications that others also experienced periods of confusion
and difficulty in facing the changes in their lives.

7.5 Tubal Ligation

The tubal ligation is a medical procedure in which the fallopian tubes are “tied” in order to prevent pregnancy. For four of the participants in my study, their experiences with the medical system in their attempts to have this procedure was significant enough to mention without my asking. Although it is not connected with menopause particularly, I mention it here because in many cases it puts an end to the child-bearing years permanently and prematurely, and because it illustrates the power of the medical system over women’s bodies. One of the participants mentioned in passing having had the procedure, but Cheryl and Julia expressed a great deal of anger at the indignity of having to present their cases before a panel of male doctors who would decide whether or not they ought to be granted permission to have their tubes tied.

I had to write a letter that had to be witnessed and a panel of six male doctors determined whether or not I could have my tubes tied. And then, the hospital would not allow the surgery unless my husband authorized it...I was 32 at the time, with five kids, you know. So, yeah, the power that the male medical establishment had in their hands was enormous, at that time. And I don’t think many women, now, are remotely aware of how things were 30 years ago. (Cheryl)

I didn’t intend to have any more children after our last child was born...I had some physical problems...where my birth canal and everything is crooked inside...But anyway, I knew I shouldn’t have. First of all, we couldn’t afford another one, and secondly, I shouldn’t have, physically, another child. So, okay, that’s fine. I wanted to have something as simple as a tubal ligation...But I would have to go before a panel of doctors and then they would decide whether I qualify, and I became quite angry at that. And I said no, I’m not going to let a bunch of doctors sit and decide whether I should have more children or not have more children...And I
remember - I suppose it was frustration back then too, but I think more anger - that I had to have some probably old men sitting and looking - hearing - my case and deciding whether I should or shouldn’t. (Julia)

Elizabeth’s experience was very different. She explains:

When I was in my thirties...my husband and I decided that I would have a tubal ligation, and I remember going to a doctor and being absolutely astounded that the doctor I saw didn’t ask me any questions about what this would mean to me, or what my motivation was, or had I talked this through with my husband or anything of that kind. It was just a matter of my saying that I wanted it and he said okay. At the time, I thought that was not very responsible. Looking back, I think maybe it’s okay to just accept a woman’s word for the fact that that’s what she wants. I don’t know. Perhaps there’s some happy medium between probing too much and not asking any questions at all. (Elizabeth)

The participants’ experiences in dealing with the medical system regarding the tubal ligation were opposite in character. While in two cases the panel members were dictatorial, in one they paid too little concern to the possible consequences of this procedure for the consumer.

A holistic approach to health care for women involves looking at not only the biological, but the social and cultural issues and their impact on women. Naturopathy, as an alternative form of medicine, may be combined with insights into other issues connected with women’s health at menopause (see Weed, 1992). In this chapter, women have shared some of their concerns and the ways that they approach them. Women’s health issues at this time are related to changes in the functioning of their reproductive systems, changes related to aging and changes in their lives.
CHAPTER 8

WOMEN CHANGING THEIR LIVES

The physical changes of menopause are often accompanied by changes in women's lives. As Jones (1994) states, “the fact that menopause is commonly referred to as The Change of Life reflects the close association of these two events” (p.51). While for some women, menopause was viewed as comprising mainly physical changes, for others, the meaning of menopause also included life changes.

Patricia Kaufert (1990) explains the different ways that researchers have understood the meaning of menopause:

While the label “menopause” is the same, the underlying concept (or construct) varies from one discipline to another...Clinicians see menopause as a physiological process, psychologists as a psychic crisis, while sociologists emphasize its status as a social transition (p.115).

Many women do experience changes in their lives at this time and these changes are the focus of this chapter. I have drawn on women’s own expressions to illustrate the different kinds of changes that women may undergo as they pass through this time of life. Women’s developmental process may be different than for men, whose linear course of progress, according to theorists such as Erikson, begins with schooling, followed by work and family (Notman, 1990: 151). As Notman (1990) states, for women, “The interweaving of schooling, family, and work can take place in a different order, or at the same time” (p.151). Moreover, women’s roles as mothers and partners in relationships may go through changes at this time as women move into another stage of their lives.
Some of the issues explored during the interviews were motherhood, womanhood, work, relationships, sex and commonalities with men. In the following pages, women tell how issues relate to changes they have made and changes in the ways they think about themselves and their lives. Finally, women talk about the influence of education and life experience.

8.1 Meaning of Womanhood

Women’s response to menopause is multidimensional, including changes connected with aging, body image, the end of the potential for motherhood, gender identity and sexuality, occurring “in the context of the personal developmental changes and the family constellations of midlife” (Notman, 1990: 152-153). Women’s understandings of the meaning of womanhood at menopause provide insights into this broad topic. I asked the participants what womanhood meant to them, particularly as it relates to menopause, and received a diverse selection of responses.

Cheryl gives her thoughts in terms of the physical benefits and the end of childbearing, saying:

I was just happy to see my periods end and so for me...I feel better now than I have for a long, long time. So for me it’s been a positive experience. There’s certainly no regret. I don’t see that I’m less of a woman because I no longer have periods or I can’t produce a child anymore. (Cheryl)

For Sally, being a mother is very much a part of womanhood:

My sense of womanhood has never changed. I always did the best job I could do, because I was a woman and a mother, and I wanted to do that. And I wanted to continue to be proud of myself. (Sally)
Julia describes herself in relation to womanhood in terms of some of the roles she has experienced, which have expanded over time:

I’m a wife, a mother, a grandmother, a daughter…We’ve been married 43 - 44 years. (Julia)

Maureen found that her relationship increased her self-perception as a woman:

I became very aware that I was a woman because he [her partner] was always nurturing that. And he really seemed to enjoy the woman side of me - not just the sexual, but the way I think, the way I see things. (Maureen)

In her work, Maureen performs the role of nurturer of other women:

I am a nurturer of what each woman has, and they gain their own self-confidence within that process…I don’t think a man can ever totally look after a woman’s needs…And I feel that’s what I do, is nurture. (Maureen)

As Maureen explains, womanhood for her involves becoming confident and self-accepting:

What I found out over that time and going into menopause is that you build that yourself. You build it for yourself. You build your own self-confidence. You accept who you are, be comfortable with that, and don’t take on anybody else’s stuff…I’ve learned to be comfortable with me. As a woman? Totally. (Maureen)

Paula’s view of herself and womanhood has changed over time. At this point in her life, at menopause, she says:

Things I used to suppress because I thought men, society want in a woman, I no longer suppress, which are my intuition, my intellect, my femininity, even as a lesbian, I am indeed a feminine woman…Anyway, that’s all part of it for me…I have male in me and woman in me and I’m sure men have men in them and women in them. It’s the yin and the yang. It’s all there – it’s getting it together. And I believe that’s what the change does for me - is allow me to see all of that, and integrate all parts of me. (Paula)
Similarly, Annie perceives changes in her status as “woman”:

Menopause has given me now the physical freedom as well as the emotional freedom to continue to explore in even more depth my purpose as a person...I no longer look at it as womanhood, but as personhood. I’ve been around for 45 years, and I’ve done all the right things to be a woman, and what menopause has done for me, emotionally and physically, is closing a door, and nurturing the closing. Now, I don’t want to know about being a woman. I’ve been one for 45 years...now I want to experience being a person. (Annie)

Annie also told me this story in response to my question about womanhood:

Adam was created, and there was all this stuff going on inside him after a few days, and he was uncomfortable with his emotional garbage, so he created Eve. He manifested Eve. And then out of his side came this part of him that became a woman, and that woman was supposed to go on this journey - of puberty, periods, childbirth, surgeries, menopause, and at 65 or so the man will return to the woman and say, “OK, what was your journey like? I’ve got time now to listen because I really didn’t, as a man, want to experience all that.” (Annie)

Lisa describes the various aspects of herself:

I know I’m a woman. I know I’m a person. I know I’m a mother. I know I’m a musician. And I know that my experience is a woman’s, from a woman’s perspective. I see things from a woman’s perspective, because that is who I am. And the songs I write are from a woman’s perspective. But I’m also just a human being and I believe in equality. (Lisa)

At this point in her life, Lisa feels very much connected to other women. She states:

I feel really good about me as a woman. I feel really connected to my mother and my sister and my women friends and my daughters and my son. I feel really connected to my ancestors - to the women before me, to progression, to the evolution of us - where we’ve come...I feel I’m coming into that wise woman time. I’m still the mother...I’m coming to the wise woman time, which I believe is when you come to the place where you’re not baby-making material anymore. (Lisa)

The ways women perceive themselves may change as they develop and go through menopause. The participants described these changes in the ways they viewed themselves as women at this time, and their views suggest that there are multiple
meanings of “woman”. In the sections following, the women expand their views on these topics.

8.2 Motherhood

Women’s capacity to bear children is an important part of a woman’s self-concept, whether she actually bears children or not, and is part of her gender identity (Notman, 1990: 153). Menopause, as the end of childbearing, is a significant ending, and if a woman has not given birth to a child of her own, this time may be particularly notable. Although motherhood is rewarding for many women, it is a role that may be limiting in ways. The women in this study give their views on motherhood in relation to menopause and changes in other areas of their lives.

Three of the women I interviewed have not had children of their own, although Annie raised a child as her own for several years. Annie says that concerns about her body and her concern that she would not be allowed to make that choice in a relationship have held her back from having a child. She says:

What I haven't had, which I think most women have, is a relationship where you had options - will I have a baby or won't I have a baby, with a body that I felt secure enough about that could have a baby or didn’t want to have one. I never felt the freedom of choice. So, menopause for me became almost a way of not having to make excuses or explanations, or think about it any more. That’s all over. (Annie)

Paula has no desire to have children. As she states:

Not being able to reproduce is not high on my sad list of things to go...although women who are lesbians bear children and do it quite nicely. (Paula)
Gloria, on the other hand, expresses ambivalence:

I feel mixed feelings...I feel – I’m having periods of my life where it felt like I was missing something or would miss something, if I did not have children. I still don’t rule out the possibility that I might have children, or, it’s getting more and more like “child”. (Gloria)

The contradiction she faces is whether she wants to give up things that are important for her, in order to have a child. She states:

But, part of my decision on getting back on track and making the difficult decision to go back to where I came from is that, I was thinking, if I should have children, or a child, let’s say a daughter, female child, or a male child, uh, how proud would they be of their mother if she sacrificed everything to have them and was desperately unhappy and didn’t fulfil what it is she needed to do, write books, whatever, on the face of the earth... but I really believe that a fulfilled and happy mother is going to be the best mother, rather than a bitter, frustrated, angry mother who did not, and is desperately unhappy, and I would be...if I were not doing those things....and worry about the child-care arrangements later. (Gloria)

Being a mother is an important role for several of the women. Ruth recounts her experiences of motherhood:

After my child was born I was very...I didn’t know what it means. I never had seen a retarded child. I didn’t know what it [would] mean. This was a year after I came to this country. I didn’t know any English...It was my third [Ruth’s daughter died prior to her coming to Canada]. I just didn’t know what it means. It was retarded...I didn’t know how to handle that child...I used to have migraine headaches and I couldn’t see with my eyes and I was miserable. I wanted to kill myself. One day...one day, I turned on the gas on the two of us, the gas stove. My son, he was six years old when this one was born. He was afraid that I would kill myself. He was supposed to come home at 12:00, he came home at 11:00 from school. He had this feeling that something was going on and he found the gas turned on (on us, me and my other child). Then he closed it, he sat down with me and he was crying and he said “Okay, mom, you can’t kill yourself, I need you, what will I do without you?” Then I had to realize that I had to go on living. Just the doctor came, and he was so good to me and he used to put me for two to three days in the hospital and take in the child to give a little rest...And I still have to go on living because of him, because the happiness that he sees me when he says “Look who’s here!”...He will be, next Thursday, 42 years old. (Ruth)
For Sally, Ruth and Julia, motherhood was a priority, although as their children grew older, they became involved in other activities outside the home. However, for these three, "motherhood" has continued on through caring for grandchildren. Julia says:

I think for me, because I have family around and grandchildren, and my oldest grandchild was a great part of my life, of our life. She was here so much that on weekends that it was still like having children at home...So it was like a continuation, so I guess I never stopped to think about whether I wasn’t going to have any more children ...she’s almost like one of my own, like a fourth child actually, so, I wasn’t left feeling, like "Oh, dear, here I am, fifty". (Julia)

Raising her children has been and still is very important to Lisa, who is now approaching another stage in her life:

I’m going out into the world, where that has sort of been on the back burner. I’ve kept my fingers in the pie and raising my children and being a mother, but I feel now...it’s my time to go out into the world and to share my role, my gift that I have received, which is to play music and to teach music and to talk and share my experiences. Through my music I write songs about my experience, my life. (Lisa)

Cheryl and Elizabeth combine motherhood and career, and Cheryl describes how her children (now adults) feel about this:

My children...at some times I think there’s resentment because they’d like their mother to just be a mother...I have another part of my life that consumes me...so, I think in some respects it’s hard for the children, because I think they’d like me to be closer and to be there with them and so, there is some resentment. On the other hand, they’re very proud of me and they tell their friends...So, it’s a strange combination. Some resentment, but a tremendous amount of pride as well. (Cheryl)

For Cheryl, the answer is to maintain balance:

I don’t want to just focus on my career. I want some balance in my life. I want to be there. It’s not that I have to be there. It’s that I want to be there. And I think you really do need that balance - to keep that balance. (Cheryl)
Maureen was and still is a career woman. She says “I always worked. If I wasn’t working I was going to school.” At the same time, she raised three children, all of whom are now living on their own.

For most of the women in this study, motherhood has an important bearing on their lives. Of the three women who were childless, one expressed certainty over having made the right decision not to bear children, one expressed relief that going through menopause had made the decision for her, and the third was experiencing ambivalent feelings over not yet having had children. While the role of mother has been a primary one for several other women in the study, as their children have grown older they have made changes in their lives. These women have changed or launched new careers and began new involvements outside the realm of the family.

8.3 Women and Paid Employment

Since the 1970’s, women have been entering the workforce in large numbers (Mackie, 1991: 206). By 1980, over fifty percent of women were in the work force (Mackie, 1991: 205). While it is not unusual now for women to combine motherhood and paid work, the baby-boomers, now reaching menopause, and their predecessors, often delayed entering the labour force during the years of bearing and raising children or stayed out of it altogether, living on their husband’s income.

For some of the women in this study, a new career is part of the change in their lives. Cheryl and Elizabeth returned to finish their education, while raising children, and are now established in new careers, in different cities than before. Both women indicated
their satisfaction with their new lives, as Cheryl’s quote describes:

It took me a while to decide what I wanted out of life, but I think I’ve accomplished everything I wanted to accomplish. I’ve got beautiful kids. I’ve got a degree now. I’ve got a career. I don’t want anything more for myself. (Cheryl)

Work has always been important for Gloria, a single career-woman, now unemployed. Although she is contemplating becoming a mother, her career is important to her. She was recently turned down for a job she applied for, and gives her thoughts on this:

I realized to what degree I was counting on that job, to what degree I count on my professional life to meet many of my needs - intellectual, creativity, money, social status, which is important to me - the prestige that goes with being known as what you do - which sounds terrible cause it’s terribly insecure. (Gloria)

Paula, however, who has worked at the same job for many years, expresses feelings of discontent:

As far as work goes, I’m not wanting to work. I’m wanting to do what my heart tells me to do, and I believe that’s a change thing. I want to own my life. I don’t want society to own me any more. And I believe that’s strictly related to the change, whatever the change is all about...I want to be a responsible citizen, but I want to be more true to myself. (Paula)

Maureen, like Paula, has worked for many years:

It took a lot of energy to do all the things that I did, like, going to work with Family Violence for ten years, and to build up within that, to build a shelter and to provide services and to develop programs. (Maureen)

Now, Maureen says,

I’m at a point in life where I would like to have what is called a traditional marriage. I think I could be a traditional married woman - a conventional married woman...I’ve got all kinds of hobbies and stuff I love doing in the house. Whereas, the way I’ve been is I’ve been really independent. I’ve always worked. I’ve been a career woman and I’ve been helpful to other people within that process. (Maureen)
Annie explains how her attitude towards work has changed:

I’m not a work-horse any more. I’ll put my foot down and say, “No I’m not working after midnight” or “I’m not shifting that because it’s over 20 pounds”...I’m in the janitorial business and it’s part-time - for ourselves – we’re self-employed. Since he’s younger and a man, he’s decided he will do the bulk of the income earning, and I also have a pension from a deceased spouse that I contribute to the total home budget. I don’t keep it for myself. That’s my contribution instead of having to go out and work. (Annie)

Julia and Sally participated little in the work force, instead, devoted their time to raising children. Julia explains:

I worked off and on, during my married years, but never to say that I’ve been a career woman or worked. I’ve always felt that I really needed to be here for the children... That was important - to be here for the children - in the evenings and in the summer, so they weren’t roaming just loose. So that’s probably one of the reasons I never - and then, as I said, you made do. You lived on your husband’s income, and you made do. (Julia)

Lisa is a musician and a mother, and is still engaged in raising her children. Being a stay-at-home mother has reduced her financial security. She focuses on her future plans:

I’m raising children and when I’m done raising my children I’m not going to have any kind of pension as a mother in this society. I haven’t worked out in the outside world a lot. I have not paid into anything. I have no insurance. I have no pension. I’m going to rent a room in a house with a bunch of other women and we’ll have a great time. I’m going to find other women musicians...run a tea room on the west coast of Vancouver Island. I have no idea how I’m going to eat. I’ll try to create a comfortable place for me when I am not in the raising-children stage any more...I’m going to work really hard...have a bed to sleep in and a warm space. (Lisa)

Out of economic need, or as a means of achieving independence and a sense of fulfillment in life, a career is important for several of these women. Changes at this time of life include starting a new career, and rethinking the value of work. Combining
motherhood and work is not an easy proposition, and two of the women did not become part of the labour force, while others attempted to find a satisfactory solution for themselves.

8.4 Housework

In addition to mothering, housework is an essential but financially unrecognized task (although there may be compensations), that is delegated mainly to women. Although I did not ask questions to discover the participants' views on housework, the theme came up during several of the interviews in response to other questions.

Ruth places value on housework as a form of exercise. She says:

I remember my doctor, so long he was alive and I used to tell him that my friends are laughing at me, everyone has a cleaning woman. I'm the only one who doesn't have one. Don't give it up. You like, if you like what you're doing, don't give it up. It's the best exercise in your life. I didn't give it up and I liked what I was doing. Because take a cleaning woman, I have to tell her what to do, it's easier for me to do it myself. I like to do it. This is how I try to keep up. (Ruth)

Gloria and her partner, who have a home-gym in the basement for exercise, dislike housework, as Gloria explains:

I said I wasn't going to clean, and he said "Well, I'm not going to clean"... We both negotiated this and then we hired someone. (Gloria)

Annie's occupation is janitorial cleaning. She didn't express a dislike for housework, but neither did she say she liked it. It is just something she does, for instance, when she is not feeling well, as she explains:

That's when I do my housework, laundry, go through my own personal phone book and call people. (Annie)
Cheryl, like Gloria, dislikes housework and has other priorities in her life. She states:

I’d like somebody there to cook my meals, clean my house, you know, if I wanted to spend twelve hours working at my office, I wouldn’t have to race home - I’d know somebody was there to let out the dogs...Other than that, housecleaning is not my major thing in life. That’s why I’d really like somebody else to do it. (Cheryl)

Housework, although essential to the smooth running of the household and requiring a diversity of skills, has been viewed as an occupation of low status and exploitive of women as unpaid workers (Mackie, 1991: 223). For two of the women who expressed their views, housekeeping is not a pleasant task, and interferes with their careers, which have been long fought-for and demanding on their time. For two others, however, housework is a normal part of their lives, viewed by one as an enjoyable form of exercise, by the other as routine, something she also does as paid work. Although Julia is a housewife, she did not refer specifically to housework and so her thoughts on this are not included. However, as Mackie (1991) states, regarding housekeeping, “Naturally, there are compensations. Housewives’ labour differs from wage labour in that the work is usually for people who care about them” (p.221). While housework is seen by some of the participants as undesirable, it may not necessarily be seen in the same way by others.

8.5 Independence

Ours is an individualistic society, and independence is highly valued, both economic independence and the right to make one’s own choices. Men have been
socialized through traditional gender roles to be independent, whereas often women have not achieved independence to the same degree. However, ways of achieving autonomy can vary, depending on limitations and choices available.

For the women in this study, working towards becoming more confident and assertive and doing what they enjoyed most was a large part of becoming independent. Those in this study who were in traditional marriages have made or are making changes in their lives towards becoming more autonomous.

Julia, in a long-term traditional marriage, expresses doubts about herself, saying:

I suppose I see myself as - maybe should be more independent, or should have been more independent, for probably my own well-being. Not that I'm not happy now, but what I mean is, and I don't know, this may be just because I see so many people around me in church, independent. Whether they're married or not, they're doing their own thing too, and I don't know. No-one would look at me and say "Well, she does her own thing," I don't think. (Julia)

Later in the interview, Julia describes how she has achieved independence in her life:

It may not sound very major to most people, but it was for me because I do not have a great education in music. I do not have many years in lessons and theory and so on. But I took on this challenge of singing...But, prior to that, I would never have considered doing anything like that. I had never sung for the church. I was just too self-conscious and shy, and quiet...I try so hard not to make a mistake, and I have to remember, it's okay, you know. You're not professional, you're just a human, and to err is human...But, that was a real major thing. It might not be for some people but for me it was. To start singing for church, and to have these people sitting and listening, while I'm singing. (Julia)

Sally and Lisa left their marriages and began to become more independent. Sally enrolled at university, and says,

I felt that I was contributing in a positive way to my life, and I anticipated that it would be a positive way for my children’s lives. I would be able to communicate with them in a more understanding way. (Sally)
Lisa is bringing her children up on her own now, and has developed more self-confidence through participating in a women’s group. A milestone in her life, she says, was that it took me twelve years to get a Bachelor of Musical Arts degree, which I finished. I finished it. It was a goal and I completed it, while raising my children. That was good. I needed to do that so I would feel accepted in the quote-unquote, the male dominated profession of music, and I needed to do that for myself so that I would accept myself, so I would feel like I could contribute and I was on an equal par. (Lisa)

Both Cheryl and Elizabeth returned to school to complete their education and went on to begin new careers. Cheryl describes the changes in her life:

I had a lot going on while I was going through menopause...I had moved here...and I had just finished my PhD...so essentially I left my family and moved here to take this job. So that was going on. And starting out a new career - actually it’s more to my liking. Actually, it’s a little threatening. (Cheryl)

Later in the interview she adds:

I have a lot more confidence in myself than I ever had. I used to be shy - painfully shy...And now I get up in front of all these students and lecture. It’s just such a big change for me, and it hasn’t come easy...and certainly, twenty years ago I couldn’t have done what I’m doing now...I’m a different person. And I think that’s just slowly evolving. (Cheryl)

Elizabeth also describes how her life changed:

I have made huge changes. My life is very, very different from, say, ten years ago before menopause...Before I even started to have any symptoms, any signs of menopause at all, I was then still married. I’m now divorced. I was living with family members. I’m now living alone. I was living in X. I’m now living in Y. I was employed in a completely different job. I had a different circle of friends. So much has changed. I mean, I’m leading a completely different life. (Elizabeth)

For Gloria, Paula and Annie, non-traditional women, their lives have taken a different direction than the women who spent time raising children. Gloria has been single up until this time, and a career woman, now unemployed. Not used to being
dependent, she is looking forward to finding work. She says:

I have my health back, touch wood, and I want to get out there and I want to do it, you know...I want to get out there and work, and I know I'm capable of getting the jobs, so I don't really want to stall with any more courses...I've faced some real dependency issues this year, and I really hate it, to the point that I will live in a different city from my husband, you know, because I just don't want to be in someone's palm. Yeah, I can't be in someone's palm. I'm 40 years old. I can't do this. It's not my life to do that. I'll never do that. (Gloria)

As stated earlier, Paula has achieved independence in her life through working, but she looks forward to the time she can work for herself rather than for others.

Work is not a priority in Annie’s life, nor a source of satisfaction, particularly. Annie works part-time, sharing a business with her husband, but her real interest lies elsewhere, as she says,

Menopause has given me now the physical freedom as well as the emotional freedom to explore in even more depth my purpose as a person...At a certain point I was free to be whoever or whatever I wanted to be, and I'm not talking in terms of profession or material wealth. (Annie)

The achievement of independence or autonomy requires facing new challenges, and each of the participants has faced different challenges, with different limitations and choices available. While a career is important to some of the participants, as a means to independence and source of satisfaction, for others, work provides the financial resources and a sense of autonomy comes from other sources.

8.6 Relationships

Relationships can change at this time of life, as women and men become liberated
from rigid role expectations. Often, women return to issues of separation that were not dealt with at adolescence (Gilligan, 1982: 170) and men become more nurturing (Erikson, Erikson and Kivnick, 1986: 44). Relationships with partners, family and friends may be renegotiated with a clearer understanding of one another’s needs. Elaine Hall (1995), describes how it was many years before she understood her mother’s struggles to create a better life for her family, and “to recognize the constraints that life imposes on all women” (p.204).

Cheryl, Julia and Paula are still in their long-term relationships with their partners, although Cheryl’s is now a “commuting relationship” since she moved to start a new career. Julia and her husband, on the other hand, are very close – “a couple.” Paula’s relationship has survived alcoholism through her participation in a recovery program. She describes her relationship in this way:

“It’s been a wonderful relationship but also a very trying relationship...Since sobering up it’s been a growing-up time for me. (Paula)

Three of the participants formed relationships with younger men. The age difference has worked well for Annie, who says:

He’s nine years younger than me...And it turns out he is now at mid-age, which helped me. During my menopause he decided to tell me that he believed I was [going through menopause], if no one else did, and he didn’t think he’d make a very good parent anyway because of things in his life that he was dealing with...He admitted these things and said, “Don’t worry about it because I probably would not make a very good parent. By the time I would have the skills, you’d be 50 and wouldn’t be able to anyway.” (Annie)

On the other hand, Elizabeth doesn’t believe her relationship will last:

As an older woman in a relationship with him, I feel fairly prepared for the fact, and I honestly can’t sort out how realistic this is and how much is just
cultural and personal perception, I feel fairly prepared for the fact that he may not find this relationship satisfactory on a permanent basis...I would not be surprised if he becomes involved with a younger woman at some point. Now that’s not from anything that he has led me to suppose but it may have to do with my perception of menopause and older women...I would be sad but I wouldn’t be shocked or upset or resentful, I don’t think, if he were to find somebody younger than I am, ’cause I think there’s something about me that feels it would be natural to be attracted to somebody younger. (Elizabeth)

Cheryl and Gloria referred to the dynamics of power in their relationships.

Whereas Cheryl’s is a long-term, established relationship, Gloria’s is fairly recent.

Cheryl describes the change in her marriage:

He has to be very careful with me now because I can support myself. It has changed the power relationship...he really had to rethink our relationship and we’ve spent the last couple of years slowly rebuilding it - and it’s a new relationship where he has to really pay attention to my needs as well as that I’m supposed to pay attention to his needs. That’s rather a new idea for him. But it has definitely changed the relationship - the marriage. (Cheryl)

Gloria expresses her frustration at not being able to find work, and thus sees herself as becoming increasingly dependent on her partner:

I think that you can’t have a perceived imbalance, you know...But I’ve been very frustrated that I didn’t get any of these jobs that I tried for, and I ended up going back to school. And during that time my partner has had two career successes and has been promoted and has had a raise given him, and I mean, he comes home from work and he is just delighted, and I’ve been delighted to a point for him, because he can’t help it on my situation, but I found myself getting more bitter and angry as I was getting less and less money. It seems like pretty soon I’ll have to ask him for money. And then, my career is just going right down the toilet, and I can see how this breaks us apart. (Gloria)

Elizabeth and Cheryl are in long-distance relationships, the distance aspect being a recent development. Gloria also is considering finding work in a different city than where she lives with her partner. Lisa is not looking for a relationship, but attempting to
become more of an individual:

Instead of scrambling for a relationship and being really, really needy for it I have to sort of let go of it – I’ve learned that before in my life - and come to that place where I can be happy in my aloneness before I can share. (Lisa)

Looking back, Sally remembers what was going on in her life at that time:

I separated from my husband around that time. I asked him for a divorce. My oldest son went off to school - off to college. Lots of change - drastic changes. (Sally)

Maureen began a new relationship thirteen years ago. She relates how the native traditional roles are satisfying for her:

My present partner is more traditional and the traditional view is more supportive of women in their roles and what they try to do, so I found it more supportive, and being a traditional man, he is very acknowledging of the feminine side, and so that’s a real support to a female to have that traditional view. (Maureen)

Some of the women reported changes for the better in family relationships. Paula, Gloria and Annie give their views on family:

As far as family goes, certainly my relationship with my family, not just my mother, but my family, is one more of openness and acceptance. (Paula)

I’m really happy now that it seems my father and I are getting along - and mother too - a lot better, largely because [my fiance] came into the family. And I think I’m being more sympathetic toward my parents, so I’m trying to understand them more. (Gloria)

As I went through menopause, she [her mother] realized there was nothing more she could do to add to my womanhood. There’s nothing more she can tell me or teach me to be a better woman. Well, what she’s now doing is looking at me as a person - some of the talents and skills that I have are in areas that would be typically male - oriented. And my father is just as glad to see the tension lifted because that’s all he ever wanted - was for me to be recognized as a person. (Annie)

Julia related to me that her mother plays a large part in her life. Paula recently
reconnected with her mother. She says:

Whether it’s menopause or needing to reconnect with your mother because
your life is changing, or what, we started talking again, and I started seeing
her in a different light, and started experiencing her more as a person than
as a mother. (Paula)

Sally’s mother died while she was two years old, Ruth’s, when she was fourteen.

Cheryl expresses regret at not seeing her mother more before her death:

One of the things I regret, and I can’t change it, is that I think my mother
would have dearly loved to see me come back and that I didn’t get [the
degree] finished in time. She died a few years ago. I can’t change that,
but I guess if I had to change something, it would have been nice to get to
see more of her, because I didn’t get to see much of her. (Cheryl)

For Sally, friends are important:

I’ve been surrounded by friends all my life. That’s certainly not something
I would change. I’m very grateful and I’ve been very lucky. (Sally)

Two of the participants said that women friends are particularly important. Gloria
states:

Most of my close friends have always been women, like I’ve always
bonded more closely with women because I’m a more feminine woman, to
begin with and I relate better to women. A failing of mine is that I feel I
don’t relate as well to men...I don’t feel that I know men, understand men
that well. (Gloria)

Issues that came up in the interviews include power in relationships, departure
from age and gender norms, long distance relationships, changing relationships with
parents and the importance of friendships, particularly with women. These interviews
suggest that menopause is indeed a time of changes in relationships for many women.
8.7 Sex

Menopause is a time when women’s sexual activity may be affected by biology, aging and changing social roles. Menopause may incur physical problems, but also lead to sex free from the fear of pregnancy, exploring one’s sexuality, and discovering the meaning of love and sex.

As the end of menstruation and fertility, menopause can provide freedom from concerns about pregnancy, as Julia relates:

I was on the pill. But I could go off the pill. It meant freeing me up from that - taking something so I wouldn’t become pregnant. So it meant that freedom. Did I remember to take it or didn’t I remember to take it? I got so I was making little marks on my calendar to make sure, because, you know, because this was something I, physically, did not want to go through again. So, certainly there was a freedom there, a great freedom, and just to have that freedom to not worry. (Julia)

For some of the participants sex and/or sexuality is not an issue of particular importance at this time. While for Cheryl, nothing has changed, Gloria’s sex life has dwindled due to her menstrual problems. Lisa is not interested at this time. She states:

I’m not really at a place right now where I’m really feeling a need to have an intimate physical sharing with anybody. (Lisa)

Sally, in retrospect says:

I would have been very happy if I had been happily married for that [menstruation] to have come to an end - if I had been happily married with a man who loved me and cherished me as a woman. (Sally)

As described earlier, Elizabeth’s concern was feeling less attractive sexually as she aged. Annie, however, sees it differently:

I got a chance to start a new life and revitalize, and I’m looking forward...to being the sexiest, most sensuous person I’ve ever been in my
life. (Annie)

Annie expands on her views, saying:

Sexuality...I grew up thinking romantically and adventurously that you look for somebody to love and to love you back. And that you are upset because you think that you got screwed...Well now I’m finding out from me and my husband that the adventure and the romance is in learning how to screw. Why complicate the heck out of it looking for flowers and candy...it’s like teaching us that sex is wrong, unless it’s mixed with a lot of this loving stuff. But I don’t believe that love is separate from sex. Nothing could depress me more as love from a man who doesn’t know sexually how to satisfy me in the physical sense. (Annie)

Maureen’s views on her own sexual attractiveness has changed:

I used to always think, when I get to be around 50, men won’t find me attractive any more, or they won’t want to get to know me, and I’ll be a real free person and I can go anywhere and not have to deal with the kind of come-on thing. That’s wrong. All that changes is that it’s older men that are doing it now...In a way I guess it should affirm your femininity...Because of different things that have happened in my life, men have not been a very positive thing for me, and I’ve never been able to fit into your traditional marriage type thing, so it’s always been a problem for me. (Maureen)

Paula’s concerns relate to society’s attitudes towards her sexual orientation:

I don’t know if it’s menopause in my life or what, but mentally I’m wanting to experience the joy of sex and I’m hopeful that as time goes on I will be able to put away the stigmas of society and get into it...I am sexually active but I know I can experience it with wild abandon. (Paula)

One of the women wrote this poem while travelling on a bus to another city, expressing her feelings about her relationship:

Limp bodies lying together, miles apart
Not reaching one another
Flesh touching, not feeling

I feel safe in my solitude
The comfort zone of my relationship with myself

I’m okay
You're okay at a distance
Far enough away from my wings

Joy is my refuge
The blues and greens of life
Souls who see like me
Bursting forth.

The views presented here on sexual issues include menopause as a time of physical problems, as a time of regret for lack of opportunity and perceived loss of sexual attractiveness, as a time of being alone, as a time of coming into one's own as a sexual person, and for some, is not of particular concern. As stated earlier in this study, three of the women have entered relationships with younger men, indicating a rejection of society's expected roles for women.

8.8 Commonalities With Men

What kinds of things do men experience at midlife that are similar to women's experiences? According to the women in this study, men, as well as women, face growing older and all that that entails.

Elizabeth believes that the man in her life at the present “may be going through a period of questioning and restlessness...fairly similar to what I was going through at that age.”

Paula has talked to men friends about “change.” She says:

They’ve just celebrated 25 years together and that’s a wonder for a gay male couple. And the one fellow and I discuss at great lengths the changes that are going through our lives...They’ve had to deal with the weight issues, and they’ve had to deal with the change of - the searching out of what they really want to do with their lives, and the process of finding out
who they are, personally, and their relationship together, and all that kind of stuff. So, it’s been - a lot of similarities, as far as that goes. (Paula)

Three of the women referred to men’s propensity for going after younger women at this time in their lives. As Lisa explains:

I know they go through questioning and I’ve seen men go through midlife crisis kind of stuff where they go after younger women or they have to go and have an affair or something in their relationship. They’ve got to go out and party because they’re feeling that maybe they’re not attractive anymore or something. (Lisa)

Julia considers physical and emotional changes and the challenges resulting from them to be similar issues for men and women:

Probably the loss of - whether it’s emotional or physical - probably the loss of vitality. Becoming more aware of your physical limitations - your body changes - and it does for men as much as it does for women. Maybe not right at the same time, I would say, but men certainly do experience it and I suppose the big challenge is how you meet that change, how you deal with it, how you cope with it. But there certainly is physical changes and emotional. (Julia)

According to the women in this study, for men, like women at menopause, this is a time of health concerns, emotional changes, questioning one’s purpose in life, a time of facing getting older and losing one’s youthful looks and one’s vitality. As Julia states, the question is, how do you meet that change?

8.9 Experience and Education

How do women know what they know? At this time in their lives, either in menopause or beyond it, these women examine the influence of life experience and formal education on their views about menopause and on their lives as a whole. The
participants attribute their knowledge to their education, their life experience, or a combination of the two. Several of them describe how they have been influenced and some refer to significant turning points in their lives.

Paula asserts that she has learned through life experience:

Well I’m a grade 12 graduate, and a graduate of the school of hard knocks, so how that makes me view menopause I’m not sure...I don’t have any intellectual input on what menopause is - I just have my own experience. (Paula)

Similarly, life experience has been the main influence on Lisa:

I’d say my readings - getting books from the health food store and eating healthy and reading books and hanging around with hippy ways and flower children and living in the country has influenced my views on menopause more than my education...I would say that comes from the women in my life and places I’ve lived and people I’ve met. (Lisa)

For Elizabeth, going back to school influenced her views and was the beginning of change in her life:

Going to school as a mature student, at university - that changed me. I think the university experience changed me a lot, opened up my eyes to all kinds of new ideas, opened my thinking. It was a wonderful experience. But it also began to change my life in a lot of other ways. I became much more discontented with my marriage, and so it was the beginning of all kinds of changes. (Elizabeth)

Education has also influenced Gloria’s perceptions:

I have a master’s degree in sociology. I think that when you get into higher education it teaches you to think critically and analytically and to assess things in that way, and it gives you a different set of tools...It doesn’t usually change your whole perspective, but it gives you more critical thinking, which is very important, to looking at the “why” questions and that ties right back to the spiritual question. (Gloria)

Besides learning through education, Gloria has learned through life experience:

Living life has been probably a stronger influence on me, in fact, I know it
has...I feel that my viewpoints now are much more evolved and developed and they’re really different from how I was when I was younger...Oh, yes, my life work and my education combined and my experience - all together...I’d lived a very sheltered life, and so I changed through that time period. (Gloria)

Julia sees that both education and experience are valuable, with reservations:

I think during the years you do learn, of course you do. At least, heres hoping you do learn a few things over the years...from life experiences. And hopefully you retain some of that. And you do become older and wiser in a good way...I think probably with more education you become more open to questioning things that are happening. Probably learn to do more questioning and perhaps that’s just part of a person’s nature. I don’t know. But perhaps with more education you are a little less accepting of what happens without questioning. “Why is this coming about?” or “Is this the way it should be?” I don’t know. (Julia)

Learning to live with physical limitations has influenced her perceptions. She says:

I don’t think of myself as being physically challenged...I think it’s made me proud of myself, sometimes that I think I’ve done really good, really well, at keeping after, and growing up with negative comments, you know, hearing the odd negative comment - dealing with that, because naturally appearance is so important...but it doesn’t bother me now, because I’m comfortable. That’s part of me...that’s part of Julia...What comes out of my mouth and what’s in my heart are more important than the physical outside...And I look at myself and I think, “Yes, you’ve done darned good with yourself. You’ve done well.” (Julia)

Annie and Sally told me a great deal about their personal experiences and the place of menopause within their lives. Although they have endured many personal hardships, they have come through menopause to a new appreciation of life.

Over a period of thirteen years, Maureen achieved a BA at university as well as a Bachelor of Education degree. She considers education a valuable asset in contributing toward her understanding of society:

It’s made me aware of a lot of systems that are in operation in society, and there was a point in time that I thought I knew everything, but once you go to university and get educated, if you want to call it that, you’re just more
aware of a lot of other things that you would not have been otherwise. (Maureen)

However, as she indicates, her own personal experience has been a tremendous influence.

A native by birth, she explains her multicultural identity:

I'm not your typical native, because I was raised on and off [the reservation] ...Prior to 7 years of age I was speaking Oneida...My father and mother decided that we would have a better chance if we learned the ways of -- that's what we called it - the ways of the white man. (Maureen)

A significant event in her life that changed her, as she explains, was a car accident at the age of forty:

I had a car accident...I guess the meaning of it was that I thought it made me go inside myself and think of what am I doing and why am I doing it and why do I feel the way I feel, and a lot of it was always being controlled by other people, denying my own self and thoughts and decision-making processes and things like that and coming to this thought that other people are controlling me and I'm always going along with it, and then it ends up with this scar on my face. And now for the rest of my life I'm always going to remember this...It's not very pleasant, walking this earth knowing that you have a scar on your face. You have to overcome a lot of things to have confidence to be able to do that...My life could have been taken at that point in time, and yet, because of different ways I started looking at life and myself from that point on, I've gone on to make what I feel is a major contribution to native society and society in general, and maybe I would never have made it if I would never have had that car accident, because it was through that car accident that a lot of things that weren't important became very important to me...It was sort of like a dying of a way of being in this world and an opening to something else, which was more powerful and probably an urge that had just been waiting to come out. (Maureen)

Several of the women mentioned the significance of the deaths of friends and family on their lives, particularly at this time, increasing their awareness of their own mortality. For instance, having her friends die has been of great significance in Paula's life. She states:

Since the AIDS epidemic has been so prevalent I've had many, many
friends die of the AIDS, and part of their message to me and to many of
my friends is to live life, each day, each moment, because you don’t know
what it’s going to bring. (Paula)

Menopause was not an issue in Ruth’s life. I asked her if there were any significant times
in her life that may have changed her, and she responded:

Just my mother, father and my little sister. They were taken to the
crematorium. My little sister was 12 years old. She was wearing a coat of
mine. She could have said she was 14 or 15 because by 14 years they took
them to the right side. You know, they selected some to take them to the
right side to work and the older people taken to the left side to the gas
chambers...We talked it over that mother shouldn’t be by herself and the
younger sister should go with the mother. You know, he asked her three
times how old she was. She was a beautiful blond girl with black
eyes...three times...and she said twelve - twelve. We didn’t know
anything about it. We couldn’t imagine that they take healthy, normal
people, they didn’t know anything, just because their religion was Jewish
and to kill them. We didn’t know this...because they put us on the right
side to go to work and the other side they took them to the gas chambers.
Just we didn’t know. We didn’t know anything about that...Just because
we were Jews how can our religion make a difference between people.
We didn’t bother nobody, we didn’t do anything against the law. We
obeyed the law. (Ruth)
CHAPTER 9

LITERATURE AND THEORETICAL ANALYSIS

In the previous three chapters I have explored women's own accounts of their experiences in relation to menopause, dividing the chapters thematically into three sections, Women's Knowledge about Menopause, Women's Health, and Women Changing Their Lives. In 9.1, I will explore the theoretical implications of the data from the point of view of sociology and the researcher. In 9.2, I will reflect on the ways poststructuralist concepts have guided this study.

9.1 THEMES: GENDER, POWER AND DIVERSITY

In this section I take three key themes have identified: "Menopause and Gender," "Menopause and Power" and "Women and Diversity." The theme "Menopause and Gender" involves such issues as motherhood, reproduction, aging, body image and gender identity. "Menopause and Power" explores influences over women and the ways women become agents in their own lives. "Women and Diversity" explores the differences among women according to culture, spirituality, sexuality, education and life experience. Whereas in the previous three chapters (6, 7, and 8), the emphasis was on women giving their own accounts of menopause and related issues, in this chapter the emphasis is on discussing three main sociological themes. These themes are not firm categories but are used as guidelines to explore the theoretical implications of women's understandings.
about menopause and their lives. Consequently, there may be some overlap among the three areas.

These themes reflect the main sociological relevance of the data, from my own point of view as researcher. In this section I discuss some of the main issues, and use theories from several disciplines, as appropriate, to explain the significance of the data.

1. Menopause and Gender

Menopause is often thought of as a physical phenomenon, apart from the sociocultural influences that accompany it. However, as Gannon and Ekstrom (1993) state,

Issues related to sexism, women’s roles, gender specific stress, and aging are relevant to the physical and symbolic nature of menopause in our society (p.275).

Thus, while women’s roles in particular are linked to menopause, social roles relevant to both men and women at midlife are also associated with menopause.

In a complex society such as this, women’s sense of self may be fragmented as they are pulled in different directions, influenced by many discourses. Two such discourses are those emphasizing either the value of motherhood and family relationships or of individuality and independence. Karen Offen (1990) describes two intertwined strands of feminism that are the basis of European and American feminist thinking. As she states,

Relational feminism emphasizes the family, the couple, or the mother/child dyad as the basic social unit of the nation. Physiological differences between the sexes thus become the linchpins for a visionary
construction of equitable social differences (p.18).

The second strand of feminism, according to Offen (1990) is individualist feminism. She states that

Prior to the midnineteenth century it was restricted to notions of moral and intellectual development for women; only recently have material conditions of immense prosperity in North America and Great Britain allowed it to flourish and dominate public discourse (p.18).

The relation of these discourses to menopause, discussed here in terms of motherhood, aging, body image and gender identity, are the focus of this section.

**Motherhood**

For many women, menopause is a time when issues related to motherhood become more significant. Traditionally, women have often been encouraged to take on the role of nurturer for the family. As Mackie (1991) states,

the tasks of providing physical maintenance and psychological nurturance to young children are primarily women's activities, not because women "need" to mother and are biologically equipped to do so, but because of the social organization of work (p.110).

If a woman's role in life has revolved mainly around the family, and for several of the women in this study it has, menopause is a time when some of those roles may come to an end. Furthermore, if a woman has not yet engaged in the mothering role, she may face at this time, as Gloria did, a time of contemplating the meaning of motherhood in her life, considering the desirability of having children, and the recognition that this is her last chance.

An acquaintance of mine referred to menopause recently as the "closing down of
the baby factory.” As Martin (1987) states, the term “labour” is used to describe what women do in bringing forth children and what men and women do in producing things for use and exchange in the home and market (p.66).

The production of children is one the most important tasks for a capitalist economy, yet it remains unrecognized as such. Lisa, a single parent, argues that the problem is that motherhood is devalued and unrewarding financially. Divorce is prevalent and, according to Adamson, Briskin and McPhail (1988), more than one out of every five Canadian women live in poverty, and this trend is increasing (p. 104). Similarly, housework, which accompanies motherhood, has been devalued in this society, as some of the women’s comments indicate, although Ruth finds housework not only enjoyable and a source of pride but valuable as a form of exercise.

Women are entering the work force in increasing numbers, for economic reasons as well as for personal satisfaction. Many women, however, find fulfillment through their relationships in combination with part-time work, paid work in the home, volunteer work and/or the pursuit of personal interests. While three of the women in this study are childless, two of these are career-oriented. Five of the women with children have engaged in dual roles, as mothers and working women, either concurrently or in succession, the paid work following the early child-raising years. For two of the women, motherhood was their primary role, although each has gone on to pursue other interests. Thus, menopause, signifying the end of the child-raising years, became a time of change for women who had been engaged in the mothering role.
Reproductive Life Cycle

In order to fully understand a woman’s experience of menopause, it is necessary to comprehend it as part of women’s reproductive life-cycle. To illustrate the importance of taking prior experience into consideration, I shall refer to the stories of three of the participants in this study. Annie’s reproductive life story includes multiple experiences with the medical system - a therapeutic abortion, numerous D & Cs, a tubal ligation, and finally a hysterectomy, which effectively established menopausal status and ended the possibility of bearing children. Annie felt that her reproductive system had failed her, and reported that she had had no confidence in her body’s ability to bear a child. Symbolically and practically, the hysterectomy, which she welcomed, “closed a door” on that part of her life. Cheryl, however, who had given birth to five children, related that menopause held no particular meaning and was a minor event in her life. A third participant, Gloria, reported that, at age forty and childless, she was now contemplating the importance of motherhood to her. Some of the feelings that women reported as they realized they had reached the end of the reproductive years were sadness, relief, anticipation and feelings of ambiguity.

In our society, women are encouraged to bear and raise children. Thus, menopause may be more significant for some women than for others, as a time when the meaning and importance of this role is questioned. Knowing a woman’s prior experiences related to the reproductive life cycle may provide greater understanding of the importance of menopause in her particular situation.
Aging

“Getting older” is a major theme in this study, since it is so closely associated with menopause. In our society, there is a division between youth and old age, and menopause is the symbol of that division. Although some concerns about aging may apply to both genders, there are specific issues that are more significant for women.

Physically, for both men and women, this is a time when the body may begin to develop signs of aging, but these are not necessarily consistent among all people. These women showed signs of resisting society’s ideal of the perfect, youthful figure as they came to accept their weight gain and other body changes as normal. Mentally, there are also differences among women as they age. As Gloria maintains, youthful attitudes are not the monopoly of the young, just as thinking and acting old are attributes not necessarily restricted to the old. Furthermore, as Cheryl and Elizabeth’s midlife academic accomplishments suggest, the mind can still function at a high level of competence at midlife and beyond.

For women, the developmental process does not always follow according to the vertical, linear male model of development. Child-bearing and childrearing are additional roles that the standard eight-stage model described by Erikson - including school, career and independence, followed by intimacy concerns, regenerativity and wisdom - has often overlooked. For many women, raising a family comes before establishing themselves as separate individuals. Thus, for these women, the unfinished business of identity formation may take place following the child-rearing years. However, Erikson’s (1968) theory of psychosocial development describing the generativity crisis of midlife, at which
time productivity and creativity may take priority over stagnation (p.138), might also apply to women. Imagery such as Lisa’s boat navigating the channel and Annie’s pregnancy and rebirth of herself imply that menopause is a transition to another phase. Several of the women in this study embarked on new careers and began exploring new interests at this time in their lives.

Whether or not there were changes in friendships during or after menopause varied for each of the participants, depending on their lifestyle and community involvement. While some held that friendships with women took priority at this time, others indicated that friendships with both men and women were important. Annie saw that old age was a time when men and women compared their different life experiences. For Lisa, being with women who understood her experiences was important. Moreover, she spoke of looking forward to living with women musicians following the mothering years. In this context, her women friends would be like family. For Paula, too, friends were just like family. In this era, understandings of the meaning of the family are changing, to include friends and extended family members.

The realization that one may eventually be, if one is not already, like one’s mother in looks, temperament, weaknesses and strengths - may be unsettling, and gaining a mutual understanding of one another’s lives may provide a new kind of connection between mother and daughter as well as a sense of continuation. Several of the women referred to changes for the better in their relationships with their mothers at the time of menopause. Although not to the same degree, some of the participants also saw improvement in their relationships with their fathers. These connections between youth and age serve to provide a sense of continuity between the generations.
For some of the women, menopause and the accompanying realization that they are getting older has been a time of reflection on their lives up to this point and concern over the future. In particular, personal involvement with someone who has died or a close encounter with death has prompted reflection on the meaning of life and their own mortality.

Although financial security is a concern for many men and women as they age, it may be more so for women who have not participated in the work force during the child-rearing years or who have been made redundant.

Most of the women perceived that both men and women faced common changes at midlife in relation to the aging process. According to several of the women, both men and women may depart from the social norms that govern aging. Whereas men are usually a few years older than their women partners in relationships formed in the younger years, as men and women get older, relationships form between partners of varying ages. In this study, for instance, three of the women are in relationships with men several years younger, and, as several of the women claim to know, men of this age often have younger partners, and often, many years younger than themselves. While this phenomenon may occur because age difference matters less, it may also be a quest to recover declining youth.

The aging process is associated with change: physical, mental, social and psychological. While both men and women are affected by the aging process, their new roles are mediated by earlier gendered social roles. Identity formation and independence, often delayed by the mothering role, are two issues that women may face at menopause.
Body Image

In this society, to be different than the healthy, youthful, feminine ideal woman is to be considered worth less. Most of the women in this study indicated dissatisfaction with their weight gain as they aged, reflecting the influence of society’s view of the youthful Barbie doll image as the ideal. One exception is Annie, who stated that she was very comfortable now with her body. Greying hair and the growth of facial hair were two other image concerns mentioned by the women. The challenge for Julia was not only to accept the physical limitations of her leg, but also to overcome the belief that her appearance made her different from others.

Acceptance of changes in the body may include the sexual aspects of oneself, particularly as they apply to the aging body. Bachmann (1990) states that

the twentieth century has seen the gradual acceptance of the concept that not only does sexual activity in older men and women continue, but in most instances it is a desired and enjoyed form of communication and sexual pleasure (p.87).

While sex between aging men and women may increasingly be seen as normal, Cole and Rothblum (1990), express a point of view indicating that many still have sexual hangups. They state:

It is possible that if all women, lesbian and straight, could be free of heterosexist hangups about sexual functioning and the aging process, if all women were not handicapped by fears of aging, partner expectation, and the extolling youth, there would be more reports of unchanged or better, more rewarding sex, and deeper relationships, in our 50s, 60s, and beyond (Cole and Rothblum, 1990:512).

The women in this study expressed views including feeling sexually attractive, a lessening of interest in sex, no particular concern or change, anticipating better sex, to feeling more sensuous. While being in a relationship offered a sense of security to one of
the participants, another stated that she would not expect her relationship to continue if her partner found a more attractive mate. The views of the women in this study indicate that it was not easy to accept changes in their bodies.

**Gender Identity**

As stated earlier, women’s place, traditionally, has been in the home, raising and nurturing the family. The kinds of changes that the women in this study have made or are making varied considerably, but they all involved change in two main areas, the domestic and the public realm. Traditionally, the domestic realm has been associated with women and the public realm with men. Not passively accepting feminine roles of domesticity, these women are making or have made changes towards increasing autonomy over their lives.

Whether through the influence of hormones, for symbolic reasons, such as the end of women’s ability to reproduce, or through integration of men and women into both public and private roles, the male/female gender dichotomy may become more ambiguous at menopause. Some of the participants sensed a blurring of masculine/feminine gender roles and of their own self-perception at this time. According to Turner and Troll (1994), half of the middle-aged women in their study “expanded on their basic feminine gender style to include aspects that they themselves regarded as ‘masculine’” (p.218). While some saw themselves as feminine, others identified in themselves qualities of both genders.

One of the participants, Paula, expresses this view of the relationship between
menopause and womanhood:

I don’t know what it is, but it doesn’t seem to be just a biological thing. It seems to be that the biological triggers the emotional, triggers the intellect, triggers the intuition, triggers the need to find out who you are, and in some way, shape or form, as a woman.

Yanagisako and Collier (1990) explain that, “According to our culture, the biological difference between men and women is rooted in their different roles in sexual procreation” (p.140). Within feminism, the essentialist position is that, women are, by nature, different from men and that women’s difference from men should be acknowledged. The opposing view is that there are no real differences between the sexes, other than biological differences, and that men and women should be treated as equals (MacKinnon, 1990: 225). But if women are viewed as the “same” as men, as with equality theory, then the embodied experience of women is invalidated. Women might assume masculine attributes in order to succeed in their careers, as two of the women claimed. However, their lives as women makes them different than men.

In his antiessentialist approach, Dupre (1990) asserts that “no biological basis for gender categories can be found or expected” (p.50). Furthermore, Connell (1987) argues that men and women have more in common than they have differences, certainly more in common than can explain the enormous gender differences in social and economical arrangements (p.72). Connidis (1989) suggests that, in the future, “an increased need for interdependence may contribute further to a decreased emphasis on gender as the basis for role performance” (p.23).

Menopause signifies the end of the childbearing years, and for some women, is associated with the end of the child rearing years. Moreover, menopause is accompanied
by physical, mental and symbolic signs of aging. Understanding women’s experiences and perceptions of menopause requires taking into consideration the physical, psychological, social, and symbolic aspects, in the context of the woman’s reproductive life cycle and natural life cycle. While women’s biological and gendered experience accounts for some aspects of menopause, social issues related to aging are also relevant.

2. Menopause and Power

Women seek to attain a sense of power in their lives in many ways. Women have different choices available to them, depending on their personal, economic and social resources. The notion of free choice implies that there are no limitations on people’s actions. As research informs us, however, women’s choices are limited by their economic situation as well as other social forces (Adamson, Briskin and McPhail, 1988: 104). Each woman attempts to gain power over her life in different ways. As Dickson (1990) states, “Power is always exercised in relation to a resistance, although not necessarily with an equality of forces” (p.24). The women in this study seek power over their lives in their dealings with the medical system, in their relationships and in their careers.

Women are influenced by the medical system, both in practice and through medical discourse. However, women resist and exert power in their everyday dealings with the medical system.

A suggestion of the arbitrary use of power by the medical system to control women’s bodies is illustrated by three of the women’s experiences, thirty years ago, in
attempting to have a tubal ligation. While one woman’s choice was honoured, of the two who were required to gain permission from a panel of doctors, one woman deferred to authority while another refused to cooperate, deciding instead to take the birth control pill.

The story of Annie is an example of the dialectic relationship between the individual and the medical system. Annie looked forward to menopause as a completion to many years of unpleasant experiences related to her reproductive system, as described earlier: a therapeutic abortion, which was devastating to her, numerous D & Cs and a tubal ligation. Although Annie stated that she had been controlled by doctors in many ways, beginning with the abortion that she felt had been imposed on her, she later sought their assistance in declaring her body unfit to bear children. Coincidentally, she developed problems that resulted in the hysterectomy which effectively ended the reproductive years. Thus, as she says, the medical system resolved the problem, enabling her to avoid taking the responsibility of making the decision to attempt to have her tubes “untied” and to bear a child.

One of the main influences on women’s understandings of menopause has been the medical system’s construction of menopause as a physical event and as a disease. The feminist model, however, views menopause as multistranded, and within this framework menopause may also be viewed as a physical change, although not as a disease. In this study, some of the participants saw menopause as strictly a normal physical change in the body, with few, if any, direct effects on their lives. For most of the women, medical discourse formed their initial understanding of menopause - as a physiological change. However, most did not turn automatically to hormone replacement therapy as the
solution, but considered the options available to them or turned to sources in addition to or instead of the medical system. For instance, Cheryl carefully weighed the costs and benefits of hormone replacement therapy before making her decision. Lisa chose not to consult her physician, but relies mainly on herbal teas rather than medical treatment as a preventative and restorative measure.

Maureen describes how she uses a combination of both native and conventional health systems to meet her needs. Faced with diabetes, she has turned to conventional medical sources for treatment. However, she also consults with native medical practitioners for other health needs. Moreover, she engages in the native way of life that accepts aging women as valuable resources. For her, native spirituality is a holistic form of health which goes beyond medical concepts. While spirituality may be a form of acceptance for women of their place in society, it may also be a form of resistance, as women resist medical discourse in favour of discourses more acceptable to their way of life.

Although initially their views on menopause were based on physical aspects related to the end of menstruation, several of the participants included symbolic interpretations during the course of the interviews. Lisa's way of expressing to me her experience of a hot flash included body language as well as verbal communication. She described a hot flash using wide, sweeping arm movements, and talked in terms of a "rush running through...deep inside." Annie, who never gave birth to a child of her own, referred to menopause as a rebirth, saying "Menopause became my pregnancy...I nurtured menopause...I pampered myself."

Holistic health involves combining all aspects of a person's body and mind (and for some, spirit) rather than fragmenting the various parts and treating them as separate
from one another. In some instances, women’s disclosures revealed complex understandings of menopause as a biological, psychological, social and spiritual phenomenon. Gloria, for instance, revealed how the physical signs of menopause were accompanied by a feeling that the “biological clock” was ticking away. Realizing that if she wanted to bear a child she had little time left to do so, she began to question the importance of motherhood in her life. Simultaneously, she faced major career and relocating decisions as well as marriage in the near future. This was also a time when she began to reflect on life and death. Throughout all this, she perceived a decline in her physical and mental health.

While change is part of the human experience, menopause is a time of considerable change. As O'Toole and O'Toole (1988) state, the concept of multiplicity in status passage theory “calls attention to the fact that individuals are going through different status passages simultaneously” (p.88). They refer to relational problems, the empty nest syndrome, changes in marital status, downward socioeconomic mobility, job loss and entry, and the new role as health care provider for elderly parents (O'Toole and O'Toole, 1988: 89). Women create change - through participating in the public sphere and changing their relationships - with partners, children, parents, siblings, extended family members and friends (see Conndis, 1989).

For many of the women, making changes in their lives has involved negotiating former relationships or letting them go. Some of the issues they faced were re-assessing the power differential in their relationships, tending long-distance relationships with their partner, making new friends, negotiating for understanding of their needs and combining work or outside interests with family life.
Cheryl and Elizabeth are two women who made huge changes in many areas of their lives, returning to school, relocating and beginning a new career. At the same time, Cheryl renegotiated the terms of her marriage so that her needs would be taken into consideration. As she sees it, the key is balance: to maintain a family life as well as to have a career of her own.

Many of the women have attempted to find the balance between motherhood and career. Cheryl has worked hard to achieve success in the university following the mothering years. Women are making substantial gains within academia but still have a long way to go. According to Statistics Canada (1989-1990), of university teachers with a doctorate, forty-nine percent of men compared with twenty-one percent of women were full professors in 1989-1990 (p.13). Unlike men, women professors not only have to perform their roles as members of the academy, but must become active in working towards equality with men within the university. Moreover, women often have to find a way to combine career with family responsibilities.

For Julia, marriage and motherhood, expanding into the grandparenting role, combined with outside interests, have become her life. Nurturing and guiding other family members, including another generation of children, is a source of satisfaction for her. Often, women are more involved than men in maintaining family connections and negotiating between members (Connidis, 1989: 21). As her story indicates, motherhood and marriage can be rewarding. To achieve a sense of autonomy in her life, Julia participates in outside interests, singing in the church choir and joining in other church activities.

Paula’s present struggles do not involve motherhood or independence. She had
already resolved the motherhood issue at the time of the interview and has achieved independence through working. However, she was exploring how to integrate her identities as a lesbian and as a woman with her spiritual perspectives. For her, this has been a gradual process, and menopause has been a part of that.

The women in this study show signs of being influenced in varying degrees through multiple sources. However, they were not submissively accepting information, treatment, cultural norms and knowledge gleaned from education and life experience but were showing signs of resisting, of choosing selectively and of influencing society themselves.

3. Women and Diversity

There is a great deal of diversity in the ways that women view and experience menopause, as suggested by the data gathered from the interviews. This sample of women gives an indication of the wide variety of societal, cultural and historical circumstances as well as their own unique personal history that may influence discourses of menopause. This plurality of points of view reflects the different knowledges related to the positions held in society by the participants.

Although the medical view of menopause formed women’s initial understanding of menopause, they often referred to the influence of motherhood and the end of the childbearing and child rearing years on their lives. While some of the participants maintained their view of menopause as a normal physical event, others went on to describe it in terms of a transition to another life-stage.
While social circumstances may affect a woman’s perceptions of menopause, the connection is not clear. Both Julia and Cheryl reported that menopause was not of particular concern for them. While Cheryl was busy completing her education and beginning a new career, Julia became involved in church activities and singing for the choir. Both women are grandmothers, and, while grandparenting is a vital part of both their lives, Julia has dedicated more of her time to this role, which she finds fulfilling.

Women’s knowledge is mediated by their own particular cultural and historical circumstances. For example, Maureen’s Iroquoian background has given her a different perspective on menopause and the aging process. As she told me, the end of the reproductive years is recognized in native ceremonies, although the separation between the young and the old is not as distinct as it is in our culture and the older people are well-integrated into the community. Maureen has become self-sufficient through working much of her life, while at the same time raising three children. At this time in her life, the thought of quitting her job and expressing her creativity in the domestic sphere is appealing.

This study includes one lesbian who, although she does not represent all lesbians, gave us the opportunity to hear about her experience of menopause. Although Paula had at one time wanted to be a mother, she decided to remain childless, and focused her energy on her relationship and her career. Thus, at menopause, some of the issues that other women faced, such as entering the job market, were not a concern for her. While she sees herself as a woman, she spoke of her gender identity as including masculine attributes, as did others in the study. Unlike the two other participants who were childless at the time of menopause, Paula had already resolved the issue of whether or not to be a
mother, although she assured me that her decision had nothing to do with her sexual orientation. Lesbians, as well as heterosexual women, make very capable mothers. However, as she states, one does not have to be a mother to be a woman. Over the years she has had to come to terms with the meaning of her sexual preference as well as her gender identity. While these issues are sometimes still given consideration, at this time in her life - at menopause - one of her main concerns is the physical changes in her body.

Some of the participants held spiritual perspectives on menopause, drawing on symbolism and ritual as described in this section. Some of their views suggest that spirituality at menopause is a form of self-growth, self-development or wisdom, holistic health, or alternative conceptions of the aging woman. Wisdom was a term mentioned by some of the women, as a sought-after, but not easily attainable attribute. According to Rosel (1988), wisdom is represented by several meanings: “mature knowledge and understanding; folk wit; a detached yet active concern with life; and by self-possession” (p.22). Stensrude (1996), in her reference to wisdom, claims that

It is proposed that midlife extends to age 75, the age at which we may ascend to the status of wise women if we have wisely used our midlife years to prepare

This perspective grants some leeway to women who think that by the time they reach menopause they ought to be wise.

Ruth’s disclosure illustrates the historical effects on women’s knowledge. Now, at age 78, she reported that she had been unaware of any signs of menopause, such as hot flashes, and that the concept “menopause” was not part of her knowledge at that time. Even though she had had a hysterectomy at age 42, one would expect that she would still have experienced hormonal and physiological changes. The absence of a menopausal
experience from her life is an indication that menopause is a social construction, one that was not a part of her culture or age cohort. The only confounding variable would be that because it happened so many years ago she might have forgotten.

Life experience and formal education are powerful influences on women’s ways of knowing. While not necessarily related to menopause, they are related to the ways that women understand their embodied place in society. The stories of the participants give an indication of the ways they have been affected, by both adverse and fortunate circumstances in their lives. For Julia, living with her crooked leg has limited her options as far as physical activities and has affected the functioning of the rest of her body, but has also given her an understanding of what it is like to be different. Annie’s therapeutic abortion was the beginning of the attempt to understand herself as a woman. Similarly, Paula’s sexual orientation and spirituality have influenced her self-perception. For Maureen, as well as being influenced by her native background and years of working in the area of social services, her car accident, at midlife, changed her perspective on what was really important to her. Gloria spoke of the influence of her grandmother in helping her understand people from different backgrounds. As she sees it, her own personal history and her work in social services, as well as her education, have had an influence on her.

Several of the participants stated that their education had influenced them. Elizabeth and Maureen gave credit to their formal education in broadening their understanding of society. In addition, Lisa, Cheryl and Sally reported that education led to an increase in self-esteem and self-fulfilment. For each of these women in this study, education and/or life experience has affected their ways of knowing.
These excerpts from women's stories demonstrate how culture, history, education and unique life experience influence women's own perspectives on the meaning of menopause and their lives. These diverse views are an indication of the diversity of discourses through which women give meaning to their own experience. Gertrude McPherson was a missionary, artist, suffragette, writer, partner in marriage and the mother of three. In her novel *Grey Cottage*, written at midlife, she states, "You can't choose the picture you will make of your life, but you can choose the picture you will make from your life" (McPherson, 1933: 261). While for each of the participants life has involved struggle in different ways, in turn, each of them has used their knowledge and/or skills to contribute something back to society.

The three themes of this chapter, "Menopause and Gender," "Menopause and Power," and "Women and Diversity" reflect three main areas of sociological interest in this study. In this section I have explored how menopause is linked to gender roles and to social roles of aging; various dimensions of power; and diversity among women.

**9.2 REFLECTIONS**

In this section, I will reflect on how poststructuralist concepts have guided this study and can be used to understand the diverse experiences and perceptions of the participants. According to R. H. Brown's (1977) sociological perspective, adequate social theory must be both objective and subjectively meaningful; it must yield understanding of persons' consciousness and agency as well as explanations of social forces beyond their immediate control (p.27).
For this research, I have taken into consideration the meaning of menopause to women themselves as well as examine the data using feminist, sociological and poststructuralist theory. In some instances, I draw on excerpts from the data to explain and illustrate theoretical concepts.

My primary intention in conducting this study was to give women the opportunity of telling their stories and to discover how they managed their lives. From a poststructuralist perspective, the value of narrative constructions cannot be overestimated. Women's own stories give us insight into how women think about menopause and into their lives as mothers and as persons. My aim, also, was to include a diverse selection of women, reflecting a variety of experiences and ways of thinking, and I believe my study has achieved this objective.

Using a theory in which subjectivity is considered incoherent may seem to contradict the notion of women's voices having meaning and being a powerful force in society. Poststructuralism takes the view that meaning is constituted within language rather than reflected by language, and that it is language that constitutes social reality for us. This is a theory about knowledge and truths, in which there is no universally shared concept, only different languages and different discourses. Weedon explains how poststructuralism moved beyond Saussure, building on his theory of the sign, replacing the notion of concepts, speech, and written words being fixed and unchanging with an understanding of signifiers (for example, menopause) not fixed but socially produced within language (p. 25). Thus, for poststructuralist theorists such as Jacques Derrida, Weedon argues, different meanings stay fixed only temporarily, but change depending on the discursive context, or the "relationship of difference between written texts" (Weedon,
1987: 25). Thus, menopause may have diverse meanings, such as in medical texts focusing on changing hormone levels, in traditional and feminist texts on the reproductive system, or texts with a sociological perspective where menopause might be seen as a life transition, or alternative texts advocating herbal remedies for the symptoms of menopause.

Poststructuralist theory focuses on language, where language is the place where our sense of ourselves is constructed. According to this range of theories, subjectivity is socially produced in language and is a site of conflict between different meanings ascribed by different interest groups. The conscious, knowing rational subject is not a part of this theory. Individuals are seen only as inhabiting subject positions within language. These notions of context and subjectivity, however, have been taken a step farther than the poststructuralist focus on language, through feminist analysis of postrstructuralism.

A feminist poststructuralism sees the need to address the social meanings produced within institutions in society and throughout history and not just in language, and sees individual subjectivity as existing not just within language but being shaped by these institution and at the same time, holding the potential of being agents of change (Weedon, 1987: 25). Each of the participants in this study demonstrated both of these elements, of being shaped by current dominant discourses of menopause and as challenging those beliefs, through their actions and in some instances through their writing and thoughts on menopause. Thus, following through on the notion of menopause as the plural signifier, I have presented many different excerpts and anecdotes from the accounts told me by the participants. How readers view think about these different views
and what makes sense to them, in their own worlds, is something I have left up to them rather than do a detailed analysis of each.

In Chapters 6, 7, and 8 I drew out themes from the data which I viewed as being related to the topic of the study. Although my research interest determined which themes would be included, I attempted to include diverse views on any given theme. My purpose here was to relate women’s own views of their experiences. Parlee (1990) holds that

[the psychobiological researcher] shares the assumption of the natural scientist that the biological events of menopause are central, that they are the conceptual starting point for formulating questions about the causes of ‘menopausal behaviours and experiences.’ The social scientist trained in interpretive methods, on the other hand, assumes that conceptualization of phenomena begins with subjectively and socially meaningful actions and experiences related to menopause (p.381).

I find there is a contradiction between first giving women the opportunity to tell their stories and accepting their stories as truths, and then analyzing themes from their stories from the perspective of my own biases and research interests. I think that giving women the opportunity of speaking their own truths can be empowering for them, as far as it does no harm to others. However, part of my role as researcher is to attempt to make sense of the data in a way that is useful and constructive. The coding categories themselves are an indication of my own interpretation of the data, and the use of theory to explain the data is another step in the interpretation process. Discourses are systems of communication that involve the use of language as well as the activity of everyday life. Women’s lives are constructed through language and practical methods which can be seen as a form of socialization into ways of acting and thinking. A woman’s consciousness of menopause and her embodied experience as “woman” is determined by the discourses to which she is exposed. The meanings, however, can change through the
influence of alternative discourses. In this study, the ways that the women talked about menopause and their lives gives us insight into the different systems of knowledge that influence their ways of thinking.

From a poststructuralist view, dualisms or binary oppositions construct the way we see ourselves, as opposite to the Other. In this study, one of the main dualisms that appeared in the data was masculine/feminine gender identity. Rather than see these as opposites, however, it is preferable to view them as each end of a continuum, within which there are many variations. Moreover, gender attributes are not necessarily fixed and unchanging, but may vary according to circumstances and life changes. The ways women see themselves and the ways others see them may change over time.

The youth/age dichotomy is also significant in this research on menopause, one that is challenged by the participants' views on themselves as they age. From a sociological perspective we can view aging as a developmental process, taking into consideration the life history of the participant. Similarly, menopause can be understood as one part of women's reproductive life cycle.

The women in this study related a diversity of understandings of menopause. Two of these views were menopause as a physical change and menopause as a transition. To view menopause as a normal physical event indicates that there are virtually no differences between men and women, and that there is no reason for differences in assigned gender roles. To view menopause as a transition is a viewpoint that takes into account changes that happen at midlife, as a result of the aging process and the end of the mothering years. These views are not incompatible, although at first they may appear to be so. They are many different ways of perceiving a complex phenomenon, and this is a
qualitative question. Weedon (1987) argues that the meaning of a phenomenon, such as menopause, is not intrinsic but depends on the social and historical context in which it is used (p.25). Women might be more likely to hold one view rather than the other depending on their social or class position, as well as being influenced through other sources.

The intellectual pursuit of discourse for and about women, named “experiential feminism” by Bruce Arrigo, includes the “place of metaphor, symbol and myth in altering prevailing social reality” (Arrigo, 1993: 33). He argues that this type of imaginative discourse communicates in ways that defy traditional understanding, situating experience in “ambiguity, multiplicity, uncertainty and contradiction,” more authentically defining the feminine (Arrigo, 1993: 33-34). In this study, some of the women used language symbolizing transition, such as the metaphor of death/rebirth, in their understandings of menopause. Moreover, some of the women revealed a sense of ambiguity or uncertainty regarding their gender identity and their multiple social roles as they questioned their place within their family relationships and in the public sphere.

“Imaginative discourse” is not a “natural” attribute unique to women, however. Men’s writing may also reflect this type of thinking. Martin (1987) states that the danger of listening to poetry or ordinary women’s talk is “that we will romanticise women’s special ability to see the truth about life, basing this ability on a kind of essentialist, natural proclivity that only women have” (p.202). It is likely, however, that there are just as many differences within each gender as there are between them, and that the imaginative discourse described by Arrigo is unrelated to gender. From a poststructuralist view, there may be fluidity and contradictions between categories, rather
than fixity, and this applies also to the categories of gender.

Women's lives are constructed through language within a cultural and historical context. Nevertheless, women do become agents of their own lives, within the limitations of society. According to Foucault, as Dickson (1990) explains,

subjectivity is a process of self-formation, usually involving an external authority figure, that takes place by a variety of techniques directed at people's bodies, on their souls, on their thoughts, and on their conduct (Foucault, cited in Dickson: 23).

As suggested, poststructuralism and developmental theory are compatible with one another. Pamela Reed (1995) states that "Within the developmental-contextual worldview, the metaphor for human beings is the historic event; that is, the individual is embedded in a context that is dynamic" (p.77).

Women gain a sense of power over their lives in a variety of ways, and in this study I have gathered the stories of ten women and have attempted to understand their lives from their own points of view. By the time of menopause, women have undergone many experiences in their family and public life. Moreover, the world is a very different place than it was when they (we) were twenty years old. Attitudes towards the nuclear family, working wives, motherhood and sex have changed considerably and the pace of change is increasing. As the world changes, so must the people in it. In this postmodern era, women's lives are fragmented as they deal with their multiple family, social and work roles. For women at menopause, very often they must change their way of thinking and acting in order to fit into a changing society.
At the beginning of her book, Martin (1987) asks,

Is there anything approaching a woman’s alternative vision of modern existence, a women’s ideology, or are there many alternative visions, refractions of women’s many different places in the social order? (p.22)

As this study suggests, there are many visions of women’s lives. In a society which values women for their reproductive capability, their nurturing skills and their sexual attractiveness, we might wonder what older women have to offer. In this study, women between the ages of forty and seventy-eight have described their understandings of menopause and their place in society, and in so doing, have created a text of alternative visions for women. Although theory is often used to explain social phenomena, in some instances no explanation is needed. The stories themselves provide insight into women’s lives.
CHAPTER 10

CONCLUSION

We live in a postmodern era, in which multiplicity of experience and meaning is increasingly being recognized. Each of the views in this study, Dickson would argue from a poststructuralist perspective, "generates knowledge that represents a truth, not 'the Truth,' about menopause" (Dickson, 1993: 49).

The diverse views of the women in this study indicate that there is no one way of experiencing or viewing menopause. Women make sense of their experiences through discourses which, being internalized, seem a natural part of their lives. For some women, menopause is a biological change. For others, menopause signifies the end of the reproductive years. Menopause may also signify the end of the child rearing years. Moreover, for some of the women, menopause is symbolic, not only as an ending, but as the entry into a new life-stage. Women gain their knowledge from many different sources, including friends, family, doctors, books and the media. A woman's particular life experience, as a First Nations member, for instance, would also influence her understanding of menopause. Altogether, the knowledge of the participants in this study has produced multiple truths about menopause, and about women's lives as they grow older.

The focus of the previous chapter - Chapter 9 - was on three themes of theoretical significance to Sociology: gender, power, and diversity. My aim was not to attempt to cover everything in relation to these themes, but to address each one briefly, using
theoretical approaches from sociology and other disciplines, and to illustrate the concepts with quotes and stories from the interview data. In the same chapter, I gave my thoughts on the research process and explained how the research was guided by poststructuralist theory.

This final chapter is a revision of the one written five years ago, and offers further explanation of how the theoretical approach and the interviews are related. As I will explain, this thesis is largely about subjectivity and consciousness, on my own part as well as the participants, who graciously searched their minds and memories for information and anecdotes from their own lives.

Doing life story research is referred to by Maria Mies as a process of “conscientization,” for both the researchers and the “research objects” (Mies, 1993: 72). In response to my query on what she thought of the interview. comments made by Julia, one of the participants, indicate that it did have an influence on her, as she says:

Well, it’s making me more aware of me, perhaps. I don’t know just in what way, but I guess some of the questions you’ve asked probably will make me think. I’ll probably think back more on the past, too, and think of things I should have put in the interview.

Doing the interview with Julia also provided me with a different perspective on women’s lives to consider, as indeed, did each of the interviews with the participants.

A poststructuralist approach to the research requires taking into consideration the material limits and the limitations of consciousness of the participants. There is a difference between, on the one hand, raising social issues and diverse points of view that will facilitate thought and discussion and, on the other hand, providing an in-depth critique of the individual lives of the
participants, who have disclosed very personal parts of their lives. Since there is a possibility this material could cross the divide between academia and the community, for this research I chose a non-invasive method of analyzing and displaying the data.

The centre of the thesis, poststructurally, comprises Chapters 6, 7, and 8, in which women’s own views were arranged into three areas: Women’s Knowledge About Menopause, Women’s Health, and Women Changing Their Lives. Although the introductions to the three areas and to the items within them are informed by research, there is virtually no analysis of the women's words, only the women’s voices telling about menopause and their lives from their own point of view. Rather than analyze the interview data from a position outside their own, the main purpose of this section, from a feminist poststructuralist perspective, is to display this collection of differing views and life experiences.

Taking a poststructuralist approach to research is to acknowledge that attempting to represent a complex social phenomenon literally cannot succeed in capturing the complexity of it. Poststructuralist theorizing often appears in connection with attempts to understand the Holocaust, and part of the reason is that language cannot adequately capture the different perspectives of individuals involved, the interrelated events, the social and historical context that was part of this happening, and the emotions involved. Rather, the experience and significance of the Holocaust is often represented through various art forms as well as first-hand accounts and scholarly analyses.

Still another dimension of the poststructuralist/Holocaust connection is that consciousness, and poststructuralist theorizing about consciousness, is related to what it
means to be human. This research on menopause includes the story of Ruth, who had
been sent to a concentration camp and had seen close family members sent to the gas
chambers, but who herself had survived the Holocaust. A social and historical analysis
alone does not capture the significance of the Holocaust. And it is the emphasis on
meanings and the fluidity of meanings, and on Ruth’s perceptions and particular
experience, that enable her story to be told within the context of this research on
menopause and to contribute to a greater understanding of women’s lives as well as of the
lives of men and women of the Holocaust.

Rather than analyze the individual experiences and perceptions of the participants
from a position outside their own, this collection of voices of women, from a
poststructuralist perspective, provides differing views and life experience for readers to
contemplate and draw from to form their own understandings of menopause.
Additionally, through listening to these women’s voices, they can come to understand the
challenges that women face and the ways they meet those challenges.

Traditionally, life cycle development is seen as a linear, predictable progression
through the life stages, but both feminist and poststructuralist approaches see the
individual as situated within a social/historical context that is dynamic. While many
women, including several of the participants in this study, looked forward to post-
menopausal years free from the responsibilities of motherhood, it is not unusual now for
women to marry and start a family in their forties, as did one of the participants in this
study. Although in the early stages of menopause when I interviewed her, she has given
birth and is now experiencing the trials and joys of motherhood and marriage.

Besides providing a collection of women’s experiences and perceptions, this
research has implications in the area of health service. For health practitioners, therapists and social workers, understanding the social implications of menopause may lead to changes in the ways menopause is approached. A dialectical approach to health-care, in which women and their doctors discuss options, rather than have treatment imposed upon them, may be beneficial. Listening to women’s own perceptions, rather than imposing medical views, may provide insight into women’s needs. It is important to recognize the issues that many people face at this time, even when there appears to be no connection with menopause. How people are affected by menopause, and how they deal with it and talk about it is important. Learning from other cultures, such as the native health system, and recognizing that spirituality can lead to improved mental and physical health may contribute to increased understandings of the effectiveness of holistic health measures.

Future research on menopause might include gender studies which explore the similarities and differences between men and women at this time of life. While the present research has been a preliminary study indicating the diverse discourses on menopause, future research is needed on the influence of culture on women’s lives at this time. This might include studies focusing on First Nations’ women, black women, or lesbians. Research that takes into consideration social change could include longitudinal studies that examine changes in the ways men and women think about and live their lives, providing insight into knowledge development over the life cycle.

For many of the women in this study, menopause was a time of great change in their way of thinking about themselves and their lives. For each of them, self-realization was an important goal, although the ways they sought to achieve fulfilment varied a great deal, but usually involved participation in the public and private spheres. Erikson (1982)
calls this the seventh stage of life, in which generativity “encompasses procreativity, productivity, and creativity, and thus the generation of new beings as well as of new products and new ideas, including a kind of self-generation concerned with further identity development.” (p.67)

One of the results of this study is to recognize the positive functions of menopause, even though for some of the women, menopause was a difficult time. Women’s own experiences reveal discourses suggesting that menopause can have positive outcomes for women and society. For instance, for some of the women, menopause meant freedom from no longer needed menstrual cycles, freedom from fear of pregnancy and freedom to explore their sexuality. For some, menopause is a time when the feminine gender role is not as distinct as it once was, and women participate in the public sphere to a greater extent. As part of menopause, some have renegotiated relationships so that their needs are taken into consideration. Moreover, some have drawn on their experience to offer guidance to the next generation. Menopause can also signify the beginning of women’s pursuit of their own creative interests. Alternative discourses such as these suggest that post-menopausal women can lead meaningful, adventurous, worthwhile and purposeful lives.
APPENDIX 1

Sample Consent Form

This study is being conducted by Sue Fulham [McPherson], a graduate student in the Department of Sociology and Anthropology at the University of Windsor, to fulfil the M.A. thesis requirement. This research is designed to explore the ways women understand menopause, themselves and their place in society.

All information gathered from interviews and your identity will be kept strictly confidential. By changing elements of the story, an effort will be made to ensure that your identity will not be revealed. All information will be used only for the purposes of this study. This interview will be tape-recorded to assist the researcher. If you wish, feedback will be provided in the form of a discussion with the researcher after the data analysis is completed.

Participation in this study is voluntary. You may refuse to answer any question(s). You may end the interview at any time at your discretion.

If you have any questions regarding this study, please contact:
Dr. Alan Hall, Chair, Ethics Committee
Department of Sociology and Anthropology
University of Windsor.
(519) 253-4232, extension 2202.

I, ________________, understand the information given above and voluntarily consent to participation in this research. I understand that I can refuse to answer any question(s) and/or end the interview at my discretion.

__________________________________________

signature                                      date
APPENDIX 2

Interview Questions

1. Do you see yourself as being in menopause or having experienced menopause? How do you know?

2. What has been helpful to you in learning about menopause - in what ways have you learned?
   reading?
   doctor?
   family? What did your mother tell you about menopause?
   friends?

3. When you remember your experiences of menstruation, what comes to mind?
   - particular memories - the beginning or the end.
   - overall impression.

4. What kinds of things do you do to keep healthy?
   What about nutrition and exercise?
   When you are not well, what kinds of things do you do to recover?
   Have you had any memorable experiences to do with menopause with the medical system? How about any other memorable experiences with the medical system, in your life?

5. Menopause is sometimes referred to as “the change”. What kinds of changes have you experienced around the time of menopause?
   changes in family life and relationships?
   changes in social activities?
   changes in work? How do you support yourself? Tell me what you do.
   changes in body?
   changes in your perception of yourself? How does “being a woman” relate to the way you see yourself?

6. Do you consider yourself to be a feminist? Why or why not?
   Have your perceptions of feminism changed over time?

7. When did you first consider yourself an adult? Why?

8. How old are you?
   What do you think about getting older? Do you have any concerns?
   Do you see similarities between your experiences and what men experience at midlife? What kinds of things do both men and women go through?
9. Does menopause hold any particular meanings for you? Tell me about them.
   womanhood?
   end of reproductive years?
   health?
   symbolic?
   spiritual?
   mortality?
   sexuality?

9. Tell me about any milestones or significant circumstances in your life.
   Have these changed you in any way? Tell me how.

10. Is there anything about your life right now that you would change if you could?
    What would make you feel more satisfied?
    What would make your life easier?
    How would you describe your financial situation right now?
    Would you consider yourself to be in a high income bracket, middle, or low?

11. Does menopause have any other meanings for you, other than what we have already talked about? Tell me about them.

12. I have a few questions about your background I'd like to ask:

    What is your ethnic and cultural background?
    How is menopause viewed where you come from?

    OR

    How has your particular life experience influenced your views or made a difference in your life?

    What is your educational background?
    How has this influenced the way you view menopause?

    What religion are you?
    Has this changed in any way during your life?
    In what ways has your religion influenced the way you view menopause?

13. How do you feel about this interview?
    Do you have any questions you would like to ask?
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