

WOMEN'S LIVED EXPERIENCE OF NATURAL MENOPAUSE

CENTRE FOR NEWFOUNDLAND STUDIES

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SHIRLEY ELLEN PAQUETTE



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by
Shirley Ellen Paquette

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ABSTRACT

A phenomenological study was carried out to explore the meaning and significance of menopause for a group of postmenopausal women in Newfoundland. The purposes of this study were to make interpretive sense of the lived experience of menopause based on a group of women's descriptions; and to generate insights into the lived experience that will provide nurses and others who read the final text a richer and deeper understanding of the internal meaning these women attribute to the experience of menopause.

Eight Newfoundland women who participated in this study experienced natural menopause. They were at least one year (postmenopause) after cessation of menses and were without hormone replacement therapy (HRT) or surgical removal of the uterus and/or the ovaries. Data were collected through semi-structured interviews. Thematic statements formulated from the analysis of the narratives were: Menopause is a normal change in a woman's life; the problem with hot flashes is their unpredictability; knowing what to expect about menopause can alleviate fear; the experience of menopause can be easy as well as bring a sense of relief; receiving support during menopause can make the experience less traumatic; the experience of menopause brings an increased consciousness of aging. 'Becoming who they are' was the essence of the lived experience.

Recommendations for nursing included incorporating women's experiences and issues into programs and workshops,

nursing education curriculum, and as a focus in nursing research.

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DEDICATION

This work is dedicated to the loving memory of
my grandmother Helen
and to my mother Vivian.

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CHAPTER I

Introduction

Menopause is a phenomenon about which scientific knowledge has had much to say. However, the many biophysiological changes and sociocultural forces that have been purported to be influential in women's experiences of menopause are only a part of the experience. Women's own descriptions - often omitted from scientific accounts - are significant in developing an understanding of this phase in women's lives.

The term menopause, meaning month and stop or pause is often referred to as the time of the last menstrual period (Fishbein, 1992). However, various definitions of menopause exist and terms used in the literature are often confusing and ambiguous.

Perimenopause which refers to the time before and after menopause (Scharbo-DeHaan & Brucker, 1991), consists of a period of approximately four years (McKinlay, Brambilla, & Posner, 1992). It is seen as synonymous with climacteric (Scharbo-Dehaan & Brucker, 1991). Climacteric, from the Greek "klimakter," meaning a critical point or rung of a ladder, refers to the time of transition which consists of three periods: the pre-menopause, menopause, and post-menopause. MacPherson (1981) described the climacteric as being a more defined period - generally beginning at age 45 and ending at 60. Lock (1993) stated that divisions such as pre - and post - menopause were a device created by scientists and physicians who preferred definitions which would allow for comparisons among studies.

As nurses, we require not only a scientific knowledge of menopause but also a sensitivity toward the lived

experience of women. In this study, women's own descriptions encompass their feelings and thoughts of their lived experience of menopause. These descriptions are most relevant in reconnecting nurses to the world of living through menopause and bring a reflective awareness that has the potential to increase nurses' sensitivity. Through this sensitivity, nurses, and others who wish to better understand menopause, will become more aware of the experience and understand it as being human (van Manen, 1990).

Through the use of a phenomenological methodology, the study aims to provide nurses and others with a richer and deeper understanding of the meaning of the lived experience of natural menopause.

Problem Statement

The biomedical research, dominating the literature on menopause, perpetuates images of menopausal women as hormone deficient. Nursing's philosophies, knowledge and practice - shaped by such research - are not exempt from creating separate and distinct images of menopause that seem to omit women's subjective experiences (Dickson, 1990a). In order to develop a comprehensive understanding of menopause, more descriptions of the lived experience are needed. Such descriptions will clarify what is considered normal or natural in the menopausal experience.

However, simply turning to descriptions of the subjective experience of women will not provide a complete understanding of what it means to be menopausal. Van Manen (1990) encouraged researchers to go beyond mere descriptions

of lived experiences and to identify through interpretation the meanings concealed in the text. This nursing research study attempts to capture the essence of the lived experience of natural menopause through a sample of postmenopausal women who had not had hysterectomies nor were using hormone replacement therapies.

Significance for Nursing

According to Dickson (1990b), nurses have done little to help women understand the experience of menopause. Indeed, this may be attributed to an inadequate focus on middle-aged women's lived experience of menopause in nursing education. This study, in its attempt to humanize menopause, questions secrets and personal thoughts that constitute the lived experience. Women's descriptions can enhance nurses' personal insights into and their understanding of the nature and significance of menopause. By humanizing it, nurses will become "increasingly thoughtful and thus better prepared to act tactfully" (van Manen, 1990, p. 21).

Research Question and Purpose

The research question for this study is "What is the meaning and significance of menopause for a group of postmenopausal women in Newfoundland?"

Purposes formulated for this study are

1. to make interpretive sense of the lived experience of menopause based on a group of women's descriptions; and
2. to generate insights into the lived experience that will provide nurses and others who read the final text a

richer and deeper understanding of the internal meaning these women attribute to the experience of menopause.

Definition of Menopause

Women themselves associated menopause not only with the last period but also with the time when they felt their bodies changing. For the purpose of this study, menopause was defined in the general sense of the climacteric, a specific period in a woman's life, before, during and after the cessation of her menstruation.

CHAPTER II

Literature Review

The review of relevant literature, consisting of an overview of different perspectives of menopause: biomedical, psychological, sociocultural, feminist, and finally, those of women themselves, suggested the need for this study.

The review demonstrated that biomedical perspectives focus on pathophysiological symptoms. Greendale and Judd (1993) discussed symptoms such as hot flushes, urgency and frequency of urination, dysuria and vaginal dryness as part of climacteric syndromes. The psychological perspective focuses on menopause-related mood and behavioral symptoms, such as irritability, anxiety and depression (Schmidt & Rubinow, 1991). Social and cultural variables that surround menopause, such as attitudes towards menopause, are often examined from a sociocultural perspective (Bowles, 1986; Davis, 1980; Neugarten, Wood, Kraines & Loomis, 1963; Standing & Glazer, 1992). Feminist perspectives are concerned with mythology and negative stereotypes. Studies from a feminist perspective explored the medicalization of a natural process, and the consequences of that medicalization for women's loss of control over their bodies (Boston Women's Health Book Collective, 1992; Voda, 1992). While research examined and contributed to the understanding of parts of the whole experience of menopause, few provided insight into women's lived experiences. In addition, research that did consider women's perspectives of menopause illustrated the gap between scientific knowledge and women's lived experiences.

Research from women's perspectives consisted of studies on middle-age (Notman, 1990a; Stevenson, 1977), other women's accounts of the lived experience of menopause (Capozzoli, 1990; Jarrett & Lethbridge, 1994; Jones, 1994; Keller, 1990; Quinn, 1991) and a study of rural Newfoundland women done in 1980 (Davis, 1980).

Overview of Different Perspectives of Menopause Biomedical Perspective

The biomedical perspective of menopause which dominates the literature, explicitly or implicitly, maintains that women's biology determines their destiny and that women are "victims of their changing bodies and fluctuating hormones" (Voda & George, 1986, p. 56). The permanent cessation of menstruation resulting from the loss of ovarian function (World Health Organization, 1981) was a common description. Other descriptions included a diagnosis in need of clinical management and treatment (Greendale & Judd, 1993) or an estrogen-deficiency state when a woman "no longer produces sufficient estrogen to maintain responsive tissue in an active physiological mode" (Wren, 1992, p. 543). Some studies focused on fluctuations in gonadotropins and steroids associated with menstrual cycles of older women (Sherman, West & Korenman, 1976). These findings were similar to other research (Longcope, 1990).

Smith and Judd (1994) described menopause as the response of female eggs to specific hormones. Eggs begin to disappear from the ovary in the 20th week of fetal life and the remaining eggs at menopause no longer respond to the hormones. Richardson and Nelson (1990) also discussed

declining ovarian follicular reserve. At menopause, hormonal changes take place due to the complete cessation of ovarian follicular activity. These changes pose several health problems: atrophy of the vagina, atrophic cystitis, osteoporosis and cardiovascular disease to name a few. According to this perspective, because of their diminished hormones and loss of ovarian follicular activity, middle-aged women are subject to a grim array of pathophysiological symptoms.

The Society of Obstetricians and Gynecologists of Canada (SOGC)(1994) took a more tempered approach. Instead of being viewed as a disease, menopause was viewed as a transitional phase in life - a developmental phase - a biological event when hormonal changes that are of major significance, "should not be permitted to obscure" (p. 1651) women's individual experiences. Nevertheless, the SOGC suggested that physicians "must advise" (p. 1690) women when they have become menopausal.

The biomedical aspect was important in distinguishing pathological symptomatology. Nonetheless, it represents a relatively small part of the total lived experience. Women's subjective accounts of the experience may be heard, but it is the physician who may be expected to identify the experience as menopause.

Psychological Perspective

Psychological perspectives focus on mood and behavioral symptoms that occur at menopause. Symptoms such as depression and irritability were viewed to be possibly associated with estrogen deficiency or the function of

amines in the brain (Smith & Judd, 1994). However, studies suggested that high stress before menopause (Ballinger, 1990; Hunter, 1990, 1992; Stewart & Boydell, 1993) often predicted depressed moods during the phase itself. These views reinforced the image that menopause is a time of crisis, rendering women incapable of rational functioning (Voda & George, 1986). However, Schmidt and Rubinow (1991) suggested that further research is needed to clarify the neurobiology of menopause. They also stated that the denial of menopause-related mood syndromes suggests selective interpretation of data, lack of methodological precision and a failure to consider other affective disorders, besides depression. Behavioral and mood changes that occur during menopause can be related to interpersonal loss, role changes within the family, as well as estrogen deficiency (Schmidt and Rubinow, 1991).

Ussher (1992) disclaimed, however, the connection between emotional distress and menopause in her review of the literature. Methodological weaknesses such as inadequacies in sampling, lack of distinction between symptoms attributed to the aging process and to menopause (Ussher, 1992), and failure to control for age and hormonal status (Matthews, Wing, Kuller, Meilahn, Kelsey, Costello & Caggiula, 1990), have flawed psychological research on menopause. Several other studies also found no evidence of connection between emotional problems and menopause (Hunter, 1990; Kaufert, Gilbert, & Tate, 1992; Matthews et al., 1990). Kaufert (1990) noted that researchers combined women undergoing natural menopause with women who had

hysterectomies and posited that women who had hysterectomies showed a higher relative risk of becoming depressed than women with natural menopause (Kaufert et al., 1992).

Sociocultural Perspective

An underlying assumption of the sociocultural perspective is that menopause is seen as having little or no effect on women (Voda & George, 1986). Sociocultural perspectives on menopause suggest that social transitions that surrounded women in their personal lives and their specific culture assist women in determining meaning of the experience (Lock, 1986). Thus, attitudes, beliefs and expectations influenced the meaning women attributed to the experience. Several researchers have studied attitudes toward menopause (Bowles, 1986; Davis, 1980; Neugarten et al., 1963; Standing & Glazer, 1992). Neugarten et al. (1963) reported that middle-aged and younger women, educated, urban American women, viewed menopause as unimportant, however unpleasant and disturbing. Although both middle-aged and young women's attitudes were similar, their perceptions differed. Younger women saw menopause as blending with the idea of growing older which was seen as "dim and unpleasant" (Neugarten et al., 1963, p. 150). Older women perceived menopause as a time of change to which they had to temporarily adapt.

Bowles (1986) and Standing and Glazer (1992) considered whether attitudes towards menopause were positive or negative. In Bowles' sample (composed of white, middle-income women) the group aged 35 years and younger, expressed more negative feelings towards menopause than menopausal or

postmenopausal women. Later, Standing and Glazer studied low-income black women, who were reported to experience a positive general attitude towards menopause. In a number of studies, methodological flaws related to biased sampling and normative views contributed to inconclusive sociocultural research.

Lock (1986) and Rosenberger (1986) both studied Japanese women and their perceptions of menopause. Lock reported that although most women were pleased to be beyond the possibility of pregnancies and menstruation, they expressed fears about aging. Rosenberger reported that these women interpreted their experiences from the societal and cultural menopause symbols of anomaly (defined as "in-between") attributed to middle-age. As symbols of anomaly, both menopause and middle-age were considered as "in between cultural categories" (Rosenberger, 1986, p.15). Reproductivity, a cultural category, meant productivity for women in Japanese society. Being menopausal meant that a woman was between productivity and non-productivity. Women reported that while they did not feel old or sexually unattractive, or want their reproductive powers back, they also wanted to maintain their productive status in society. Rosenberger's study suggested that the label of menopause did affect women's attitudes towards menopause itself.

Davis (1980) studied Newfoundland women from a fishing village (described in detail later in this chapter). Results from a symptom questionnaire indicated that although these women were comparatively symptom-free at menopause, they reported negative attitudes towards it. Davis

attributed these results to social and cultural concepts which could not be adequately captured in a survey-type analysis of data. The usual major symptoms attributed to menopause were not held to be "unique to midlife or cessation of menses" (Davis, 1980, p. 196). Instead, more general concepts of "blood" and "nerves" were reported to be essential to understanding the experience of these women. Blood was held to influence physical processes and perceptions of health and well-being, and to explain a wide range of bodily states. Nerves, on the other hand, were held to explain behavior throughout life, especially at menopause (Davis, 1983). This study was done over 15 years ago and it is assumed that women's attitudes and perceptions may have changed since then.

Research from the sociocultural perspective suggested that women experienced few difficulties at this time in their lives. Although studies have represented to some extent the subjective lived experience, the focus was limited to social and cultural factors such as attitudes. Furthermore, biological variations involved in the process of aging and the occurrence of symptoms at menopause are often confounded. Further research is needed to clarify social and cultural variables associated with the occurrence of menopause.

Feminist Perspective

Feminism is defined as a "world view that values women and that confronts systematic injustices based on gender" (Chinn & Wheeler, 1985, p. 74). A feminist perspective in research not only confronts injustices but subsequently

attempts to move towards action by eliminating myths and negative stereotypes. The book The New Our Bodies, Ourselves (Boston Women's Health Book Collective, 1992) contains examples of feminist health research. Among the authors' goals were to reach other women "with tools that will enable them to take greater charge of their own health care and their lives" (p.15). The general issue of the medicalization of menopause through the prescription of hormone replacement therapy has led women to speak out (MacPherson, 1981; Voda, 1992) and has been a focal point of feminist scholarship about menopause. An underlying assumption of the feminist perspective is that menopause is a natural aging process that encompasses social and class dimensions (Dickson, 1990a). Much of the biomedical and psychological perspectives were set aside as menopause was interpreted from a perspective of natural developmental processes. Gannon and Ekstrom (1993) stated that a feminist view of menopause deals with possible hot flashes and emotional stresses as "problems associated with normal and expected transition" (p. 277). Notman (1990a) noted through case histories that menopause is but one of many markers in a gradual transition. One woman in her study, for instance, experienced a new relationship around menopause and another developed a sense of comfort in speaking her mind and taking strong positions.

New challenges and freedoms are the focus of this inevitable life stage. Researchers have described this perspective as an alternative to the dominant biomedical and psychological views (Dickson, 1990a; 1990b). Until

recently, the feminist perspective, as well as the sociocultural perspective, have been considered marginal since they were outside the mainstream of scientific account (Dickson, 1990b). Dickson (1990a) reviewed scientific literature on menopause and then interviewed 11 women for comparison using a cultural case history design. Themes revealed the effect knowledge and power had on language and meaning of middle-aged women. Different images were found in the theories purporting to explain menopause and the women's actual experiences. On the other hand, findings from Mansfield and Voda (1993) demonstrated that many middle-aged women had negative perceptions of the menopause. They purported that the negative concepts were formed from negative stereotypical images of middle-aged women. Although these studies can be criticized on the basis of methodological weaknesses in sample bias - white, educated, middle-class women - they illustrated the gap between scientific knowledge and women's lived experiences of menopause.

Although not a focus in the present study, this cursory review of feminist literature provided an understanding relevant to natural menopause. Feminist writings on menopause vary according to the form authors have taken. Nevertheless, feminist health research has helped create space for women's voices to be heard.

Women's Perspectives of Menopause

Although not a discipline or an area of study, women's descriptions on menopause can be found in both feminist and non-feminist perspectives. When women think of menopause

they might have something in mind other than the physiological, biochemical and social transformations. What separated women's descriptions from a feminist or sociocultural perspective was that women may not subscribe to any political or social agenda, nor to a particular point of view. Menopause, according to Lock (1993), is a "concept with boundaries and meanings that shift depending upon the viewpoint and interests of speaker and listener" (p.xviii). Since the researcher and participants are both the listener and speaker in this study, the researcher attempted to place herself in the life world of the women. Thus, women's perspectives which is their own descriptions, offered personal insights and in-depth understanding into what they, particularly, were experiencing during menopause.

A brief overview of middle-age from the point of view of maturation, other women's accounts of the lived experience of menopause, and a group of Newfoundland village women's experience of menopause are presented to form a better understanding of women's perspectives.

Middle-age and Menopause

Little research focused on middle-age and even fewer studies focused on women and middle-age. In the late seventies, Stevenson (1977) described middle-age as midsentence: a time between 30 and 70 years of age when developmental changes are characterized by physical decline and emotional maturation. She divided middle-age into two categories: Midsentence I was the core of adulthood between the ages of 30 and 50 years and midsentence II was the new middle years between 50 and 70 years of age (p.1).

Stevenson (1977) developed her view of middle-age because research on human development seemed to finish with retirement. Her implication of midlife as a time of human maturity, not only physically but emotionally, is echoed in recent literature.

Popular books on menopause have suggested that menopause, although a time of physical, emotional and spiritual change, is inseparable from middle-age and aging. Greer (1991) suggested that aging women are in need of role models who have acquired a state of "peaceful potency" (p.9) from squarely facing menopause. Today's middle-aged women, according to Sheehy (1991), are the ones who should write about their aging experiences and their transformations from reproductive beings to women of wisdom. Thus, middle-age and menopause reported from a woman's perspective would be faced with a better understanding of what is really going on.

Notman (1990b) stated that adult development goes beyond simple aging and chronology. She described middle-age as ongoing internal processes to maturation. A study by Datan (1990), explored an hypothesis that suggested menopause as an uncontrollable transition that engenders frustration. Her study indicated that women reported going through a transition and change simultaneously during menopause which may be frustrating. Still, Datan (1980) posited that women in her study perceived middle-age in a positive light.

Fishbein (1992) felt that age may still have an impact on women, especially when they can expect to live nearly a

third of their lives after menopause. Newfoundland women can be expected to live to 80 years of age (Neville, Buehler, James & Edwards, 1994). McKinlay et al. (1992) estimated the length of the perimenopausal transition, which is a time when women report menstrual irregularities and periods of amenorrhea (estimated median age at the beginning of perimenopause was 47.5 years), to be nearly four years. The estimated median age at last menstrual period lies between 50 and 52 years (McKinlay et al., 1992). However, women's experiences differ and their progression towards menopause varies. Notman (1990a) suggested that to pin down an age when menopause occurs is useless because many transitions and changes are concurrently taking place. This suggests a focus on the time in a woman's life surrounding menopause rather than menopause itself.

Other Women's Accounts

Again, there was a paucity of research that focused on women's accounts of the lived experience of menopause. Nursing studies, among other disciplines, have contributed to this area of research. Recent studies used qualitative methodologies to explore the meaning of middle-aged women's lived experiences. Capozzoli (1990) and Jarrett and Lethbridge (1994) used phenomenology and interviewed eight and 25 women respectively; Jones (1994) used an exploratory design from a feminist perspective and interviewed 17 women; Keller (1990) and Quinn (1991) used grounded theory and interviewed four and 12 women respectively. Although the focus of these studies differed, their main purpose of

exploring the women's lived experiences at midlife was attained.

Findings revealed that some women viewed menopause as a symbol of multiple mid-life issues (Jones, 1994), a time to review their current situation in terms of themselves, their relationships and childbearing/rearing status (Jarrett & Lethbridge, 1994; Keller, 1990), and a time for adjustments and changes (Capozzoli, 1990; Quinn, 1991). Moreover, women referred to menopause in positive terms: a time of change, a normal life event, and an experience associated with aging. However, Quinn (1991) stated that the women who participated in her study expressed "an inability to communicate their needs" as the topic of discussion may have still been considered taboo (p. 29).

Methodological issues in qualitative studies include the issue of generalization (see Limitations in Chapter V). The results cannot be generalized to the total population of middle-aged women, but, women, sharing and identifying with the experience, extend the invitation to other women to share and identify with the experience of menopause (Morse, 1992).

Study on Newfoundland Women and Menopause

Research on menopause in Newfoundland women was limited to a single, although extensive, study by Davis (1980) of women's experience of menopause in a rural community. Davis' study was important in developing our understanding of the cultural dimensions of menopause and the relevance of specific research instrument across culture as well as Newfoundland specific information.

Davis (1980) explored the hypothesis which suggested that menopausal symptoms were culturally engendered and that women's dramatic change in status correlated with a negative experience. She used survey and ethnographic research designs. Her sample consisted of 38 women between the ages of 35 and 65 years who represented two thirds of the women in this age group. Her findings did not support her hypothesis. Instead, she reported that rural Newfoundland women's status remained high and stable throughout their lifetime. Stoic endurance of life's lot through many sacrifices and long periods of separation from their fishermen husbands was identified as a source of high status among women in her sample.

From the sociocultural perspective used in her study, Davis (1980) described the meaning of menopause from an analysis of two variables which were symptoms and attitudes. Using the Neugarten Attitude Toward Menopause questionnaire, Davis found "a more negative disposition toward menopause" (Davis, 1983, p. 167) for Newfoundland women when compared to Neugarten's sample. Davis (1980) attributed this effect to her informants' "confusion over the nature of certain statements" (p. 181). In addition, the open-ended questions used to assess symptoms resulted in Newfoundland women reporting fewer symptoms attributed to menopause than Neugarten's sample. Davis (1980) found that these formal instruments "tend to obscure not only the ambiguity characterizing the experience but also the real essence of the experience of menopause" (p. 195). The instruments forced informants to express themselves within specific

boundaries. Although Davis' study provided valuable information on the meaning of menopause for women from a fishing village, she also demonstrated the limitations of using such instruments as methods of obtaining data, for understanding the meaning of the experience for these women. Davis stated that there was a need for further ethnographic analysis of menopause in terms of everyday conversation.

Summary of the Review of the Literature

Various perspectives on menopause have been described. Although research on menopause from these perspectives has enriched our knowledge, it has fragmented women's own experiences of menopause. Women have described their experience but their perspectives were not the focus in many research studies. A major limitation of past research was that it fragmented menopause into parts in trying to arrive at an understanding of the whole.

The phenomenological approach of the current study, through a group of urban Newfoundland women's descriptions of their experiences of menopause, attempted to recapture the natural and normal nature of the experience as a human experience. To provide comprehensiveness to the understanding of the phenomenon, a review of the literature that is brief yet relevant and appropriate helped retain the focus of this study. Some studies added statistical relationships among variables, meanings specific to certain cultures or social groups and others added the occurrence and frequency of certain behaviors. Each perspective added something to the understanding of the phenomenon, and therefore, was relevant. However, an important dimension of

phenomenology is to stay close to the lived experience (van Manen, 1990). To have provided an indepth review of the perspectives would have strayed from the primary focus of this study - women's thoughts and feelings of their lived experience of menopause.

CHAPTER III

Methodological Approach and Methods

This study was designed to describe the meaning and significance of menopause for a group of postmenopausal women in urban Newfoundland. Two major sections constitute this chapter. The first section, methodological approach, presents a brief description of qualitative nursing research, phenomenological research, and hermeneutic phenomenology as described by van Manen (1990). The second section includes an overview of the methods and of each step in the research process.

Methodological Approach

Qualitative Research

According to Streubert and Carpenter (1995), qualitative research is committed to identifying an approach that supports the phenomenon under study. The approach must include participants' perceptions of their reality that exists and creates meaning for them. It requires choosing the approach which best fits the research question and which can provide rich data concerning the participants' perceptions and their multiple realities. A good text, the ideal outcome of qualitative research, describes the meaning of the phenomenon, emphasizes its essential features and retains its personal identity like a work of art (Sandelowski, 1993).

Phenomenological Research

Phenomenology is a way of thinking and perceiving. It is a philosophy of the individual that is pursued against a background of the study of how human beings exist in the world (van Manen, 1990, p.7). As well, phenomenology is a method of inquiry in qualitative research which studies the

essence of the lived experience. Its goal is to describe lived experience - real life-world experiences that occur in the lives of the research participants. Through the lens of the researcher, the essence of the true meaning of the lived experience is described (Streubert & Carpenter, 1995). The researcher becomes an instrument in the transformation of the essence into a phenomenological text that encompasses the researcher's reflections as well as the participants' descriptions (Streubert & Carpenter, 1995).

Hermeneutic Phenomenology

Hermeneutic phenomenology as described by van Manen (1990) is an approach to qualitative research that is both descriptive and interpretive. While phenomenology describes the lived experience, hermeneutics makes interpretive sense of that description. Both are seen not only as philosophies but also as methods of inquiry that require reflection about and sensitivity towards the subtle undertones of language to produce a compelling and insightful text. The fundamental model of this research approach is "textual reflection on the lived experiences and practical actions of everyday life" (van Manen, 1990, p.4). The notion that sets hermeneutic phenomenology apart from other phenomenological research is a sensitivity towards both written and spoken language that combines interpretive phenomenological research and theory with reflective writing (van Manen, 1990). Although van Manen used this methodology in the field of education, much of what he applied to education can also be applied to nursing.

Four Existentials.

Van Manen (1990) described four existentials that may help the researcher inquire into the ways experiences are lived. They are lived body, lived time, lived space and lived human relations. Lived body means that the physical bodily presence of someone in the world has something to reveal about that person. "What did you feel at that time?" This question reflected the sense of lived body and was asked during an interview. Lived time means that the temporal dimensions of past, present, and future form the subjective landscape of being in the world. "What was your understanding of menopause prior to this? Tell me about how you knew you were going through menopause?" These questions reflected the sense of lived time and were asked during the interviews. Lived space refers to the felt space within which a person moves. "Did anything else go on that would bring out a particular memory of that time? This question reflected the sense of lived space and was asked during an interview. Lived human relations are those a person maintains with others in the interpersonal space they share. Questions such as "how important were the people in your life at that time?" or "what was the relation of others around you, did they have an effect on you?" were asked to bring out the sense of lived human relations. The four existentials are dimensions of a lived experience that cannot be separated. They form an intricate unity that allow the researcher to perceive an immense richness of meaning. These four existentials guided the interview questions asked throughout the study.

Six Activities.

In addition, van Manen (1990) described six research activities that form a dynamic interplay within hermeneutic phenomenology. Table 1 outlines these activities and their respective methods.

Initially, the researcher chooses a phenomenon that is of interest and formulates a phenomenological question. Next, the researcher explores the experience by inviting and obtaining experiential descriptions from the research participants. Following this activity, the researcher reflects on the descriptions, uncovering essential themes that characterize the lived experience. Thematic analysis of each interview in this study was initially conducted through the three approaches described by van Manen (1990): line-by-line, selective highlighting and wholistic. In the line-by-line approach, each sentence cluster of the interview was examined by asking: What does this sentence cluster reveal about the nature of the experience of each woman? The selective highlighting approach isolated phrases or part-phrases from the interview that seemed to be thematic of each woman's experience. In the wholistic approach, the interview text was read and an overall meaning of the entire text was expressed in a thematic sentence for each woman's interview.

The researcher writes and rewrites a phenomenological text that describes the lived experience. Writing and rewriting is the "untiring effort to author a sensitive grasp" (van Manen, 1990, p.132) of the phenomenon. While writing, the researcher maintains a strong and oriented

Table 1

Elemental Methodical Structure of Hermeneutic
Phenomenological Research

Activity	Method
1. Choosing a phenomenon	Reflection Bracketing Writing
2. Investigating the experience as lived	Reflection Participant Selection Interviewing Writing
3. Reflecting on essential themes	Reflecting Writing
4. Describing the phenomenon	Reflection Writing
5. Maintaining a strong and oriented focus	Reflection Writing
6. Balancing the research context	Reflection Writing

Note. Adapted from Researching Lived Experience: Human Science for an Action Sensitive Pedagogy (pp.30-31), by M. van Manen, 1990, Ontario: Althouse Press. Copyright 1990 by The University of Western Ontario.

relation to the research question and its purpose. Van Manen (1990) cautioned researchers against temptations to get side-tracked, to indulge in speculations or to become disinterested (p. 33). He suggested that to be strong and oriented means to be animated "in a full and human sense" (p.33) toward the phenomenon and to settle for no less than keeping the true meaning of the phenomenon as described by the participants.

The last activity is balancing the research context by considering the parts and the whole. During the study, at several points, the researcher steps back and looks at the whole - the phenomenological text and the research question it attempted to answer. The significance of the parts which include both the researcher's textual reflections and the participant's descriptions, are continuously measured against the whole (van Manen, 1990).

These six activities of choosing a phenomenon, investigating the experience as lived, reflecting on essential themes, describing the phenomenon, maintaining a strong and oriented focus and balancing the research context were followed throughout this study. Although they suggest a certain order, they were not necessarily performed in isolation of one another as discrete steps.

Primary Methods.

Phenomenological research can begin when the researcher comes to terms with her own beliefs, understandings and biases in order to develop a closer understanding of the phenomenon. Bracketing, the suspension of one's personal beliefs and values about the phenomenon, is necessary in

order to study essential structures (van Manen, 1990). Van Manen suggested that since presuppositions and assumptions may persistently creep back into the researcher's reflection, trying to forget them would be impossible. Instead, by holding them at bay and exposing their barriers to an understanding of the experience would help the researcher come to terms with her assumptions. Bracketing was accomplished prior to and during data collection.

Reflection and writing compose the main methods of hermeneutic phenomenology. Writing, which also includes rewriting, allows reflection into the nature of the lived experience by remaining sensitive to the subtleties of life through language. In this study, writing started when the researcher identified the topic and jotted down thoughts and questions about the phenomenon of menopause.

Reflection is best described from two vantage points: the researcher's and the participants'. Participants reflect upon their lived experiences through recollection. In contrast, reflection performed by the researcher began the moment the phenomenon was chosen. Acknowledging personal biases and beliefs about aging and menopause, reading the verbatim transcripts of audiotapes, formulating themes, reviewing and discussing meanings, and revealing the essence of participants' meanings required reflection on the part of the researcher.

In addition, reflection and writing were engaged on a personal level when the researcher became part of the participant's life-world. The effect of bringing the nature of the lived experience of menopause into reflective

awareness gave meaning to the researcher's own ways of perceiving the phenomenon. As well, the writing of the phenomenological text deepened the researcher's reflective understanding of the phenomenon.

By utilizing hermeneutic phenomenology the researcher attempted to develop the internal meaning of the lived experience and to capture the essence of menopause among a group of postmenopausal Newfoundland women. Through this methodology she has strived for exactness by aiming for interpretive descriptions that fully captured the details of the lived experience of menopause among Newfoundland women at the time of the study. While attempting to create a full interpretive description, the researcher remained aware of the complexity of the lived experience and that definitive descriptions are unattainable (van Manen, 1990).

Methods

Methods, according to van Manen (1990), are certain paths that lead toward a clearing where the nature of a phenomenon can be revealed. This section describes methods of participant selection, interview procedures, ethical considerations, and data analysis techniques.

Participants

Recruitment and Selection.

Two methods of sampling were used. Purposive sampling was initially used to select potential participants for this study. An advertisement (Appendix A) was posted at five shopping centres in St. John's, Newfoundland for a period of one month. One response was acquired through this method: a woman inquired about who she could talk to regarding her

experiences with hormone replacement therapy. The researcher referred her to Planned Parenthood. During the month in which the advertisement was posted, the researcher spoke of the study to an acquaintance who subsequently asked to participate. In turn, this woman spoke to other women who she knew were postmenopausal and these women spoke to other women they knew. Potential participants were recruited through snowball sampling. There were requests to the researcher from 25 women to participate in this study. Only eight women met the inclusion criteria. Time and resources were constraints and these posed limitations on participant selection.

Inclusion criteria were discussed over the telephone. If eligible, the participant was asked for her verbal consent to participate at that time. Participants subsequently read and signed a consent form prior to being interviewed.

Inclusion Criteria.

Eight Newfoundland women participated in this study. Criteria for participation were the experience of natural menopause and cessation of menses for at least one year (postmenopause) without hormone replacement therapy (HRT) or surgical removal of the uterus and/or the ovaries. Since some hormone formulas used in HRT prolong the process of menstruation, assessment of menopause would have been more difficult. As well, many questions remain unanswered about the effect hysterectomy has on women's bodies. In addition, only women who were capable of recollecting and recounting, and, most importantly, who were willing to share their

experiences were included in this study. Eligibility was assessed through brief initial interviews over the telephone.

There were no refusals among the women who met the inclusion criteria. Once the participant agreed to participate, an interview was set up at which time the researcher explained the study in greater detail to each participant.

Interview Procedures

As pre-interview preparation, the researcher interviewed two friends, transcribed the interviews and had them reviewed by her supervisor to identify the researcher's own strengths and limitations in the interviewing process.

Data were collected through semi-structured interviews at locations of the participant's choice over a three month period. In most cases, participants' chose their homes, which were comfortable and distraction-free, as the location for interviews. One woman chose to be interviewed in a room at the university because her apartment was small and her husband was home. Arrangements for subsequent interviews were made after the initial interview. Four women did not feel it was necessary to set up a subsequent interview. Permission was obtained from all participants for the researcher to make contact by telephone when questions or the need for clarification arose.

During the initial interview, each participant was asked to describe her experience of menopause. At the beginning of each interview, open-ended questions were asked. Examples of such questions were: tell me what your

experience of menopause was like, and to the best of your recollection, tell me about your emotions, feelings, mood, and how your body felt then. These questions allowed the participants to recollect and recount their experiences in their own words. Probes were used to further clarify and expand on the descriptions, feelings and perceptions of each participant (Appendix B).

Ethical Considerations

Every effort was made to protect the physical, social, and psychological welfare of the women involved in this study (Canadian Nurses Association, 1983). Formal approval for this research study was obtained from the Human Investigation Committee of the Health Sciences Centre, Memorial University of Newfoundland.

A signed consent form (Appendix C) was obtained from each participant at the initial interview. In addition, permission to tape record and to take notes was granted as part of the consent. Before signing, each woman was given the opportunity to read and reread the consent form at her leisure.

Participation in this study may have had a positive effect when the interviews led the participants to new levels of self-awareness, a new understanding of themselves and/or a sense of liberation. But, interviews may also have had negative overtones: feelings of guilt, discomfort or anxiety. Participants were reassured that their thoughts and feelings were the highlights of this study, and not their values and lifestyle choices. As well, participants were assured that they need not discuss anything they did

not wish to discuss, and that a consultant on menopause was available to answer questions concerning health practices or problems that may have emerged during the interviews.

The women were reassured that they would not be identified. They were told that their anonymity was protected by the researcher assigning them pseudonyms and that each taped interview was erased after transcription. Although a consent form was read and signed by each participant at the initial interview, open communication and ongoing consent were maintained throughout the study. Confidentiality was further protected by maintaining all data under lock and key. Consent to share data with the researcher's committee was also obtained from participants. The final draft of the phenomenological text was made available to each woman upon request.

Data Analysis

Thematic Analysis.

After each interview, the audiotape of the interview was immediately transcribed by the researcher. The participants were then given summaries of their interviews and asked for feedback. They indicated when they had nothing more to add. These transcripts from the audiotapes were then reviewed for themes. Table 2 illustrates the steps taken in conducting thematic and collaborative analysis.

Themes are "knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through meaningful wholes" (van Manen, 1990, p.90).

Table 2

Steps Taken in Conducting Thematic and Collaborative
Analysis in the Present Study

Interviewed participants
Transcribed interviews
Analyzed transcripts using van Manen's (1990) three approaches
Formulated thematic statements* and summarized each participant's transcript
Sent summaries/statements to respective participants for feedback
Sent all transcripts and summaries/statements to independent nurse researcher and to thesis committee for review
Analyzed returned transcripts and summaries/statements using wholistic approach
Contacted participants throughout analysis for points of clarification
Formulated thematic statements** with supportive verbatim examples from transcripts
Explored relationships among thematic statements
Developed the essence of the collective lived experience
Obtained collective approval of final draft from the participants
Wrote phenomenological text

Note. *Thematic statements were formulated from the
combination of the three approaches by van Manen.

**Thematic statements were formulated from the
wholistic approach.

They are described by van Manen (1990) as structures of experience. The essential qualities of each theme were determined by asking: Will the experience of menopause of these women change if this theme is deleted from the experience? Without this theme, does menopause lose its fundamental meaning? Does menopause mean that one has to experience this theme?

In exploring each transcript through the three separate analyses (line-by-line, highlighting, wholistic), both incidental and essential themes were noted. The focus of the researcher was to try to capture as succinctly as possible what the participants were saying about their experiences. After a summary of themes of each interview was done, each participant was given the summary of her interview and was asked if it reflected how the experience really was for her. All participants made comments and suggested minor changes. This overall collaborative approach to data analysis was necessary to ensure that the researcher's understanding of participants' experiences reflected the participants' lived experiences.

On consultation with the independent nurse researcher and the thesis committee, a separate analysis of all transcripts was then done using van Manen's wholistic approach. Transcripts were then color coded to identify overall thematic statements. Each thematic statement was enhanced by verbatim examples provided by the women. Thematic statements that ensued from this approach were useful in developing the subtle undertones of language that described the meaning and significance of the participants'

experiences of menopause. Relationships among thematic statements were explored. Finally, the essence of the lived experience was captured. The researcher recognized limitations of time and resources in exploring themes and the essence itself in greater depth.

Collaborative Analysis.

Once themes were identified in the data, both the researcher and the participants reviewed and collaboratively reflected upon the interview summaries to gain as much interpretive insight as possible. Participants shared their views about the extent to which the description did or did not agree with their lived experiences. Themes were modified and reformulated to reflect participants' input. By reading their summaries, each participant was given the opportunity to confirm her experience. Furthermore, each participant was given the opportunity to read the collective experience of menopause as presented in the final text. Seven of the eight women gave feedback. Collaborative analysis was an interpretive conversation wherein both researcher and participants self-reflectively oriented themselves toward a common understanding that brought significance to the experience (van Manen, 1990).

Following van Manen's (1990) procedures for collaborative analysis, thematic statements and descriptions were examined and discussed with the researcher's thesis committee, an independent nurse researcher with expertise in qualitative nursing research and the study's participants. The basis of these consultations were to seek collaborative assistance by convening and gathering interpretive insights

from others into the researcher's writings to establish credibility.

Credibility.

Credibility is a term that refers to the believability of truth inherent to the data (Polit & Hungler, 1995). Bracketing, collaborative reflection with participants and collaborative analysis have been used to enhance credibility in this study. The final test of credibility was in creating a meaningful and true-to-life text of the human experience that participants themselves found reflective of their experiences (Sandelowski, 1993; van Manen, 1990).

Summary of Methodological Approach and Methods

Hermeneutic phenomenology, used in this nursing research study, demonstrated the process of writing and reflection which allowed the researcher to capture the true meaning a group of Newfoundland women attributed to their experience of menopause. Limitations of time and resources were identified in the length and depth of the interviews as well as in participant selection.

CHAPTER IV

Findings

In this chapter, the research findings are presented with a focus on the thematic and collaborative analyses. First, participants are described in individual profiles. Then, thematic statements emerging from the participants' transcripts are presented along with illustrative verbatim examples. Finally, relationships among the thematic statements and the essence of the lived experience of menopause for women in this study are presented.

Participants' Profiles

A total of eight women between 52 and 62 years of age agreed to participate in this study. Educated, white females, they live in the St. John's metropolitan area and are involved in various activities from sports to gardening and dancing. Almost all of the women have pets, either cats or a dog. Half of the participants have living parents, although none have parents presently living with them. Four women have adult children living at home.

The participants rated their health from good to excellent. Three women mentioned that they were not presently seeing a doctor or felt the need to be treated during their menopause. However, two of them were concerned about whether or not they should be taking estrogen. Both women decided against the use of hormone replacement therapy (HRT) preferring to use proper diet and exercise, but they also indicated that they were keeping their options open.

The women in the study experienced a variety of symptoms associated with menopause. Some women experienced perspiration with hot flashes. One woman recollected surreptitiously wiping the perspiration from her upper lip

in the presence of others, while another woman remembered having sweat pour down her chin and nose as if she had just stepped out of the shower. One woman experienced hot flashes when she needed to urinate. Other symptoms experienced included flatulence, warm feet, vaginal dryness, "feeling down" and weight gain. The following are brief excerpts of the individual profiles of the women. Anonymity has been maintained by eliminating some identifying features.

Participant A, 57 years of age, is a widow. After a friend told her about this study, she asked if she could participate. She experienced menopause at the age of 51. At her home with her dog, she remains physically active. She has two adult children who live away.

Participant B is 62 years of age. A friend of hers told her about the study. She experienced menopause around 52 years of age. Presently living with a friend and two large cats, she works one day a week outside the home. She is physically active. She attributes her good memory to an earlier time as an actress when she had to memorize lines of a script.

Participant C is 54 years of age. Having done extensive research on a project about menopause, she found out about this study through her work. She experienced menopause at approximately 50 years of age. She lives with her husband and her two cats. Both of her adult children live away from home. She enjoys tending to her garden and just sitting and reading at times.

Participant D is 52 years of age. She learned about the study from a friend. She experienced menopause around 50 years of age. Working full time in an administrative job, she lives with her husband and their adult daughter. Their other children live away from home. They have a dog and a spacious backyard overlooking a lake. Although, for some time now, she has been contemplating taking courses in an area of personal interest, her family remains her priority and a source of pride.

Participant E is 58 years of age. She spoke to the researcher about the study and asked to participate. She experienced menopause around 52 years of age. Living with her adult son and her two cats, she works at her own business and remains physically active. She has two other children with whom she keeps in touch frequently. As well, she tends to an elderly aunt who lives in her own home.

Participant F is 56 years of age. After hearing about the study from a friend, she inquired about participating. She experienced menopause around 49 years of age. She lives with her husband and adult son. She also has an adult daughter in another province. She anticipates moving away in the very near future and is prepared for the many changes the move will make in her life. She moved away without a forwarding address before the final text of the study was completed.

Participant G is 56 years of age. A friend told her about the study and asked her if she wanted to participate. She experienced menopause around the age of 45. Both she and her husband are enjoying retirement. She helps an adult

son who lives in the city by babysitting her grandchildren. She often expresses feelings of gratitude for her wonderful, supportive family.

Participant H is 58 years of age. At a class reunion, a friend of hers told her about the study and asked her if she would like to participate. She stated she experienced menopause many years ago. She retired recently and is looking forward to her husband's retirement in the new year. Both anticipate moving to a house in the country. Although this move means a lot of work ahead, she embraces the challenge. At present, she lives with her husband and their adult daughter and dog. She has a son and two grandchildren who live away.

Some women were concerned that the researcher would find their narratives boring. Most thought that what they had to say would not be what the researcher was looking for because they had nothing dramatic to tell. One woman called her experience dull because there was nothing exciting about it. Another woman thought she was going to fill out a questionnaire and that there would be more than eight women involved in the study. These issues were expressed with genuine concern. When the researcher reiterated the purpose and the direction in which the study would take them, the participants acknowledged the importance of their role in the completion of this study. All participants expressed their willingness to help. They perceived that if what they said could help someone else by taking the fear or dread out of menopause they were willing to talk about their

experience. There was no discomfort expressed about the topic and they spoke freely.

The women gave approval after reading the final draft. They remarked that they were pleased it reflected their experiences. One woman said: "What was brought out really well was 'here it is, but I am going on'."

Thematic Statements

Since the women experienced menopause in different ways, their narratives reflected a rich cluster of experiences. However, the differences revealed from each narrative were more a matter of degree than of substance. Thematic statements that were formulated from the analysis of the narratives are presented below:

1. Menopause is a normal change in a woman's life.
2. The problem with hot flashes is their unpredictability.
3. Knowing what to expect about menopause can alleviate fear.
4. The experience of menopause can be easy as well as bring a sense of relief.
5. Receiving support during menopause can make the experience less traumatic.
6. The experience of menopause brings an increased consciousness of aging.

Each of these thematic statements is explored in detail.

Menopause is a Normal Change in a Woman's Life

All participants described menopause as a change in the normal, natural, gradual process of a woman's life. This change was perceived as being no different from normal

everyday life, in that it did not stop the participants from doing anything. They went about their everyday lives as usual:

I just carried on with my life. It really did not affect my life, it didn't stop me from doing things.

Well, just listening to my body and hearing what it is telling me and sort of saying "Oh, is this what that is?", alright, I'm getting on with life.

The most significant physical change for the women was that their periods stopped. Most women welcomed the change they experienced:

. . . like it [menopause] is one change but it is not like THE change. Just a sort of natural process that was expected and not necessarily unwelcome.

Women felt relieved that they didn't have to think of periods anymore especially when on vacation or in relation to other special occasions. One woman reported being very frustrated when her last period came so unexpectedly after a year of no periods. Another woman mentioned that she burned all menstrual pads in the house after her periods stopped. Other women stated that they just did not get excited about it. In fact, a few women did not know it was happening, their periods just stopped. For the others, their periods dwindled down to nothing:

There was a definite time when I knew something was changing. My periods would be much more irregular and heavy, and then there would be long periods then there would be no periods. Exactly one year [ago], I had a very small period but since then I had nothing.

Other changes were increased energy levels, the sensation of feeling pleasantly warm from usually feeling cold on Newfoundland winter nights, and of no longer having

the relatively mild depression that would come a day or two before periods.

Another change most women reported experiencing around menopause was "speaking up." Women reported saying "no" to what they did not really want to do. They insisted they "have a say" in personal matters, and were able to speak up for what they felt was right and true. Women related this change to a sense of maturity, a change that "comes with age." One woman recounted her experience as follows:

I have become a little more outspoken. I have always been sort of quiet and tried to get along with people. I don't know if it has specifically [anything] to do with [menopause]. I don't think you ever get over maturing really. I guess you realize that if you don't speak out now, you may not get a chance.

Menopause did not interfere with life for these women. Other life events happened around menopause that seemed to have overshadowed menopause in terms of importance. For instance, one woman explained how her daughter was diagnosed with a life-threatening illness and successfully treated at the time she was experiencing an "easy" menopause. Another woman described how, being an administrator of a department, she had to "keep cool as a boss should" when in fact, she was infuriated at the department's administrative system. At the same time, and yet distinctively, she was aggravated by the unexpected hot flash that occurred during a meeting. "Keep cool" meant two things for this woman: not losing her composure when she felt so infuriated and remaining calm when she felt the unpredictable hot flashes. Another woman reported that her children were leaving home. It was a time of high stress and she felt she had to refocus her life.

This situation coincided with a bother-free menopause. As well, there were two deaths of close relatives at the time another woman was going through her experience of menopause:

The death of [two relatives] were biggies. I don't think it has any bearing on the fact that I was menopausal. It's a normal thing to happen then it is not something big. It's life.

The Problem With Hot Flashes is Their Unpredictability

Most women mentioned experiencing some symptoms associated with menopause. Hot flashes - the most common symptom - ranged from pleasantly warm to waves of heat that were uncomfortable or unbearable. They lasted anywhere from a few seconds to minutes and would number from the odd one throughout the month to up to four a day or night. Women described their hot flashes as uncomfortable in terms of how they felt and when they occurred. One woman explained:

You never knew when you were going to get a hot flash. . . . Just that it felt so uncomfortable when you were in the middle of a meeting or something. . . . I felt hot and sweaty and that would feel uncomfortable.

Although these women expressed feeling uncomfortable, they also felt it would pass even when the hot flashes caused discomfort. One woman in this study stated that she had no experience of hot flashes at all.

Knowing What to Expect About Menopause Can Alleviate Fear

Participants learned about menopause from various sources. These sources were: their professional careers, personal accounts from friends, reading materials such as articles, a newsletter, a book on menopause, and attending a workshop and seminars on menopause. Although some of the information was not relevant, most women described what they received through these sources as informative. Two women,

while they were experiencing menopause, were glad that their mothers were living away at the time. One stated that with her mother being 2000 miles away, she did not get the "Old wives' tales" or the "passing on of dreadful stories." The other felt that with her family at a distance, she had the "freedom" to make her own decisions regarding menopause and to live her life the way she wanted. However, most women talked about menopause with their friends when the topic was raised. The women indicated that knowing about menopause meant knowing what to expect and knowing what to expect could alleviate fear. One woman explained:

There was a feeling of dread, but after being informed there was no fear. Just knowing about it [menopause] makes a big difference. I think a lot of them [women] are fearing it and expect the worst. I wasn't fearing it.

Something that all these women knew was that menopause was temporary. While they undoubtedly heard "dreaded" stories from others, they related their experience to an understanding that was developed, in part, from knowing that menopause would pass. Also, most women mentioned that their positive attitude while going through menopause may have contributed to their experience. As one woman put it:

I do think it's true, the stuff that is written. There were a lot of things about people with hot flashes that were really ruining their lives. I did feel a mild anxiety but I knew it [menopause] was something I would get through. The part of fearing it would be less if people knew that a lot of people go through it without [problems]. Whatever happens to me at menopause I know it is only temporary sort of thing, maybe that has affected my attitude towards menopause.

Another woman's narrative clearly illustrated that even when the symptoms were "unbearable for awhile," knowing they would pass was definitely a question of attitude:

I was always very active. This [menopause] came as a blow to your system because all of a sudden you're going 100 km an hour and the brakes are pulling in and you have no control over it. It is really a strange feeling that went on for sometime. Then the hot flashes came. I had no control over it [perspiration] whatsoever and my hair would drip and my nose and chin just like I got out of a shower. The water runs and it is very uncomfortable but it passes. I am a very positive person anyway, I always have been.

The Experience of Menopause Can be Easy as Well as Bring a Sense of Relief

A few women described their experience as easy. Easy could mean there was the odd hot flash or no symptoms at all. When asked to describe her menopause, one woman stated that there was nothing to describe:

It was easy. So easy it was incredible. It was one of these things that sailed in [sic] my life and breezed by. I never had the hassles of menopause: the flushes and the headaches.

Another woman stated that she was unaware of the passing of menopause. She did not have any symptoms like mood changes, night sweats and changing sheets, nor did she "do crazy things, take up anything exciting or drop anything." She stated:

I said I wasn't going to have stereotype menopause symptoms and I didn't. So now I say that being stubborn worked (laugh). I've learned that everybody does not have it [symptom] anyway.

For most of the women, menopause brought a sense of relief not only in terms of having no more periods but also in the sense of not having had the traumatic experiences they so often heard or read about. When one was asked what was going through her mind at the time of menopause, she declared:

Relief. Oh, thank God I don't have periods anymore. It is just a nuisance and I was working so hard. It was just a nuisance, another thing I don't have to think about.

She described that "there was no trauma." Her friends had described to her their various physical and emotional "reactions" to menopause. She stated that she had no emotional reaction except relief and no physical reactions whatsoever. Some women stated that they didn't "anticipate" having any problems therefore they didn't have any. One woman said:

I expected to be healthy. I was never sick, so in a way I was proud that menopause wasn't a big deal either.

As well, most described themselves as lucky in relation to their experience because they did not have any of the traumatic symptoms, such as debilitating depression that other women had experienced or about which they had read. However, while one woman mentioned experiencing hot flashes that became "unbearable" for awhile, she said that the experience was not "extremely bad."

Receiving Support During Menopause Can Make the Experience Less Traumatic

One woman's narrative emphasized the intensity of the theme of support during menopause. She was on a business trip when her appetite decreased. When she returned she thought she would bounce back, but it did not seem to "happen that way." The discomfort she felt was compared to that of having a baby. When she consulted doctors, they thought it was "stress burnout." She indicated that it might have been related to stress, but on reflection she felt it was "the beginning of menopause."

Something was happening, something changing about me. My energy level, I had trouble sleeping, my lifestyle was turned upside down. It was like having a baby. You're this far along and there is no turning back, so you cope with it

She relied on and received support from the people around her. She discussed how she could sympathize with some women who do not have that needed support. For that, she was "grateful." She described the support she got from people around her as she was going through the experience:

I had lots of people giving me moral support and whatever [I] needed to spur me on. When I was going through this change and not knowing what was going on, and not feeling up to par, and not as bubbly as I normally was, my husband was there to talk to and my friends. They were there for support and I drew on that and just carried on.

There were times she explained when she could not "differentiate" whether what she was feeling was because of stress burnout or menopause. However, she indicated that menopause was a "thorn" in her side with all the "restrictions" it placed on her once very active lifestyle. One restriction was that it slowed her down physically. To help her "weather" it, she drew on support. She explained that the support came from two different sources: one was the "loving support" from others, and the other from within herself:

I didn't have a closed-in-alone feeling. Someone was there for me. I wasn't being smothered. I had my time and space. I had my time alone where I would sort out things in my mind.

I don't know how I would handle that [the changes that occurred] without drawing on my inner strength. I try to deal with things as they come. It was like the song "wind beneath my wings." Something was there; I wasn't empty. I had something to pull on and something more to give. I could draw on my own. It would have been a very helpless, hopeless feeling, I would imagine, if I went to draw something and there was nothing. I never really felt hopeless or helpless.

The other women also drew on the support of people around them, but for them it was a matter of degree and for different purposes. One woman counted on her husband to go to seminars on hormone replacement therapy when she could not make it. Another woman enjoyed her husband's encouragement when she was working on a research project on menopause. Her husband was there to discuss it with her. It was indicated that at some time throughout their experiences, the women asked and received support from the people around them.

The Experience of Menopause Brings an Increased Consciousness of Aging

The increased consciousness of aging was associated with the experience of menopause. Most women realized they were getting older, but did not dwell on it or let it bother them. For some, this realization was sudden. One woman reported that when she reached menopause she suddenly thought of it as the end of her reproductive life. She stated that she did not want anymore children and was moving, therefore, into another phase of her life:

Then you realize "I am aging." Menopause being, we can't get any younger. We have got to accept it even if we don't like it.

Another woman indicated that when she turned 50, her doctor suddenly brought home the realization that she was aging when she was prescribed a list of tests: mammogram, bone density test, and "blood work." She stated that it sounded like she was suddenly "falling apart." For most women, the realization of aging was more subtle. They did not feel they were aging except for the decreased energy levels they

felt since menopause. Two women reported increased energy levels. One stated that she believed that women aged well; that they "are just starting a whole new life, a new career [at menopause]."

Most women felt their bodies were changing at menopause. In one manner or the other, they were more conscious of aging. Their attitudes toward aging were expressed in positive terms. One said:

I don't mind the idea of getting old. That may make it easier to deal with the whole thing [menopause] too; to not have a bad experience.

Although these women experienced an increased consciousness of aging in their changing bodies, they described their experience as a whole as positive.

Each thematic statement previously discussed had some connection to the whole of these women's lived experiences of menopause. They are best understood through the relationships among the thematic statements which are addressed in the following section.

Relationships Among Thematic Statements

All of the thematic statements formed integral and interrelated aspects of the women's lived experience of menopause. Each thematic statement was intertwined with the others; therefore, to treat them systematically presented a challenge. The following is an examination of the relationships among the thematic statements.

The women considered menopause as no different from normal everyday life. This aspect of the lived experience was related to having an easy experience, to the relief found in having no more periods, to a change that was

welcomed, and to aging because these were all considered aspects of normal everyday life. Other aspects of the lived experience such as the relief found in not experiencing what was so often heard or read about menopause, the uncomfortable feeling of hot flashes, and knowing what to expect about menopause helped to further normalize their individual lived experience. One woman said:

. . . it was like reading Dr. Spock's books when you have children, just the fact that it is in there, it helps to know that someone else has experienced it.

The unpredictability of hot flashes, for some women, was certainly what it was - frustrating. The uncomfortable feeling that accompanied the hot flashes was related to what was considered normal. One woman described it as:

You never knew when you were going to get a hot flash for instance and that was aggravating . . . [but] it was normal, so I don't worry about it.

Although menopause was included in normal everyday life, the need to seek a clearer understanding of it became a matter of "curiosity," as one woman put it. Knowing about menopause was related to knowing what was normal or not in their experiences.

Each woman understood menopause as part of a normal life process that would pass. Therefore, it was considered a welcomed change. This change was related to other changes such as a sense of relief from the monthly interruption of periods and of experiencing a trauma-free menopause. Also, there was an increased consciousness of aging because the women experienced these changes in both their bodies and minds. As one woman put it: "It was [a] pretty delicate and intricate change."

The aspect of support during menopause was best described by one woman. She drew on support from within herself and from outside, from friends and family. Both the physical and mental changes she experienced during menopause were eased by the support she received. Whether these changes were welcomed or not she did not say. However, they were related to a "stage" in her life and indirectly to aging. She said:

. . . it was just another phase in your growth and development. It is part of life. The very day we are born we start to die. I have no regrets

Aging in menopause was related to the changes the women felt in their bodies and minds. Most importantly, aging was related to the normal, natural, gradual process of a woman's life:

. . . and now, the fact that I retired, enjoy life and live I feel life is a miracle. To have experienced life, we should be thankful whatever age you [sic] die at.

In summary, aspects of menopause demonstrated in each of the thematic statements revealed each woman's lived experience. They also demonstrated that their lived experiences were trauma-free. However, the researcher acknowledges that women experience menopause differently and that some women may have traumatic experiences which disrupt their lives.

The thematic statements formed a structure from which phenomenological meaning could be articulated. They identified the meanings and significance of menopause for each of the women in this study and helped capture the essence of their lived experiences.

Essence

Meanings and significance were elucidated from the phenomenological descriptions of each thematic statement. The common thread through each of the women's narratives and each thematic statement was an increased consciousness of aging.

Aging by definition can mean to mature. The women in this study brought the concept of maturity into focus. They felt themselves changing both physically and mentally. These changes, however, were not expressed in negative terms nor were they associated with decline. Rather, participants expressed maturity as an ongoing developmental process.

They stated that they moved on with life. The developmental process in moving on marked the essence of their experience. For example, they stated that they did not dwell on the passing of menopause; they moved on. One woman reported that she felt she could face the unknown and be happy about it. As well, she stated she could now speak up and ask questions without thinking she was incompetent. These women did not think they ever got over maturing. Maturity became a sense of 'becoming' that gradually gave these women a deeper sense of self that spurred them on, moving toward whatever lay ahead.

Therefore, through a continuous process of maturing, the women were gradually 'becoming who they are.' They seemed to be able to reflectively go back and forth while they looked forward to the future, to the unknown. One woman reported that throughout her experience of menopause there were times she felt "down." During a telephone

conversation a few months after the interview, she stated that she was happy that she was back to her "old self." The difference in this old self was that she had renewed vigor and energy to meet whatever lay ahead. She expressed an excitement born from a gradual sense of 'becoming.'

Aging was not a feared aspect of the experience of menopause for these women. It was a reality they accepted and faced head on. As they accepted and faced the reality of aging, they were looking forward to the future with excitement. Death, the final step in life's process, was described by one woman in terms of the earthly possessions she would not take with her. She once reflected on "going" in her wedding dress, but now she is more "accepting" of cremation. That revelation astonished her not because she was aging, but because she was moving on - she was 'becoming' who she was. She decided to live her life to the fullest. Another woman stated that she knew that she was gradually losing her sight to some illness, but this knowledge did not take the excitement out of living everyday as "important."

All the women expressed an enthusiasm for life however finite it seemed. As the researcher tried to understand the essence of the lived experience of menopause of these women, the terms aging and maturity seemed to fuse and a sense of 'becoming who they are' emerged.

CHAPTER V

Discussion

In this study, the meaning and significance of the lived experience of menopause were extracted from each woman's narrative in the form of thematic statements. Each thematic statement was intertwined with the others and formed a structure within which the essence of the experience was captured.

This chapter discusses the participants, the thematic statements and their relationships to one another and finally, the essence of the lived experience of menopause in relation to the reviewed literature. Limitations of the study are also addressed.

Participants

Davis' (1980) sample of Newfoundland women differed from the women in the present study in that her informants were from a rural community. As well, they contributed to the economy through labor at a fish plant. Their kin and extended family lived within a ten-minute walk of each other. Social and cultural factors were the primary focus of Davis' work. In contrast, the present study selected urban women, who had greater access to medical services. They are faced with multigenerational responsibilities of elderly parents and semi-dependent adult children which designate them as the 'sandwich generation'; four had adult children living with them. The participants in both studies had similar characteristics - their marriages and families were the two most important things to them. One woman mentioned she heard of Davis' study. However, concepts of blood and nerves as reported in Davis' study were not discussed by the women.

This study attempted to make interpretive sense of the lived experience of menopause based on women's descriptions. The women in this study were mainly a sample of middle-class, well educated, urban women and were not representative of the Newfoundland population. However, despite this limitation, their narratives provided rich descriptions upon which an interpretation of their lived experiences could be based. These descriptions contributed to the understanding of the meaning attributed to menopause among a group of postmenopausal middle-aged women in urban Newfoundland.

Another characteristic of the participants in this study was that the women experienced menopause around 49.8 years of age. McKinlay et al. (1992) estimated that the average age at the last menstrual period (LMP) lies between 50 and 52 years of age. Women who were off-schedule, that is those for whom menopause occurs particularly late or early, were reported to have experienced greater symptoms of psychological distress and depression (Lennon, 1982). The women in this study were considered to be within the limits of the average age at menopause.

Thematic Statements

Menopause is a Normal Change in a Woman's Life

Normal everyday life for the women in this study meant continuing to go about their lives as usual. Menopause was a part of their everyday lives for a period of time. Normal meant that menopause came and went without causing interference. It was a change that was welcomed in life's natural process. Other life events that happened around

menopause, such as death of close relatives, children leaving home, life-threatening illness of a loved one and job related stress and frustration, were more important. Capazzoli (1990) also found that women considered events that happened concurrently more important than menopause.

Although studies have reported women's perception of menopause as a normal life event or process (Capazzoli, 1990; Davis, 1980; Quinn, 1991), these studies have not described the meaning of normal as defined by women. Women in this study seemed to have felt the need to normalize not only the occurrence of menopause but also the changes their bodies felt at that time.

Women welcomed both the physical and the psychological changes that came with menopause. The cessation of menses was a perceived benefit of menopause that engendered a sense of relief. Quinn (1991) and Wolcott Choi (1995) reported similar responses. Another change that was welcomed was the chance to speak up. Women reported this benefit to be related to a sense of maturity. Notman (1990b) and Quinn (1991) also reported that women perceived themselves as more assertive in their daily lives and that they were able to speak their minds.

Women in this study knew menopause was the cessation of menses and welcomed the change but what seemed to be an added benefit was a transformation from a quiet and 'get-along-with-everybody' self to a more assertive person. This transformation was ongoing and linked to maturity. Both physical and psychological changes these women described clarified the meaning of menopause as a change of many

changes that occurred concurrently as opposed to "the" change of life.

The Problem with Hot Flashes is Their Unpredictability

Women in this study felt the "hot and sweaty" discomfort of hot flashes. Several studies reported the same uncomfortable feeling (Capazzoli, 1990; Keller, 1990; Quinn, 1991). However, previous studies have not identified the unpredictability of the hot flashes as an important issue. When hot flashes would occur during an administration meeting or a visit with friends, the women felt they needed to act appropriately by either concealing them by keeping "cool" or playing along with them by fanning oneself. Women did not know when hot flashes would occur and that made them feel uncomfortable. Wolcott Choi (1995) indicated the unpredictability of the menopausal transition and the biological changes that surround menopause such as the unpredictable menstrual flow and heavy bleeding but there was no mention of the unpredictability of the hot flash as an essential aspect of the experience.

Knowing What to Expect About Menopause can Alleviate Fear

Fear was not described, but it may have had some relation to fear of the unknown. Although they did not fear menopause, other women's fears were mentioned. There was, however, a feeling of dread related to stories participants heard or read. Knowing specifically that menopause would pass encouraged a positive attitude toward the experience and alleviated preconceived fears. Keller (1990) suggested that fear was related to aging. None of the women in this study discussed a fear of aging. Fear, as an aspect of the

experience of menopause, has not been a topic of discussion in previous studies and may warrant further consideration.

The significance of knowing about menopause is closely related to women talking more freely about their experiences among one another. Capazzoli (1990) suggested that the lack of information about menopause among the participants of her study was related to the shroud of silence that surrounded them. They rarely spoke about it among other women. The topic of menopause, as indicated by Quinn (1991) may still be taboo in general, but was not taboo among the women in this study.

Two women reported giving much thought to the use of estrogen. Both, however, remained indecisive and opted to use alternative methods such as proper diet and exercise for prevention of both heart disease and osteoporosis. One woman stated:

I think I was fortunate . . . there is nothing, no traumatic experiences . . . but if I took estrogen and ended up with breast cancer, I would probably never forgive myself. Although if it would give me back the energy I used to have maybe I should. It is a bit of a dilemma. I had long chats with my doctor. If studies could come out 100% saying it is worth it . . . I take vitamin E and calcium just to be on the safe side.

In a subsequent interview, another woman said:

I am wondering about estrogen and how much of it is necessary. I thought long and hard about it and maybe if I had more problems it would have been easier to say no to. There is a history of heart disease . . . [and] osteoporosis . . . in my mother's family. Weighing those two against my lifestyle, I decided that I was going to try to avoid taking the hormones and take care of the osteoporosis problem by proper diet and exercise. The heart problem will always be a concern but doctors are monitoring my blood pressure.

Hormone replacement therapy remains a controversial issue in women's health care (Scharbo-DeHaan, 1994). Some researchers suggested that estrogen use "ought" (Bush, 1990, p. 270) to be considered as a preventive therapy for postmenopausal women. Others suggested women should consider the use of estrogen as "soon as they have become menopausal" (Society of Obstetricians and Gynecologists of Canada, 1994, p. 1663). Some hormone formulas alter the closure of menstrual life. In this study, one woman stated that she didn't "want to go back to having periods again." As well, the concern expressed in this study about use of hormones mirrors a concern most women face in postmenopausal years. However, because of the complex nature of hormone therapy, this concern would be best addressed in future studies.

The Experience of Menopause Can Be Easy as Well as
Bring a Sense of Relief

Often, because of what women heard or read prior to menopause they anticipated similar experiences. Most women in this study expressed a certain pride in that they were lucky they did not have the traumatic experiences they heard or read about. For them, that was the meaning of a normal experience of menopause. One woman put it as "the way it was intended." There is no indication of this aspect of the experience of menopause in other research studies. Women described "easy" as not having the hassles of menopause, for example the flushes and the headaches. Although most women reported experiencing hot flashes (the sudden feeling of heat and sometimes sweating especially in the upper body),

flushes were not distinctively described and none of the women in this study reported experiencing them. There were no research studies in which menopause was described as "easy." Easy meant there were no problems and for some women this was important. Most of the women had heard or read about the negative or traumatic experiences of menopause; it is significant that these women needed to normalize their experience. There is no doubt that women who have traumatic experiences need to be heard. As well, women who experienced problem-free menopause need to know their experiences are also normal.

Receiving Support During Menopause Can Make the Experience Less Traumatic

Support among the women in this study was a matter of degree. All of the women in some way received the support of friends and family either directly or indirectly. The intensity of support, however, was significant for one woman who described her experience as possibly traumatic without the loving support from her family and friends. She expressed feeling down at times and was unsure if it came from the stress burnout she was experiencing concurrently with menopause. In the literature, support was found to be valuable for women for both their physical and emotional well-being (Boston Women's Health Book Collective, 1992; Chappell, 1992).

This same woman drew on both her inner strength and the people around her for support. Chappell (1992) discussed the possibility that support can be determined by something other than the support actually provided; that social

support may be associated with feelings of personal control. Laferriere and Hamel-Bissell (1994) described essential components of successful aging in a study of life histories of six women in their 70's. Relationships were one of these essentials recognized as important in the support among women in their 70's. They demonstrated that hardiness with its key elements of challenge, commitment and control combined with an adequate support system were ingredients for successful aging. This was evident in this study when the same woman alluded to an increased sense of control with the support she received. From the time when she first realized she had no real control over menopause occurring to the termination of her experience, she indicated that she "weathered the storm and came through," because of the support she received. She knew that she had "worked with it and coped." The changes happening with her body did not seem to affect her as much as how she dealt with the changes as they arose. For this women, and the participants in Laferriere and Hamel-Bissell's (1994) study, control reflected a sense of self-reliance and independence while strengthening ties with family and friends amidst life's many changes. Menopause, the topic of this study, and aging, the topic of Laferriere and Hamel-Bissell's study, both, seemed to demonstrate the benefits of social support networks to women's well-being.

There were, however, differences between the two studies. The age of the participants and the kind of support families provided were different. Psychosocial

aspects of social support as a health indicator in menopausal women warrants more research.

The Experience of Menopause Brings an Increased Consciousness of Aging

Women in this study stated that they "realized" or that they came to the "realization" that they were aging once menopause occurred. The meaning that was conveyed was more a concept of 'becoming who they are.' Although they felt their bodies change in that they felt decreased energy levels, they had a renewed vigor and excitement for life. This aspect of aging in menopause seemed to be the common thread that was intertwined throughout the experiences the women described.

Relationships Among Thematic Statements

When the women realized that they were aging, they saw menopause as a gradual process in a woman's life. There were no regrets. Aging dominated other aspects of the women's experiences because, along with menopause, it was included in the normal, natural process of life. Knowing about menopause meant knowing about natural aging. Whatever menopause was for these women, this became a part of their aging experience. The women indicated that they were more aware they were aging by their decreased energy levels. Aging thus signified a decline in the physical sense. Current literature described aging as a gradual decline (Cherry & Runowicz, 1994). However, greater emphasis was placed on "looking forward to the future" with an enthusiasm and love for life.

The enthusiasm and love for life these women demonstrated throughout their narratives was linked to becoming more and more who they are. Siegel (1993) demonstrated in a study of 56 women between the ages of 60 and 70 years the learning that takes place at that age. Although the age groups were somewhat different in this study and hers, the results of both illustrated the possibility of a process of 'becoming.' In Siegel's study, women described the existence of an everpresent "process of awakening" to what and who they truly are (p. 174).

Boston's Women's Health Book Collective (1992) suggested that the middle years between 45 and 65 years of age are a time of heightened awareness of the passage of time and of the value of the time women have left. Notman (1990a) further suggested that aging involved development as well as decline. She argued that reflection and self-evaluation were main characteristics of this development. Thus, through a developmental process, menopause freed women for the next phase in life. Results of this process are possibly illustrated through a study of persons over 80 years of age. Futrell, Wondolowski and Mitchell (1993) demonstrated that both men and women living in Scotland, over 80 years of age, experienced what they identified as "tempering the unavoidable [aging] with buoyant serenity" (p. 191). Participants were reported to have spoken about "how to be" and "thinking about aging," a "gradual acceptance of aging, the importance of a positive attitude, and the lack of worry" (p. 191). Participants also reported a "calm and peace of aging gracefully" along with "intense

zestfulness of engaging life" (p. 192). These descriptors were also expressed throughout the narratives of women in the present study.

Futrell et al. (1993) described another element of aging, "intensifying engagements" (p. 191). It was related to the participants' approach to life and living. Participants reported "looking forward, being prepared, and pushing on" (p. 191) to describe their approach to life and living. The women in the present study are younger than those in Futrell et al. study, and yet they are exhibiting elements that seem to distinguish the experience of aging in later life. Although the focus of Futrell et al. study is not to clarify the experience of menopause, it contributed to the understanding of a possible developmental process of maturing. Are changes that shaped the experience of later life a continuation of changes experienced at mid-life or are they different? Futrell et al. discussed the changes that described maturity as being linked to both loss of loved ones and of physical abilities. Women in the present study also experienced loss of loved ones. However, there is a difference in that they have not yet felt great physical loss such as "when activities and abilities slowed to the point of failing" (Futrell et al., 1993, p. 191).

Essence

The essence of the lived experience of menopause is 'becoming who they are.' 'Becoming who they are' cannot be separated from the many aspects of menopause the women in this study expressed in their narratives, nor from the possibly silent continuation of aging that took place during

their experiences. The developmental process as described by Notman (1990) which focuses on reflection and self-evaluation prepares women in their fifties for the next half of their lives. The experience of menopause and its interpretation many years later are the continuation, for the women in this study, of 'becoming who they are.'

The women in this study highlighted the experience of aging as well as menopause. Through their perspectives, their experiences were normalized within the process of life. As they were experiencing the diversity and complexity of menopause, they were also experiencing aging. 'Becoming who they are' is just as diverse and complex; therefore, it cannot be grasped in a single definition. Furthermore, women who have had hysterectomies or who have used HRT may experience 'becoming who they are' differently.

The essence of 'becoming who they are' that the present study uncovered is not new. Several studies have hinted at women's sense of 'becoming who they are' at mid-life; within a developmental process, Notman (1990) revealed the redirections her informants were taking in their lives; and Siegel (1993) described a process of awakening in her informants. Menopause viewed as a normal process that middle-aged women need to know about has been confirmed through the lived experience of the women in this study.

Limitations of the Study

There are two primary limitations to this study: the validity of the experience viewed retrospectively from three to approximately ten years later in terms of possible reconstruction and recall bias and the possibility of

selection bias towards women who experienced problem-free menopause. Generalizability, a methodological issue inherent in qualitative research, is also discussed. Each of these are addressed below.

Reconstruction and Recall Bias

Reflection on the lived experience in phenomenology is always retrospective (van Manen, 1990, p.10). Thus, the experience being recollected and recounted has already been lived through. Ross and Buehler (1994) stated that establishing validity of autobiographical memories, that is people's memory for events or experiences in their lives, is a difficult topic. "Individual's recall may be biased by their present feelings, beliefs and self-perception" (p. 63). Very few studies have examined the validity of women's recollected and recounted narratives about experiences throughout their life.

Simkin (1992) studied 20 women who attended natural childbirth classes between 1968 and 1974 in order to examine the nature and consistency of women's long-term memories of their first birth experiences. Two questionnaires were sent out. One was obtained soon after the babies were born and the other was obtained during a follow-up 15 to 20 years later. After both questionnaires were compared, each woman was interviewed. Results demonstrated that details were lost over the years but that these details were not significant. Simkin reported that, in fact, women gave accurate and vivid descriptions of their experience years later. Although there is a difference between the intensity of experience in childbirth and menopause, the present study

demonstrated vivid recollection of women's experiences of menopause. One woman, did however, refer to the fact that she "could have easily forgotten what happened," but nevertheless she proceeded to give a rich account of her experience when prompted. One of the qualities of a well-constructed story or a high calibre narrative is that a story is vivid and detailed. However, the same holds true for recollection of fictional events (Ross & Buehler, 1994).

Smith (1994) did case studies of four women going through the transition to motherhood (pregnancy) in order to examine possible reconstructions in their accounts. He compared four real-time interviews and diary accounts during the transition with retrospective written accounts given five months later. Results showed that women's retrospective records indicated a number of reconstructive narratives. He stated that it would be likely that similar reconstructive processes take place during other life changes. This statement questions the validity of women's accounts not only in the transition to motherhood but possibly other transitions, such as menopause. Phenomenology as described by van Manen (1990) is interested in the human world as it is found in all its diverse aspects and in this case - the lived experience of menopause. When a woman shares with the researcher her experience, "there will always be something" (p.92) for the researcher to gather. Facts related to conditions, events or particular instances remain unimportant. Therefore, although the accounts from the women in this study possibly included reconstructions, they still provided rich data on the

diverse aspects of the lived experience of menopause. It will be adequately described if the description shows the reader the lived significance of the experience.

Possibility of Selection Bias

Another limitation is a bias in the sample. Women who have taken hormones at the time of menopause and or at the time of the interviews were excluded as well as women who had undergone any hysterectomy procedure. These criteria may have omitted women who were likely to have experienced a more problematic menopause.

It is widely suggested that hormone replacement therapy (HRT) improves well-being during the menopausal transition (Drife, 1993; Greendale & Judd, 1993; McKeon, 1994; Scharbo-DeHaan, 1994). For symptoms such as irritability, depression, fatigue, hot flashes, decreased memory and many others, women have been reported to have experienced relief with HRT (Greendale & Judd, 1993; Matthews et al., 1990). In this study one woman recounts how a friend of hers found relief from problematic symptoms she experienced:

I know one other friend of mine who ... couldn't stand the hot flashes and everything ... she went on estrogen. Already she said "I don't have the wind [flatulence] anymore." I think my energy level is gone down and I know when people have gone on estrogen they have got a lot more energy. I have two friends who were really down and very lethargic who used to be very energetic and they went on it. It made a big difference to them without a doubt.

Although this participant also experienced flatulence, hot flashes and loss of energy she opted to not take hormones.

Women who have undergone a hysterectomy procedure and specifically those with surgically induced menopause are reported to be at a higher risk of experiencing depression

(Kaufert et al., 1992), intense hot flashes (McKeon, 1994) and other physical, sexual and emotional after-effects (Voda, 1994). However, Busch, Zonderman and Costa (1994) reported that surgical menopause had no effect on psychological distress and further suggested that, contrary to expectations, there was a slight decline in depression over time.

Another possible bias was in the method used to recruit women to this study. Snowball sampling by definition results in participants who are more alike in demographic and attitudinal characteristics. Nonetheless, this sampling method is considered appropriate in contacting women who would have otherwise been difficult to identify for studies involving sensitive issues (Polit & Hungler, 1995).

Methodological Issue of Generalizability

In qualitative research, generalizability can be understood in the question "how transferable and applicable are these findings to another setting or another group of people?" (Marshall & Rossman, 1995, p. 143). In contrast, generalizability in a quantitative context seeks the "repeatable" and knowledge that is "true for one and all" (van Manen, 1990, p.6-7). These characteristics are permitted by controlled, random and statistically representative samples. The issue, thus, lies in the qualitative researcher's conscious seemingly lack of control over the research conditions in order to concentrate more "on recording the complexity of the situational context and interrelations as they occur" (Marshall & Rossman, 1995, p.146) and of small purposive sampling that would provide

"information-rich" data (Sandelowski, 1995, p. 180). In this study, limitations in replicability or generalizability are seen more in constraints of time and resources than in sample size.

Sandelowski (1995) describes that in a phenomenological study that seeks the essence of an experience "about six participants" (p. 182) are recommended. This study recruited eight participants who provided information-rich data. Time and resources, however, posed limits on frequency of interviews and deeper plumbing of data. Although sample size and demographic homogeneity were appropriate in accomodating limited resources, time was a factor that limited contacts between both researcher and participants after the initial interview as well as further interpretation of themes and the essence itself.

This study did not aim to be replicable. Marshall and Rossman (1995) stated that the demonstration of transferability of one study to another context rests on the researcher who would make that transfer. Limitations of time and resources that were identified suggest substantial changes to bring even greater fullness and depth to the lived quality of this phenomenon among this group of women. Changes would include a) to refine interviewing techniques that would better reveal themes elicited by each participant, b) to clarify subtlties in the language the participants used, and c) to plumb in greater depth the essence 'becoming who they are' from the data and the participants to create greater fullness and richness of the lived experience.

Summary of Discussion

From the thematic statements it was determined that the essence of the lived experience of menopause for eight middle-aged women in Newfoundland was 'becoming who they are.' These women gradually became who they are through the experience of menopause and beyond. Although there were limitations to this study, they did not deter from the primary focus of capturing the essence of these women's experiences of menopause. However, a few changes are suggested for further hermeneutic phenomenological research on this phenomenon. The researcher admits in the words of van Manen (1990); this study is "much less completed than interrupted" (p. 8).

CHAPTER VI

Implications for Nursing

Nursing, as described by Martha Rogers, is the study of people and their world and the creative use of that knowledge for human betterment (Barrett, 1990). People and their world are the phenomena central to nursing's focus in practice, research and education. Thus, the type of practical reflection required in phenomenological research is also fundamental to nursing. A research study that offers to put its results into practice will orient itself to questions that seek meanings and significance of phenomena of daily life. Therefore, hermeneutic phenomenology and nursing are closely related and may be considered inseparable activities.

Hermeneutic phenomenology was used in this research to better understand menopause among all women and at the same time to remain sensitive to their uniqueness. Much research that is done on menopause tends to dissociate women's lives into "abstracted fragments and particles that are of little use to practitioners" (van Manen, 1990, p.7). This methodology, in contrast, builds on personal insight to contribute to nurses' thoughtfulness and ability to act toward women with tact.

This study uncovered through the essence of 'becoming who they are,' the meaning and significance of the lived experience of menopause among eight Newfoundland women. Their narratives illustrated the rich and yet complex structures of the lived experience. Although these women's experiences were nearly problem-free, some issues raised by participants signal potential strategies of health promotion strategies aimed at healthy middle-aged women.

Health promotion in women's health issues is advocating health to maximize women's well-being and supporting women in taking responsibility for their own health. Nurses are in the forefront in promoting women's health. For example, nurses researched and facilitated the workshop on menopause that some participants mentioned having attended. However, the concerns some women raised (for example concerning the use of hormones in postmenopause), demonstrate that some issues may not have been sufficiently addressed in the workshop. Therefore, recommendations for nursing practice, education and research are suggested in the following implications.

Nursing Practice

The interpretation of this study will not only help nurses better understand the common elements in the diverse experiences of menopause but also women's uniqueness. A practitioner, for example, will be more attentively aware of the taken-for-granted aspect of aging during menopause. His or her care will then remain sensitive to the possibility of a client's concern or curiosity with regard to aging. Thus, practitioners will increase their thoughtfulness toward acting with resourcefulness and tact. This interpretation is not a rule-for-action but rather an invitation to recognize women's uniqueness of the lived experience of menopause.

Women, as demonstrated in this study, are taking more responsibility for their health by identifying their health issues and making decisions based on what information is available. Community health nursing should allow women to

participate more actively in the development of programs and workshops. In particular, workshops that address the issue of hormone replacement therapy in postmenopausal years should be developed in partnership with postmenopausal women. Furthermore, community health nurses should assess middle-aged women's social support networks and provide direction towards social support groups. Most importantly, community health nurses should communicate the normalcy of menopause for most middle-aged women.

Nursing Education

Implications of this study for nursing education lie in the teaching and learning of tactful thoughtfulness, that is a phenomenological sensitivity toward women's lived experience of menopause.

Nursing students need to learn to understand women's particular life experiences through a process of reflection - reflection into middle-aged women's real life-world. Then, there is a responsibility to convert the knowledge gained through reflection into practice. Nursing education should transpose curriculum into practical use by reinstating the lived experience as described by middle-aged women as a valid basis for nursing practice.

This phenomenological text allowed women's voices to be heard. These voices in turn should teach nurses not only about the lived experience of menopause but also about women's issues and concerns. By keeping in touch with the life-world, nursing education is more likely to reflectively bring a realistic view of middle-aged women and thus

effectively address issues of middle-aged women in health promotion.

Nursing Research

This nursing research study was undertaken out of personal interest. As the study progressed, personal interest turned into personal insight. The women spoke freely about their experiences and what they were saying was important. A strong and intimate relationship should exist between nursing research and the lived experience. If nursing is the study of people and their world, then, where better to understand middle-aged women than through their lived experiences.

This study should remind nurses that prior to any research study, middle-aged women are our concern and that there is very little research on middle-aged women. Topics for further nursing research include the nature of the experience of aging in healthy middle-aged women and the meaning of hormone replacement therapy for postmenopausal women. Further studies like this one could be done on more diverse populations such as low-income, rural, aboriginal women etc. Finally, if menopause is an important aspect of women's aging, further research might consider what impact (if any) HRT and hysterectomy have on women's experiences of aging. It could be inferred that without a normal and natural menopause the process of aging and 'becoming who they are' can be compromised. This study has raised several important questions that would elicit further investigation into middle-aged women's social support networks: What are middle-aged women's patterns of coping around the menopausal

transition? What are middle-aged women's social support networks?

Concluding Statement

The women in this study have not only demonstrated the normalcy of menopause but also its connection to aging. Examining hot flashes from the aspect of unpredictability and the combined aspect of aging with menopause have contributed to our knowledge on menopause. Although natural menopause was considered normal, there were still wonderings about the use of hormone replacement therapy. Some women chose to do without hormones and wait until there are more acceptable responses to their concerns. These women squarely faced menopause while moving on with their lives. 'Becoming who they are' was the essence of their experiences. One participant captured so vividly the essence of 'becoming who they are' in the following poem:

To pause a while to take a little stock
Of life and love, of deeds and damage too,
To view five decades of a life gone by
And now be firm enough to see it through

To just remember all the good there was
In people past and circumstance long gone;
Consign the evils to the murky memory mists
And bring the happy years to present song.

The deeper passions of my youth still smile,
And line my life with magic music still;
The crazier causes of those distant days
Are trivialized by time - reduced to nil.

My hardedged attitudes are softer now,
My values - always clear - even more strong;
My body's larger now but moves with ease
To serve a ball or walk the trail along.

New obstacles and new enchantments find me
Able to handle both and more inspired
Than in the past when sudden fear would wound me
So my heart meets the future with desire.

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Appendix A

Sample of Advertisement

I am a nurse
at Memorial University of Newfoundland, and
I am doing a nursing study of women who have already
experienced menopause.

I am looking for women who would like to talk about their
experience. Interviews may take from one to two hours
of your time.

If you are interested, please contact me at
576-2178.

I look forward to hearing from you.

Shirley Ellen Paquette RN

Appendix B

Interview Questions

Question 1: Tell me what your experience of menopause was like.

Question 2: To the best of your recollection, tell me about your emotions, feelings, mood, and how your body felt then.

Probes: What was your understanding of menopause?
When did you realize you were going through menopause?
What made you realize you were going through menopause?
What did you experience at this time?
What thoughts did you have at this time?
How did you feel at this time?
How did your body feel?
Tell me anything else you want about this time in your life?

Appendix C

Consent Form

School of Nursing
Memorial University of Newfoundland
St. John's, Newfoundland A1B 3V6

Consent to Participate in a Nursing Study

TITLE OF THE STUDY: Women's Lived Experience of Menopause
RESEARCHER: Shirley Ellen Paquette, RN

You have been asked to participate in a research study. Your involvement is entirely voluntary. You may decide to withdraw at any time.

Confidentiality of information concerning you will be maintained by the researcher. The researcher will be available during the study at all times should you have any problems or questions about the study.

Purpose of Study:

This study proposes to describe and interpret the lived experience of menopause of a select group of postmenopausal women living in Newfoundland. Research literature on the subject is extensive. However, the researcher believes it lacks description of the meaning women attribute to the experience.

The results of the study may help nurses and others to gain a deeper understanding of the lived experience of women.

Description of the Study:

You will be asked to recount your experience of menopause in detail. Our conversations will be tape recorded. We will review the text together so it stays true to your descriptions. Your identity will be kept confidential in the final text.

Duration of Subject's Participation:

You may take the time you need to recount your experience. Interviews may be from one to two hours. Subsequent interviews may be set after the first interview. I anticipate that we may be doing two to three interviews over a period of three to four weeks. The time and place will be set at your convenience.

Foreseeable Risks, Discomforts, or Inconveniences:

At this time I do not foresee any risks or discomfort.

You will be asked to share and reveal your experiences of menopause. If you find any questions overly sensitive you may choose to not answer, to decide not to participate and to stop the interviews whenever you wish. As well, you may withdraw from the study at anytime.

You will be giving up one to two hours of your time per interview.

Benefits Which the Subjects may Receive:

There are no apparent benefits for you in this study. However, you will have a chance to voice and share your experience and that in itself may be a freeing and liberating experience.

Liability Statement:

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities.

I, _____, the undersigned, agree to participate in the research study described. Any questions have been answered and I understand what is involved in the study. I realize that participation is

voluntary and that there is no guarantee that I will benefit from my involvement. I acknowledge that a copy of this form has been given to me.

Signature of Participant

Date

Witness Signature

Date

The use of tapes and transcription materials have been explained to me. I understand that the tapes will be erased after transcription. I hereby consent to be audiotaped.

Signature of Participant

Date

To be signed by the researcher:

To the best of my ability I have fully explained to the woman involved in this study the nature of this research study. I have invited questions and provided answers. I believe that the woman fully understands the implications and voluntary nature of this study.

Signature of Researcher

Date

Phone Number _____





