

Making Sense Out of Feeling Different: *The Experience of Menopause*

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"I have read where some people feel that suddenly they're old...because you've had your menopause."

Menopause is often considered one of the marker events of aging. The loss of reproductive capacity and the accompanying personal and life cycle events (such as the launching of children and rethinking of one's life career) make menopause a complex physiological, psychological and social phenomenon.

A great deal of research into each of these aspects of menopause has been conducted over the last thirty years. The physical impact of changes in hormone levels, the cultural meanings of menopause, and the relationship between physiological changes and 'symptoms' of menopause have been the subject of substantial investigation and controversy. Yet despite the high level of interest in menopause, there has been little investigation of how women themselves understand menopause. Is menopause seen as the beginning of old age? How do women place menopause in relation to other reproductive events such as puberty and child bearing? Do women hold similar views about the cultural meanings of menopause?

The underlying assumption of the present study is that at the level of personal experience, the various dynamics of an event are experienced as a unified whole. Our purpose was to better understand the gestalt of menopause by asking women to describe their experiences.

Themes in Research on Menopause

Menopause has been studied from various disciplinary perspectives with diverse assumptions.

Research on menopause can be broadly categorized into biomedical, psychological and socio-cultural perspectives. The biomedical perspective considers menopause to be a pathological, sex-linked, estrogen deficiency disease (Bell, 1987; McCrea, 1983). Lack of estrogen is linked to the physical and concomitant emotional manifestations associated with women at midlife. The psychoanalytic research adds the notion of loss to the "disease" concept of menopause. Reproduction and motherhood are seen as important functions of the mentally healthy woman. Thus menopause, with its resulting infertility, is a psychic loss which accounts for women's neurotic behavior at this time (Dennerstein, 1987).

From the psychological perspective menopause has been understood as a developmental stage or crisis. In the normal emotional life of women, reproductive ability is intimately related to femininity. The loss of reproductive ability represents a blow to feminine self-esteem (Steiner, 1983). How well women adjust to this loss is seen as influencing the emotional problems they experience at menopause (Schindler, 1987).

The concept of menopause as a disease and as a loss lead to the association of menopause with a pattern of symptoms known as the menopausal syndrome (Wood, 1982). Although there is a large body of research on symptoms of menopause, there is no consensus on what actually constitutes menopausal symptoms, their categories, the number of women who exhibit these symptoms nor whether treatment of the syndrome is warranted (Davis, 1983; Rauramo, 1986).

The focus of socio-cultural research on menopause is on how culture defines the way this phenomenon is perceived, experienced and expressed by women; what symptoms will be exhibited, and how

women are treated (Griffin, 1982; George, 1988). Factors seen to modify experiences of menopause include the status of women in a given society and the value placed on aging, beauty, and women's reproductive capacities (Kaufert, 1986; MacPherson, 1981). Feminist scholars have argued that there is no consistent relationship between physiological changes and behaviors. Rather, symptoms are a response to factors that repress women, leaving them powerless (Posner, 1979).

Studies on women's views of menopause indicate that there is some contradiction between how women perceive menopause and the assumptions of the biomedical and socio-cultural perspectives. In general women do not consider menopause to be a negative, traumatic, or a medical event for themselves, nor does it affect their self-concept or feelings of femininity (Rosenhand, 1984; McKinlay, McKinlay and Brambilia, 1987). Women who experience psychological difficulties around menopause are apt to associate these difficulties with distressing life changes rather than to hormonal fluctuations or cultural beliefs about menopause (Boulet, Leher and Riphagen, 1988; Leiblum and Swartzman, 1986).

In summary, past research has provided descriptions of elements of the menopause experience. Much of this previous work focuses on the dysfunctional aspects of menopause which are linked to hormone deficiencies or psychosocial sanctions. Although we know something about women's attitudes toward menopause, we know little about the context of the menopause in the lives of women themselves. Women live in a particular culture, in a period in history, and have a given set of personality traits. Developmental issues, concerns arising from life situations, psychodynamics of the indi-

vidual, and expectations from cultural stereotypes may all contribute to women's experience of menopause.

The present study is based on the belief that the meaning of all these disparate experiences and their relationship to menopause must be grounded in the experience of women themselves. In this way models can be found which go beyond a rather fragmented view of menopause and add to our understanding of the aging experience of women.

Methodological Approach to the Study

The method chosen to examine women's view of menopause was grounded theory. Grounded theory is a qualitative method, the aim of which is to gain an understanding of how a group of people define their realities (Field and Morse, 1986) and to identify the dimensions, characteristics and conditions under which these realities occur (Stern and Pyles, 1985). Stern (1980) believes that grounded theory can offer a fresh perspective to a familiar phenomenon. For this reason we felt that it was especially well suited to our objective of further exploring women's own view of menopause.

Sampling. For the purpose of this research, menopause was defined as the cessation of menses for a minimum of twelve months (Treloar, 1982). Thus both perimenopausal women, who had experienced some changes in menstrual flow, and postmenopausal women, who had not experienced a period in twelve months, were included.

Of the eleven women in the study, nine were married, one widowed, and one single. Eight of the married women had children. One woman was unable to have children. Three women no longer had any children living at home. The education level varied from women who had completed high school to women who had post graduate education. Three women were on a hormonal medication. All the women in the sample considered themselves in good health, except one who felt her health was affected by "going through menopause." They ranged from 45 to 58 years

old. Informants came from informal contacts and a family physician who had agreed to invite participation of women patients.

Data Collection. The main method of data collection consisted of unstructured interviews, conducted over a four-month period in settings of the participants' choice. The eleven first interviews, which were forty-five to ninety minutes in length, began with the enquiry, "Tell me something about what has happened to you since you had your last menstrual period, or since your periods have been changing." This approach allowed the women to share any significant event in their present lives, to describe their menopausal history of recent years, or to define their menopausal status.

Five participants were interviewed a second time for periods of sixty to ninety minutes. Questions for the second interview were developed from a careful scrutiny of the first transcript to clarify areas that appeared confusing or contradictory to the researcher, and also from questions

that came from other participants' responses. The informants in the second interview were asked to draw an illustration of where menopause fit into their lives. All interviews were audiotaped and transcribed verbatim immediately following the interview.

Data Analysis. The first step in concept formation was to code the data. Transcripts were read to locate the beliefs, attitudes, perceptions, needs, and reports of behavior of the participants about menopause. Initial clusters or categories were formed according to obvious fit.

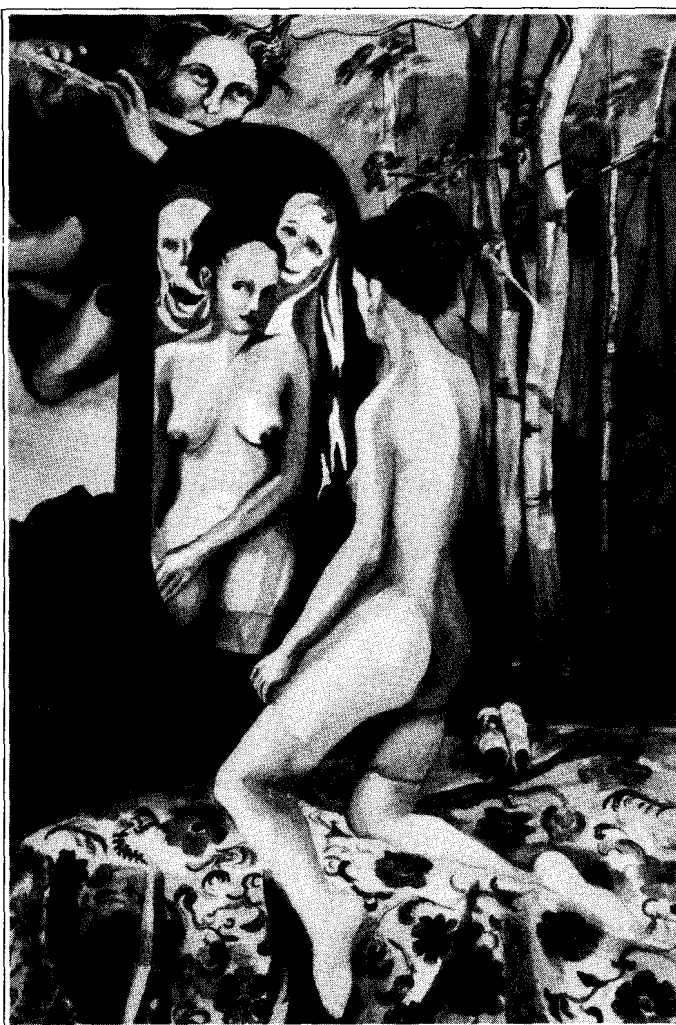
During the second phase of data analysis, initial concepts were compared across interviews with the same person, as well as with interviews provided by different informants, in order to establish and clarify relationships among the categories.

Data analysis also includes consideration of negative cases which may contradict the criteria that have been identified for some categories. For example, one category in the data was that of losing control over one's body and thus over one's life. The concept was identified as 'losing control.' However, one woman felt that she was in control of her life, but only because of things she could do nothing about (such as heredity). Thus to the concept of losing control was added the notion of 'beyond control,' to include those factors of menopause that a woman could not influence.

The process of 'memoing' was an important part of generating categories in this research. According to Glaser (1978), "memos are the theorizing writeup of ideas about codes and their relationship as they strike the analyst while coding" (p. 83). For example, through memoing it was hypothesized that the concepts of 'beyond control' and 'losing control' were part of the higher ordered category of 'seeking equilibrium.'

Result

The final analysis resulted in five conceptual categories or stages of menopause which had a unifying underlying theme: women were feeling different as a result of various physical or



Louise Z. Francke, *Swan's Song*, 1985, watercolour, 40" x 59.5"

emotional sensations. "Making sense out of feeling different" was identified as the core category which linked the five stages and accounted for how women saw the process of menopause.

Recognizing a change. The first stage of making sense out of feeling different was that the women recognized that changes to their menstrual cycle were indicative of the beginning of menopause. This first stage included picking up cues that the menstrual cycle was different, seeking an explanation for this difference, and naming the change. One woman's experience sums up the process of this stage:

I just figured I had lost track of the calendar. I just don't worry about it. And because I was not getting the hot flashes and I was not experiencing what all my friends were experiencing, I was convinced that I would never have menopause. And when finally after a couple of times when I was missing my periods for a longer stretch of time I realized that it was happening. But I didn't wake up one morning and say, hey, this is it. I was into it before I realized it.

Experiencing changes. The second stage of making sense out of feeling different was the occurrence of physical and emotional changes that women experienced after they defined themselves as being in menopause or premenopause and up to two years after their periods stopped. All women encountered physical differences that had not occurred before their periods began to change. These varied in kind and intensity and caused various degrees of discomfort. One woman scarcely felt anything physically different was happening to her, while another woman felt that her body was 'falling apart' to such an extent that she did not even feel like herself. The period of time in which these physical changes took place ranged from six months to three years. The most frequently mentioned change was hot flashes:

I can feel the heat coming out of the top of my head. I feel like I'm burning up inside and yet I'm cold on the inside.

Emotional changes were common during this stage. Seven of the women experienced some type of emotional change, although the intensity of the changes differed from woman to woman. The emotional changes included irritability, shortness of temper, insomnia, crying, mood swings and depression. Some women also experienced a negative change in sexual relations with their husbands.

It's more drastic, like all of a sudden you're just very very upset about something that ordinarily you wouldn't be and that seems to happen more often than before.

Making connections. The desire for an explanation for their pattern of changes led women to the third stage, making connections — the establishing of links between the changes of menopause and

experiences in their lives. The connectors came from societal and personal sources.

Some of the women's expectations were derived from society's images of the menopausal woman, which were found in stories passed from woman to woman, and from knowledge obtained from medical or non-medical literature.

And I think that (menopause) comes with a stigma attached. I heard as I grew up, well, she went over the brink in the change of life.

I figured that it probably was something like what I had just been reading about menopause. They tell you that oftentimes the fluids dry up, your natural fluids and so I assumed that this was part of it.

Women also looked to their own experiences or those of female relatives to understand the changes that were happening to them. These connectors were their mother's experience of menopause, their own menstrual history, or the female reproductive cycle itself. Not all women used the three connectors but they each connected with at least one:

The whole thing is just part of the process of life. It was just a continuation of being born female and carrying on.

I watched my mother go through a really rough time. And I think I'm worrying about that, is that going to happen to me?

Seeking equilibrium. In the fourth stage women attempted to continue what they considered their usual standard of activities and to feel like their normal selves. This stage consists of two corresponding parts, "having no control," and "taking charge."

Having no control refers to the lack of ability to control the direction and pattern of menopause. Factors such as when menopause occurs, the length of time that it takes to reach menopause and the changes experienced were seen as beyond their control. For some women "having no control" also



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included losing the ability to predict the menstrual cycle, needing to restrict activities, and losing control over emotions. This element of no control was attributed to individuality, genetic make up, fate, or the "luck of the draw:"

I can't do anything about it, one way or another.

I have a lot of fears of what it's going to do to me, both physically and emotionally. And I suppose emotionally more so. My concern is can I handle it? I don't want to have to face the consequences of an emotional upheaval, a disruption in my marriage or my role as a mother of adults. I don't want to lose control of my emotions.

The second part of seeking equilibrium was the women wanted to take charge of what was happening to them. In order to do this, they used a variety of coping strategies, including drawing on personal strengths and seeking support from spouses, family, and peers:

I think it's often a case of mind over matter and if your mind is occupied with something besides yourself, you are a healthier person.

Please try and understand that this what I am going through and please be patient.

While women were experiencing various emotional and physical changes, they were constantly trying to make sense out of these changes. The cycle of experiencing physical changes, finding connectors and seeking equilibrium continued until the women were no longer experiencing any new changes. It was at this stage that the women entered the fifth stage of menopause, closing the cycle.

Closing my cycle. This stage is defined as the time when a woman concludes that she has "finished menopause." Two elements signal the end of menopause: the cessation of periods and the discontinuation of other physical and emotional changes that the women associated with menopause. It was an ambiguous stage for many women as they did not know for certain when both conditions were met:

It can't go on forever. I know it can't go on forever. I'll have paid my dues

and I'll feel great again.

Are there any tests that they can run on you that say yes or no, that you're out of menopause?

The women associated "the end of menopause" with the beginning of a new stage of their lives. There was a feeling expressed by all women in the research that there were many challenges and new roles waiting for them. They recognized that menopause meant the end of their reproductive years, but this did not bring any regret or disappointment. Despite the fact that several of the women were struggling with the notion of their children leaving home, all the women saw the time after menopause as one of freedom, relaxation, and a time when they could be more themselves.

Discussion

Making sense out of feeling different was the common underlying theme of each of the stages of menopause. Women searched for answers that would reaffirm that what they were going through was normal and they looked for feedback that would assure them that there was nothing physically or psychologically wrong with them. Their main concern throughout the process was to make sense out of the changes they were experiencing so that they could distinguish between controllable and uncontrollable aspects of menopause. Women did not connect their identity, their roles, or their values with menstruation or its cessation.

These findings suggest that women themselves may have concepts of menopause that are inconsistent with some of the assumptions of the previous research. For example, women did not consider the changes that they were experiencing as symptoms of a disease. Of itself, menopause was not thought of as an unhealthy state, although there was a recognition that some of the changes could make them feel temporarily unhealthy. Rather, menopause was seen as part of the normal female cycle, along with menstruation and childbirth. If the changes could be controlled through medication or other coping strategies, then menopause was not considered to be pathological.

The experiences of women in this study correspond most closely with some of the socio-cultural literature that suggests that

the experience of menopause is socially defined. Part of women's reaction to knowing that they were in menopause was apprehension. They knew the folklore about menopause as a time of emotional upheaval and there was a concern that this might happen to them.

One of the themes in the socio-cultural research on aging is that menopause is difficult for women because society views them as getting older and having limited usefulness to society. For the most part, this view was not confirmed. The women in the study were optimistic and had a positive view of the future. They saw the next period of their lives as a time to be more relaxed, to be free, to continue to pursue interests, or to take up new ones. Their focus was on dealing with another life change which was part of a process with an undefined beginning and end.

One explanation for the different views of menopause experienced by women in this study is that these women are part of a cohort that "brings distinctive values, ideas and consciousness to these life periods" (Karp and Yoels, 1982). Much of the research on midlife changes or on menopause has involved cohorts of women who grew up around the time of the Great Depression. In contrast, women in this study grew up after World War II. Economic and social changes have taken place that have a profound effect on women's lives: they are living longer, are better educated, have smaller families, and are in a better position to pursue careers than the previous cohort of women.

Menopause is becoming a mid-life rather than a late-life phenomenon. It does not signal the end of our usefulness to society: it signals a new phase of life.

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