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Midlife Women's Perceptions of their Changing Bodies: An Ethnographic Analysis

by

Elizabeth Marie Banister
B.Sc.N, University of Alberta, 1968
M.A., University of Victoria, 1991

A Dissertation Submitted in Partial Fulfillment of the
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DOCTOR OF PHILOSOPHY

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We accept this dissertation as conforming to the required standard

Dr. B. A. Timmons, Supervisor (Department of Psychological Foundations)

Dr. B. Harvey, Departmental Member (Department of Psychological Foundations)

Dr. R. V. Peavy, Departmental Member (Department of Psychological Foundations)

Dr. J. Waelti-Walters, Outside Member (Department of Women's Studies)

Dr. J. C. Daniluk, External Examiner (Department of Counselling Psychology,
University of British Columbia)

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University of Victoria

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Supervisor: Dr. Beverly A. Timmons

Abstract

The purpose of this study was to document, from a developmental perspective, midlife women's perceptions of their changing bodies within the larger cultural context, and to use ethnographic research as a tool for researching midlife women. The central question guiding the analysis of midlife women's lives was: What are midlife women's perceptions of their changing bodies? The self-reported experiences of 11 midlife women (ages 40-55) were obtained and the data analyzed using Spradley's (1979) Developmental Research Sequence Method.

Data were collected by using individual and group interviews. During the individual interviews, three kinds of ethnographic questions (descriptive, structural, and contrast) were used to explore how each woman conceptualized her experiences. After the individual interviews were completed, three consecutive group interviews were conducted. The group interviews provided a context for determining the women's shared meaning of their changing bodies at this pivotal time of their development. To solidify the credibility of this qualitative study, the understandings derived from the study were subjected to member checking and the application of content analysis.

Four general themes emerged from the analysis of the data. The first two themes—the media and medicine—involved aspects of the culture that most influenced the women's interpretations of their changing bodies and were, therefore, structural in nature. The second two themes—loss, and redefining of self (including the development of self-care)—involved the more personal aspects of the women's narratives such as reflected meanings and attitudes.

Results of the study indicated that the midlife period in a woman's life encompasses a broad spectrum of experience, full of contradiction and change. Issues of loss, change in role functions, cultural influences that perpetuate ageism and sexism, ambivalence, strong emotional responses, lack of consistent information about menopause and sexuality, questioning, critical reflection, coping mechanisms, redefining self, self-care—all played a central role in the women's lives during this important time of transition.

Midlife events prompted the participants to question and challenge traditional cultural expectations about female roles and behavior; and in this way they reinterpreted their experiences and created new meaning from them. The women reformulated their self-definitions from that of caregiver to care receiver, from caring for others to caring more for oneself. This could be seen as a major developmental change in the women's lives, since through this process of facing the challenges of midlife, the women moved from self definitions that were based on negative cultural stereotypes to self definitions that were based on an affirmation of their ability to experience the events of their existence as autonomous individuals, less bound by stereotypes than they had been before.

Health professionals can attempt to examine some of their own biases and assumptions about midlife women that could influence their treatment of, and attitudes towards, these women. Furthermore, health professionals are in the position to help their midlife clients question and become critically aware of the social, historical, and political context that defines women's midlife experience, so that midlife women need not take for granted the established interpretation of their physical changes. Suggestions for further research are included.

Examiners:

Dr. B. A. Timmons, Supervisor
(Department of Psychological Foundations in Education)

Dr. B. Harvey, Departmental Member
(Department of Psychological Foundations in Education)

Dr. R. V. Peavy, Departmental Member
(Department of Psychological Foundations in Education)

Dr. J. Waelti-Walters, Outside Member
(Department of Women's Studies)

Dr. J. C. Damluk, External Examiner
(Department of Counselling Psychology, University of British Columbia)

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Chapter 1

Introduction

It is a well documented fact that is a complex time of transition that encompasses a broad spectrum of experience, full of contradiction and change. Strictly speaking, midlife would be defined by the chronological age, or the condition, of a woman's body. And certainly, the physical state of a woman's body has an important influence on how she sees her "self." But the woman is also situated within a cultural and historical context. This context, which includes her cultural knowledge of aging, gender, and social roles, has a powerful effect on how she perceives her own body--and subsequently her "self". Thus, the extensive physical changes that occur to a woman in midlife can lead her to rework her definition of her "self" (Gilligan, 1982; Notman, 1979). Midlife is a time during which perceptions of one's changing body can provoke a profound developmental change in her identity. This study is about how midlife women perceive and experience their changing bodies.

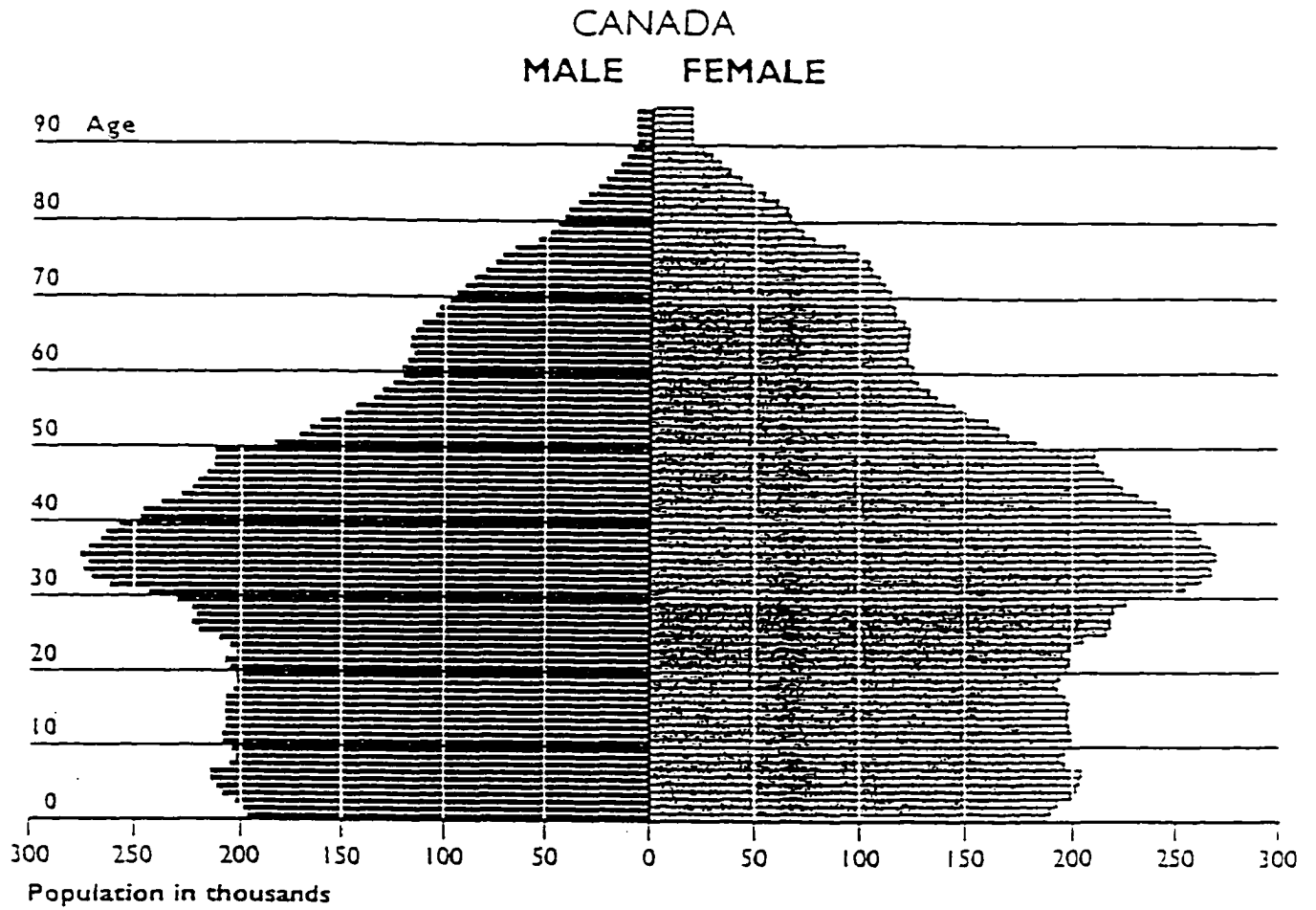
During midlife, the individual must grapple with unknowns, tensions, contradictions, and changes; and few developmental stages are so fraught with complexity as is the midlife transition of women (Levinson, 1996). When a woman enters this developmental stage, how does she define herself? What are the issues and challenges she faces as she interprets her bodily changes within a cultural context that defines her existence as increasingly invisible? Little is known about this stage in the course of women's lives, particularly from midlife women themselves (Gergen, 1990).

The 1990's in the history of our culture seems particularly appropriate for the study of midlife women's lives. Women at midlife compose one sixth of the Canadian population (see Figure 1) and this proportion will increase in the next decade as the peak number of baby boomers reach the age of 50 years (Foot, 1996). The demographics alone indicate a need for research in this under-represented area. However, there are also other important reasons for conducting research in this area. Our cultural knowledge of midlife women's lives is not only sparse in many areas; it is also often incorrect, biased by ageism and sexism (Ussher, 1989). It, therefore, works at odds with the needs of midlife women.

Despite the large numbers of midlife women and the preponderance of cultural knowledge that is inappropriate to their needs, there is in fact comparatively very little actual research on this group--and this is another reason that such research should be conducted. It may be that until recently, our cultural knowledge of midlife women has provided a barrier against research into this developmental stage in their lives. The cultural knowledge has been so ingrained and accepted, even by researchers, that researchers may have thought there was no need to question or explore areas pertaining to midlife women's experiences. Empirical studies to date have not adequately examined midlife women's perceptions of their changing bodies. There are several explanations for the paucity of studies documenting women's midlife experience and the consequent lack of accurate information. For example, up until recently, midlife studies have focused primarily on men with little attention given to women's experience; as well, the emphasis on negative aspects of events in the lives of midlife women, such as menopause and "the empty nest," have portrayed a narrow perspective of the midlife experiences of women

Figure 1

Canada's Population Pyramids, 1996*



*adapted from Foot (1996)

(Baruch & Brooks-Gunn, 1984). An examination of sociocultural and historical variables that relate to perceptions of and feelings toward physical changes such as the loss of physical attractiveness (as defined in Western culture), menopause, and physiological changes that have an impact on sexual functioning are sparse in the literature (Rossi, 1980). In recognizing the need for research in this area more comprehensive considerations of how a midlife woman experiences herself in the midst of her changing body are required.

Women's perceptions of their changing bodies are central to the construction and experience of middle age (Rossi, 1980; Ussher, 1989). The predominant view of midlife women focuses on the decline of the body and therefore devalues women at this stage of life (Berkun, 1983; Dickson, 1990). This view is reflected in the discourse of our culture, which is heavily laden with negative connotations and attitudes toward midlife women (Dickson, 1990; Gullette, 1996; Ussher, 1989). In our youth-adoring culture, structural influences such as the media and medicine have a profound effect on women at midlife (Ussher, 1989).

Many feminist scholars (for example, Dickson, 1990; Gullette, 1996; Ussher, 1989) hold the position that we can alter midlife women's experiences of midlife by changing the discourse surrounding this experience. They suggest that women's experiences of their aging bodies need to be understood within the cultural context of the profound ageism and sexism in our culture. To do this, we must examine critically cultural stereotypical representations of aging women, and work to produce new cultural discourses about this stage in women's life cycle. The focus of the current research is on the experiences of

women, rather than on cultural discourse. The new discourse doesn't need to be created: it creates itself when the conditions are favourable. Further, however, the results of the new discourse--if it is to flourish, to the benefit of midlife women--must be acknowledged and fostered by being made available for other people to use--most particularly, by midlife women themselves. If this is done, I suggest that when consistent reliable information on midlife women's perception of their changing bodies is available, the many negative assumptions about women's midlife experiences (that filter our understanding of their perception of their changing bodies), will simply be discarded in favour of a more positive, perhaps beneficial, accurate and ultimately useful discourse.

I am often asked about my rationale for studying physical changes in midlife women's lives. There are many ways to explain this choice--some professional, some more personal. As a woman at midlife, I was personally interested in the topic. My discussions with friends, colleagues, and health professionals concerning midlife experiences convinced me that this would be a fruitful avenue of research for myself, for other midlife women, for the academic community, and for society in general. Furthermore, the research upon which this study is based grew out of my awareness that there is a gap in our knowledge of middle aged women, the uncharted territory in which they find themselves, and the ways in which they experience, and interpret this territory. My intent is to escape the stereotypes that define midlife women, by allowing them to speak for themselves and thus give voice to their experiences. From their own words, I have worked to evoke an understanding of the ways in which they create meaning and experience life from their particular personal, social, and historical context. The voices of

individual women at midlife can tell us much about the experience of their changing bodies.

Mainstream psychology that leans toward traditional scientific inquiry serves to exclude feminist research and “obscure the connections between individual experience and social roles and institutions” (Parlee, 1979, p. 133). Given the lack of consistent information and misconceptions about women’s midlife period (Baruch & Brooks-Gunn, 1984; Gergen, 1990; Hunter & Sundel, 1989), I wanted to look at the meaning of the midlife experience as it emerges in women’s own interpretations of their changing bodies. Efforts to understand the dimensions of this led me to investigate the interplay between developmental change and social structural influences in 11 midlife women’s lives. Ethnographic data collection and interpretative analysis are well suited for this purpose because of their ability to illuminate historical and ecologically valid descriptions of developmental processes (Rizzo, Corsaro, & Bates, 1992) such as those experienced by midlife women. Increased interdisciplinary research is important to help turn back the tide of overly negative and unidimensional constructions of midlife women. This study is my attempt to communicate my response to 11 midlife women’s stories of their changing bodies.

Statement of the Problem

Cultural constructions and medical interpretations that reinforce middle ageism may profoundly affect midlife women’s perceptions of their changing bodies (Berkun, 1983; Daniluk, 1993)--which may or may not lead to confusion, conflict, disempowerment, and difficulties for some midlife women. The purpose of this study was to better understand,

from a developmental perspective, the meaning of the midlife experience as it emerges from women's own interpretations of their changing bodies. The intent was to examine from midlife women's own points of view (Geertz, 1973) the respective roles of sociocultural and physiological factors underlying their experiences.

Research Question

The central question guiding this study of 11 midlife women's lives was:

1. What are midlife women's perceptions of their changing bodies?

Assumptions

The study has the following basic assumptions based on current developmental theory and research:

1. Women's midlife experience of developmental changes such as their changing bodies is socially constructed (Gergen, 1990). The cultural and historical context has a significant effect on how midlife women perceive their bodies and themselves (Rossi, 1980).

2. Through the use of an ethnographic interview, expressions of meaning can be evoked through conversations that occur between an ethnographer and participants. The meaning of participants' experiences can be discovered through analyzing those conversations (Spradley, 1979).

Methodology

An ethnographic approach was chosen to capture 11 midlife women's perceptions of meanings and event within the social and historical context. In contrast to traditional

social science inquiry in which the researcher is the expert in assessing reality, this research approach was used to allow midlife women to give their own accounts of their experiences, in which the women are considered the experts in conceptualizing meaning of their world. This method was used in order to provide new understandings about midlife women's perceptions of their changing bodies. To paraphrase Van Maanen (1988), an ethnography carries with it an intellectual and moral responsibility for what it represents because it ultimately informs us of social options and restrictions that are embedded within our cultural context.

The ethnographic interviewing methodology of James P. Spradley (1979) was employed to discover midlife women's own perceptions of their changing bodies from within the social and historical context. The ethnographic interviews were conducted and analyzed according to Spradley's (1979) Developmental Research Sequence Method. A rigorously applied ethnographic research approach enables a researcher to discover aspects of experience that reflect not only participants' cognitive understanding but also their social-structural reality.

Definition of Terms

The following words, concepts, or phrases are used throughout this research report in relation to ethnography and physical change in midlife women.

Climacteric: the period of life characterized by changes in the body that accompany the decreasing function of the ovaries, encompassing the time period and those events leading up to and following the actual cessation of menstruation (Weg, 1978).

Culture: knowledge people acquire to interpret their experience and generate social behavior (Spradley, 1979).

Domain: a symbolic category that includes other categories--related by at least one aspect of cultural meaning. It is the basic and most important unit used for ethnographic analysis (Spradley, 1979).

Emic: insiders' perspectives of a culture which are derived from investigating their language, beliefs, and experiences. The prerequisite for ethnographic interpretation is based on the assumption that individuals have some understanding of their own feelings, actions, and values. Such views of reality are at the heart of ethnographic research (Boyle, 1994).

Entering the Field: the initial part of the interview or meeting. Establishing rapport with the informant is crucial at this beginning stage of the interview (Spradley, 1979).

Ethnography: the work of describing a culture in order to understand another way of life from an "insiders point of view" (Geertz, 1993).

Etic: the outsiders framework or the influence of scientific explanations of reality upon the phenomenon of inquiry. The etic perspective is also what researchers see and observe as they engage in the fieldwork (Atkinson & Hammersley, 1994).

Folk term: symbols used by the informant to represent cultural meaning (Spradley, 1979).

Informant: a native speaker, or person representative of the culture under study, who through the use of native language, provides information to the ethnographer (Spradley, 1979).

Menopause: the event of last menstruation. The diagnosis of this event is made retrospectively, after one year cessation of menstruation (McKinlay, McKinlay, & Brambilla, 1987). Cobb (1987) reported that the average age for menopause is 51, even though it may occur anywhere between the ages of 39 and 59.

Midlife: its chronological boundaries have been set anywhere from after youth to before old age (Giele, 1982). For the purposes of this study, midlife is defined as that period in the life cycle that ranges in age from approximately 40 to 55 years (Berkun, 1983).

Participant Observation: the researcher's role in the field that requires he or she participate in the social world and reflect upon the products of that participation (Hammersley & Atkinson, 1983).

Professional Stranger: the interviewer who has the privilege of obtaining personal information within the context of the interview (Schwartz & Jacobs, 1979).

Reflexivity: suggests that the researcher is part of the world he or she is investigating and is affected by it (Hammersley & Atkinson, 1983; Turner, 1986). Reflexivity involves researchers' reflections on how participants are similar to and different from them (Christman, 1988).

Self-definition: the knowledge a woman has of herself as an individual within a particular social and historical context (Peck, 1986).

Tacit Cultural Knowledge: knowledge about one's culture that is not usually expressed in direct ways. This tacit knowledge is revealed through individuals' speech, behavior, and artifacts (Spradley, 1979).

Thick Description: descriptions of participants' feelings, actions, and meanings that are captured through interaction. Thick descriptions provide conditions for thick interpretation that can represent central elements of participants' experiences that have been "thickly described" (Denzin, 1989b).

Summary

Existing ideology that devalues women's experience may contribute to tension, ambivalence, and confusion for midlife women as they attempt to make sense of their changing bodies. The implications of these difficulties were introduced above. The purpose of this study was to add to our understandings of midlife women's perceptions of their changing bodies within the cultural and historical context. Chapter 1 provides an introduction to the problem and purpose of the study, research questions, and relevant definitions. Chapter 2 offers an overview of literature with a focus particularly on theories and research of women's development and on literature pertaining to midlife women's physical changes. Chapter 3 contains a discussion of the ethnographic methodology and analysis procedure. A summary of the ethnographic data is presented in Chapter 4 to evoke in the reader a vivid image of the experiences of 11 midlife women, who struggled to find meaning of their changing bodies. The study is summarized in Chapter 5. Implications of the study for health and health-related professionals working with midlife women are outlined. Chapter 5 also includes the conclusions drawn from the study and recommendations for future research.

Chapter 2

Review of the Literature

The problem of defining middle age is complex. Psychologists and sociologists do not even agree on its chronological boundaries, which have been set anywhere from after youth to before old age (Giele, 1982). For example, Erikson's (1950) seventh stage of the life cycle, which focuses on "generativity," spans the years from 40 to 65; Havighurst (1952) uses the ages of 30 and 60 as upper and lower parameters of the middle years; Rubin (1979) studied 160 midlife women ranging in age from 35-54 years; and Levinson (1978) defined the era of middle adulthood as 40-60 years. Midlife may be expected to cover an increasingly wide range of years, as the average life-span continues to lengthen.

This lack of consensus with regard to the chronological boundaries of midlife, however, may merely indicate that chronological age has less bearing on a suitable definition than do social and individual factors (Brooks-Gunn & Kirsh, 1984). The stage of life known as "midlife" is a time of biological, cultural, and social changes which bring about important transitions in the lives of individuals. Even though aging and life-course researchers have started to identify common transitions experienced by middle-aged adults, it has proven difficult to separate transitions caused by biological factors that occur during these years from those transitions caused by cohort membership or historical context (Smith & Moen, 1988). Therefore, a general theory of midlife development does not yet exist (Rossi, 1980).

Baruch and Brooks-Gunn (1984) argue that in the past, to further complicate the task of research on midlife development, two forms of bias in theory and research led to incorrect and stereotyped views of midlife development of women: first, midlife studies that focused exclusively on men have ignored women's experience; and second, the negative emphasis on experiences such as menopause and "the empty nest" have portrayed a narrow perspective of women's midlife experience. Because of these two strands of research and theory, the middle years tend to be viewed with ambivalence.

For these authors, despite the avoidance of some bias in the study of women, a combination of contemporary social and ideological changes are providing conditions for midlife to be viewed in less negative and less stereotypical ways than in the past, and current developments in the social sciences are offering new approaches to the study of midlife. First, some recent advances in human development research take a life-span approach, studying the individual over time. Life-span theories tend to deepen understandings of developmental stages and call attention to the potential for growth and change throughout the life course. Second, some women-centered researchers have made attempts to provide some groundwork of the midlife period (for e.g., Baruch, Barnett, & Rivers, 1983; Bateson, 1990; Josselson, 1987; Rubin, 1979).

A life-span perspective defines development during adulthood as a continuum of change, centering on the interaction of environment and biological factors, which incorporates multidirectionality, reversibility, and nonuniversality across individuals, cultures, and historical times. For Baltes (1979) there are three major forms of influence that interact to produce developmental change over the life-span: (a) normative age-

graded, (b) normative history-graded, and (c) non-normative. Each will be briefly reviewed.

Normative age-graded influences are particular to individual cultures and involve timing and the duration in the life-span. These are the biological and environmental influences correlated with chronological age, such as menopause, role changes, and “the empty nest.”

Normative history-graded events are those that widely occur among the majority of a particular cohort. These events may be environmental (for example, the Vietnam War) or biological (for example, malnutrition and large scale epidemics) and are generally mutually influential.

Non-normative events occur to individuals. To illustrate, the experience of a chronic illness or death of a child are non-normative events.

As a foundation for further discussion, this literature review begins with a brief and limited explication of the theories of adult development. Second, a brief review of theory and research of women's development will be examined. Third, biological changes in women at midlife will be sketched. The focus on biological changes will be limited to a review of the literature on menopause, and women's perceptions of physical change. Throughout each focus area, questions for future research will be discussed.

Theories of Adult Development

As mentioned in the foregoing section, middle adulthood for both men and women is considered a time of development and change, yet little is known about these years

(Barnett & Baruch, 1978). Indeed, other than a few studies conducted in the past 30 years, psychological research has paid little attention to adult development. The following discussion will illustrate how this recent research on adult development is even further limited by an androcentric bias that reduces its ability to explain women's midlife development.

Prior to the 1960's a psychoanalytic view dominated psychological literature concerning development. Freud's (1933/1964) theory of psychosexual development suggested that the experience of women is intrinsically similar to, and derived from, that of men--with a telling asymmetry. For Freud (1933/1964), males experienced a castration anxiety and were driven to resolve the Oedipal conflict. This resulted in detachment from external forces, and development of a conscience or superego, and a "sense of justice". Conversely, female psychology, for Freud, was determined by women's original genital deficiency and need to overcome that defect. Because of this biological difference, women did not experience the castration anxiety of young men, were not driven to resolve the Oedipal conflict, did not attain detachment from external forces and concomitant independence from their emotions, and were therefore more influenced by emotions than men.

According to Freud (1933/1964), women developed into maturity by relinquishing masculine activity and accepting their feminine nature; passivity was central to this feminine nature and was influenced by societal pressures (i.e., procreation and family responsibilities). Women who rejected their femininity were considered neurotic and immature in their development. Such formulations seem not only outdated, but

fundamentally incorrect as an explanation of women's psychosexual development, since they can be seen to derive from androcentric views of female sexuality prevalent at the turn of the century, a time of sexually repressive and morally hypocritical social norms (Lerner, 1975; Mendus & Randall, 1989; Mitchinson, 1991).

Freud himself admitted he did not understand female development, and that his explanation of female psychology was based on his understanding of the male norm. He claimed that knowledge of adult women's sexual life was a "dark continent" for psychology (Freud, 1926/1959, p. 212). In a paper entitled *Female Sexuality*, Freud (1931/1961) reformulated his position on female psychosexual development and noted the lack of parallelism between female and male resolution of the Oedipal complex in that the female's attachment to the mother was difficult to analyze. Gilligan (1982) noted that Freud explained his difficulty in developing a theory of female development as a weakness in women's development itself, "located in their experience of relationships" (p. 7). The result was a negative portrayal of women. For Freud (1933/1964), the female pattern of development derived from the male norm, yielding superior results for men, whose actions were governed by a reasoned sense of justice, and inferior results for women, whose actions were governed by emotion. In this way, Freud's (1933/1964) theory denied or devalued the experience of women. Nonetheless, it typified the approach of psychology to the study of the development of women for the greater part of the 20th Century.

Carl Jung (1931/1960) was one of the first psychoanalytical theorists to discuss adulthood, and in particular middle adulthood. Jung emphasized that individuals' personalities may change during adulthood. For Jung, psychological development was

divided into two phases in adulthood. During the first phase, which occurred up until around age 40, individuals were concerned with meeting societal and family obligations. Due to role prescriptions and societal demands, gender differences emerged as personality developed. The instrumental or achievement oriented aspect of personality tended to be the focus for men due to cultural expectations for their career success. In contrast, the societal role for women as caregivers and nurturers tended to lead to expressive and nurturant aspects of personality.

During the second phase of psychological development in adulthood, Jung (1931/1960) posited that at about age 40, individuals had the opportunity to balance uneven development in their personalities, to engage in psychological transformation. In women, masculine components of personality tended to develop; in men, feminine qualities of personality were enhanced. The initial stages of this personality completion involved taking stock of one's life. One had to integrate one's personality during the transition phase of the 40's to adjust successfully to the middle and later years.

Erikson (1950) used Freud's work as a foundation for his conceptual framework of the life cycle. His theory of ego development is one of the first developmental theories of personality that encompasses adulthood as well as childhood and adolescence and has emerged as a foundation for contemporary researchers of adult development. Erikson was concerned with individuals' life courses and the interaction of self with the external world. For this theorist, there were three systems that encompass individuals' psycho-social development: (a) biological, (b) social, and (c) individual.

From the analysis of data collected from biographical interviews, the researcher (Erikson, 1950) conceptualized an invariant sequence of eight universal life stages in individuals' psychosocial development. Successful resolution of specific crises at each of the stages of ego development influenced individuals' self-evaluation and ability to adapt to internal and external demands. For Erikson, the term "crisis" referred to individuals' psychological efforts to adjust to demands of the social environment. At each stage of development society places psychic demands upon the individual.

The theorist (Erikson, 1950) proposed that the crisis that occurs in the middle years was that of "generativity versus stagnation." Generativity concerned individuals' abilities to extend their energies to others. The focus of this stage was the welfare of the next generation. To illustrate, generativity would be reflected in behaviors that help foster the development of others such as mentoring, responsible parenting, and generating ideas. In contrast, stagnation resulted from self-absorption. The conflict of this stage was resolved when an individual turns more to generativity after addressing the unpleasant possibilities of stagnation.

Erikson's (1950) theory has been interpreted as appropriate for males. He also gave some attention to women's identity formation as distinct from that of men. Men are affiliated with the "outer space," associated with assertiveness and autonomy. Conversely, women are affiliated with "inner space," which concerns feminine ways of perceiving reality and represents women's dependency on their biological destination and their need to resolve conflicts specific to marriage and procreation.

Erikson (1950) proposed that identity formation occurs primarily in late adolescence and early adulthood. Women's identity formation, however, is not determined by age, but rather remains unresolved until after the choice of a mate. However, Erikson (1968) acknowledged female contributions to society by noting that closure of the psychosexual aspects of women's identity may be put aside in order that a woman develop as a person "within the role possibilities of her time." (p. 283)

Havighurst (1952) based his theory of psychosocial development on Erikson's (1950) life-cycle developmental task concepts. However, rather than a "crises" approach to midlife, Havighurst normalizes certain developmental issues that all individuals must face during this time. The specific developmental tasks of the middle years (ages 30-60) are the following: (a) achieving civic and social responsibility, (b) establishing and maintaining economic stability, (c) guiding teen-aged children to become responsible and content adults, (d) reaching and maintaining satisfactory career performance, (e) engaging in adult leisure-time activities, (f) relating to oneself and to one's spouse as individuals, (g) accepting of biological changes, and (h) caring for aging parents. Even though these tasks may be similar for men and women, Havighurst noted some differences. For example, biological changes of aging become especially more noticeable for women at midlife. To paraphrase Havighurst, there is marked physiologically-based psychological change in the latter part of women's middle age.

In effect, Havighurst's (1952) model of adulthood changes is comprised of two primary developmental tasks: (a) biological changes of the body, which present problems of physical adjustment to changes associated with aging and (b) societal expectations,

which present problems of adjustment to social role changes associated with aging. For the investigator, the middle years are a time when individuals have their greatest influence on society, and when maximum societal demands concerning social and civil responsibility occur. To summarize, Havighurst offers an important contribution to life-span developmental theory by drawing attention to the interaction between bodily changes and societal expectations (Rossi, 1980).

Bernice Neugarten (1968) argued that chronological age alone is not sufficient for explaining the societal and psychological changes that occur in adulthood and instead stressed the significance of timing of events. The researcher interviewed 100 white, middle class men and women concerning the salient aspects of aging. Neugarten argued that individuals' subjective interpretation of the aging process determines their response to the passage of chronological time: the subjective interpretation is in turn strongly affected by the socio-cultural context that shapes societal attitudes towards aging. Gender differences regarding one's interpretation of aging emerged from the data. For example, women's self-perceptions of age were influenced by events within the family cycle; men's self-perceptions were influenced by cues outside the family such as deferential behavior accorded them in the work environment. Neugarten also found that individuals at midlife were engaged in introspection, stock-taking, structuring and restructuring of experience, and reassessing of the self.

David Gutmann (1968) used projective tests, in-depth interviews, and dream analysis in cross cultural studies in order to assess common themes in middle-aged and older men and women. Gutmann (1980) observed sex-role reversals with increasing age in each

culture he studied. Such reversals appeared as a shift from nurturance to dominance in women (affiliation to agency) and from dominance to nurturance (agency to affiliation) in men. Gutmann (1980) wrote that even in “patriarchal societies, women become more aggressive in later life, less affiliative, and more managerial or political....sex becomes something of what the other used to be, and through these various gender changes, the normal androgyny of later life is ushered in” (p. 42).

Gutmann (1980) argued that social obligations played a central role in determining the sex differences. Such social obligations center on parental obligations for both sexes. Shifts in parental responsibilities at midlife provide opportunities for members of both sexes to live out their potential and experience new forms of fulfillment. Gutmann's latest research (Cooper & Gutmann, 1987) provides empirical evidence that women in the post “empty nest” stage of life are more likely to develop aggressive, managerial and political traits generally associated with men.

Lowenthal, Thurnher, Chiriboga, and Associates (1975) described a developmental model of adulthood based on psychosocial adaptation. The researchers studied middle and lower class populations at four life stages and found some central gender differences in adaptations to life stresses that occur in the middle years. The four age groups facing transitions included: (a) high school seniors, (b) newlyweds, (c) those experiencing “the empty nest”, and (d) pre-retirement couples. Middle-aged women tended to demonstrate negative adaptive patterns to various social and psychological domains (e.g., “the empty nest”). Lack of well-being tended to be associated with stressful spousal relationships. Generally, self-concept, which had to do with perceived attributes, was less positive in

women than in men across all four life stages with the exception of pre-retired women who demonstrated more assertion and had more positive self-images than women facing “the empty nest”. In addressing public policy, the researchers suggested that a more positive self-image in women could be a significant mediator between stress and adaptation; present social conditions for women at midlife, reinforced by sex role stereotypes and economic restraints, represent a waste of human resources.

Similar to developmental theorists before him, Vaillant’s (1977) view of adult development was male-focused, rational, and autonomous. A longitudinal study of 95 Harvard undergraduate males was used for Vaillant’s account of adaptation to life. The men were drawn from the 270 subjects who had been part of the Grant Study of Adult Development. The participants in that study were successful Harvard freshmen chosen primarily from the classes of 1942 to 1944 and were followed up to their 50’s. In 1967 and 1977, Vaillant and his associates interviewed 95 of the original sample. Vaillant found that men in the middle years (35 to 49) perceived this period as happier than the period from 21 to 35 years. Vaillant based his study on Erikson’s (1950) work and claimed that individuals pass through sequential stages of development. A stage of career consolidation, which emphasized the attainment of career goals, was added between Erikson’s stage of “Intimacy” and “Generativity”. But the underlying assumption of Vaillant’s work is that attachment to others was minimized and instead replaced by one’s relation to society (Gilligan, 1982).

The culminating figure in this brief review of adult development is Levinson (1978). A theory of age-linked periods of psychosocial development was proposed by the

researcher. Levinson studied the life course of 40 men between the ages of 35-45; each man was originally interviewed in 1969 and then re-interviewed approximately two years later. The theorist was concerned with the evolution of the individual's life structure or overall life pattern, which consists of periods of separation and fragmentation over a set sequence of structure-building and structure-changing, age-linked periods. The life course is divided into the "era", roughly 20 years in length, and within eras, "periods", each ranging from 4 to 7 years. Levinson's four adulthood eras are: (a) Early Adulthood (20-40), Middle Adulthood (40-60), Late Adulthood (60-80), and Late, Late Adulthood (80-). Each era is comprised of distinct periods. For example, the five periods within the Early Adulthood era are the Early Adult Transition (17-22), the Entry Life Structure for Early Adulthood (22-28), the Age Thirty Transition (28-33), the Culminating Life Structure for Early Adulthood (33-40), and the Mid-life Transition (40-45).

The researcher used the term "Dream" to refer to individuals' conscious images of their central life goals. Such images tended to have more significance than ordinary life goals and concern personal identity, purpose, and meaning. The pursuit of a "Dream" with the help of a mentor and "special woman" is a significant task for young adult males; relationships were seen as important but more as a means to individual achievement than as a central theme of their lives. According to Levinson, the 20's were viewed as a time to enter the world of work and marriage, and the 30's represent a time to establish oneself in both areas. In the 40's, the developmental task requires independence from the mentor and "special woman," after successful achievement of the "Dream" or goal related to

work. Thus, the significance of the midlife period involved becoming one's own man through either achievement or separation.

Like Erikson (1968), Levinson's theory (1978) was concerned with male experience and did not account for the significance of changes in role patterns nor the centrality of relationships for women during adulthood. However, prior to his death in 1994, Levinson acknowledged the limitation of examining only men in adulthood (D. J. Levinson, personal communication, 1992). In 1978, the researcher began a longitudinal biographical study of 45 women (ages 35 to 45) which was published posthumously in 1996. This recent work is discussed in the following section pertaining to research and theory of women's development.

The work reviewed above indicates that some influential researchers recognized the importance of midlife development; however, this topic was to a large degree neglected. More importantly for the purposes of this chapter, the above analysis reveals a pattern whereby an androcentric bias in psychology has led to a conceptualization that women's development is an aberration from the male norm, or alternately, unimportant. Such representations about women's psychology, following Freud's (1933/1964) lead, can be seen as derived from the cultural and political climate of the past century.

Erikson's (1968) work, however, points toward a potentially fruitful direction that may contribute to rectifying the androcentric bias in the literature on adult development of women. First, Erikson (1968) recognized that changes in bodily shape and physiological functioning influence adolescents identity; yet little research exists about this in adolescents or adults (Rossan, 1987). Second, both Erikson and Lowenthal et al. (1976)

were concerned with the interaction of the adult self and the external world. Studies of adult development that focus on the interactive nature of self and society within different social contexts could lead to a redefinition of the changes associated with adulthood (Dannefer, 1984) and contribute knowledge for the psychology of women. For example, research that builds on Havighurst's (1952) conception of developmental tasks in adulthood would offer a contemporary view of biological change and societal expectations associated with aging (Rossi, 1980). Gender differences that include the interaction of such variables would be a prime target for such studies.

Women's Development

A psychology of women must address women's adult development (Peck, 1986). As mentioned in the foregoing section, our understanding of women's development in the middle years is limited by stereotypes, assumptions, and biases in the theory and research. Various researchers have outlined the limited ability of existing models of adulthood to address the issue of women's adult development. They have called for a re-examination of the biases underlying the questions and methods in psychological research (Gergen, 1988; Giele, 1982; Gilligan, 1982; Lott, 1985; Peck, 1986; Yoder & Kahn, 1993). Within the past three decades, some investigators have attempted to address the androcentric bias in psychological research and to address issues surrounding women's adult development. In the following section, the theories and research that have emerged from such studies pertaining to women's development will be reviewed.

Chorodow (1978) and Gilligan (1982) have extended, respectively, psychoanalytic theory and cognitive-developmental theory in an attempt to link socialization processes to

gender differences in development. Gilligan's conceptualization of women's development was rooted in the work of Nancy Chodorow and Jean Miller Baker (1986). Chodorow (1978) utilized feminist theory in cultural anthropology (Mead, 1949; Rosaldo, 1974) to emphasize women's role as primary caretakers for children within the private sphere. According to Chodorow (1978), early mother-child interaction provides each gender with its characteristic way of being in the world and relating to others: through connectedness for women and autonomy for men. Such interactions are reinforced later by social and cultural expectations.

Miller (1986), in her self-in-relation theory, proposed that relationships and connections are central to individuals' lives. This theory addresses the development of women's sense of self through their connection with others. For Miller, the relational self is the core self-structure necessary for women's development. A woman's development of self involves authenticity, which is expressed through cooperation and honesty with others, through one's sexuality, and through creativity. Thus, individuals self-esteem is enhanced through relations with others and through caring for others. But women's propensity for connection and their subordinate social status also contribute to the denial of their own needs. Indeed, any threat of losing a relationship may be perceived by women as a loss of self.

For Gilligan (1982) prescribed social behaviors for women emphasizing connectedness with others and corresponding separateness for men has created a "women's culture" and "different voice" characterized by person-centered values. Using Kohlberg's (1964) framework of moral development, Gilligan found that this affiliative

aspect of women's lives is manifested in their moral judgments. Women tend to consider personal connections and relationships when they make decisions that involve moral issues. In contrast, moral decision-making for men is based on what Kohlberg saw as "higher" principles of right and wrong. Gilligan used Chodorow's (1978) work to explain such differences in values between the genders. According to Chodorow, young girls experience themselves as being like their mothers and their sense of identity emerges through attachment to this primary caregiver. In contrast, young boys experience themselves as different from the primary caregiver and their identity is centered on separation and individuation. Thus, women's sense of self is centered on making and maintaining affiliations and relationships.

Rather than separate Erikson's (1950) concepts of "Intimacy" and "Generativity" into separate stages in the life cycle, Gilligan (1982) suggested that women experience them simultaneously, especially if they are engaged in childrearing. Gilligan suggested that major transitions for women seem to involve shifts in definitions of care. For example, events of midlife, such as role changes, might change women's care-focused activities in ways that influence their sense of self.

Rubin (1979) interviewed 160 white women (ages 35-54) to examine ways in which women cope when motherhood is no longer the main focus in their lives. For the participants, motherhood and marriage was the primary focus in their early adulthood. The sample included 45 percent working class women, 24 percent middle-class women, and 31 percent professional or upper-middle class women. Almost 22 percent were

separated or divorced after a marriage that had lasted, on average, 19.5 years. Not one of the women had a child under age thirteen living at home.

The project was designed as a cross-class study based on the educational level of each woman and her partner (if she was married or living common-law). Each interview lasted 3 to 10 hours. A life history was also gathered from each participant. From the narratives told by the women, Rubin (1979) found that women at midlife struggle with the issue of identity. By complying to socially prescribed roles throughout their lives, by placing the wishes of others before self, their sense of themselves tends to be elusive, “fraught with ambivalence and ambiguity” (p. 43), to the extent that when asked to describe themselves in their own words, the women had to struggle to give an answer. Indeed, the participants responded to the question with descriptions of their physical attributes, which demonstrated the primacy of appearance to their images of self. Over half of the women perceived themselves as being fat. Specifically, their weight was the primary focus for changing something about themselves. Further, although half of the women were employed outside the home, not one described herself in terms of work.

Rubin (1979) also reported that the midlife period is a time for women to define themselves as sexual beings. Having reached adulthood during the 1940’s and 1950’s, most of the women’s early sexual behavior had been constrained by social norms that centered on the family (i.e., on virginity). With most of them, increasing sexual responsiveness was part of the midlife experience.

Rubin (1979) noted the influence of language on societal images of women at midlife. Stereotypical terms such as “the empty nest,” tended to present negative connotations of

the middle years. Surprisingly, most of the participants experienced a sense of relief once their children had left home. Rubin reported that women's caregiving activities, although reinforced by the social structure, also perpetuated economic dependence and powerlessness. Despite educational attainment, the women were assigned the class status of their husbands. Further, even though there were class differences among the women, Rubin found that gender tends to override such differences and determines the quality of women's lives. Overall, Rubin's work reinforces the significance of socialization processes on women's midlife experience.

Baruch, Barnett, and Rivers (1983) conducted a survey on 238 white middle class women, ages 35-55, about life satisfaction. Well-being was measured by indices of (a) self-esteem, depression, and pleasure; and (b) happiness, satisfaction, and optimism. Results challenge the stereotype that women receive satisfaction primarily from giving to others. Two spheres of well-being relative to the women's lives were designated by the researchers: (a) mastery and (b) pleasure. Mastery involves issues of autonomy and achievement, and pleasure involves affiliation with others. Each sphere represents different forms of viewing oneself. Concerning psychological well-being, married women with children scored higher on both mastery and pleasure indices than single or divorced women. Furthermore, married, employed women scored very high on both aspects of well-being. Indeed, these results suggest that employment for married women can act as a buffer against stress (McIlroy, 1984).

Education and employment contributed to the majority of women's positive self-concepts but employment in itself was not the main contributor of well-being in the middle

years. Rather, the women's perceived quality of their relationships within various aspects of their lives tended to be a more significant contributor to life satisfaction (Baruch et al., 1983).

Reinke, Ellicott, Harris, and Hancock (1985) used a cross sectional method to examine psychological and social change in adult women. Seven age groups (30, 35, 40, 45, 50, 55, and 60), totaling 124 white middle class women, were interviewed about their life experiences retrospectively. Raters of the interview protocol considered each participant's outer life changes in activities and roles, and inner changes concerning outlook and self-definition.

The researchers found that transitions and psychosocial change were strongly related to the phases of the family life cycle (i.e., creation of a family, "the empty nest," and post-parental years). However, individuals experienced the changes in widely varying ways: some produced little difficulty, while others were accompanied by considerable turmoil. For example, only a few women described the launching of children as difficult. Most reported having little trouble adjusting to this new phase of the family life cycle. The researcher also reported a significant psychosocial change between the ages of 27 and 30. Consistent with the age-thirty transition found in the Levinsonian dissertations (Roberts & Newton, 1987), the researchers found that changes in women's lives concerned timing of events rather than those associated with age. Results are consistent with the idea that women's lives are centered on relationships (Gilligan, 1982; Josselson, 1987). Because the women in Reinke et al.'s (1985) study tended to be identified by their sexual-

reproductive relations, those who failed to meet this criteria (e.g., career women) are not considered “normal” and disappeared from the analysis (Gergen, 1990).

Theresa Peck (1986) critiqued existing models of adult development and proposed a dialectical approach to women's development which considers the effects of social and historical factors on women's self-knowledge. The model was based on current research on women's adult experience. Peck's aim was to describe how social and historical factors affect women's definition and redefinition of self during adulthood. For Peck, the model is reflexive and can be used to explain how women's self understandings are formulated through their experiences in adulthood. Three assumptions implicit in the model are: (a) women are self-reflective, (b) women are able to understand their own behavior, and (c) women are capable of communicating their self-understandings to others. Drawing on research on adult women's experiences, Peck emphasized the significance of relationships on women's self-definition. For Peck, depending on the quality of involvement in relationships, women develop more clarity of self with the passage of time.

A “social-historical time dimension” which affects women's available choices is outlined in Peck's (1986, p. 277) model. According to the theorist, the social and historical context in which women are embedded influences adult women's experiences. There are times when this context is flexible and provides conditions for a greater range of opportunities and roles (e.g., the 1960's and 1970's). At other times the social-historical context may be constraining and place limitations on new roles and experiences (e.g., the early 1950's). Peck wrote that even though the model does not include physiological

variables and chronological age, such factors are incorporated into the model by virtue of its emphasis on social and historical context.

According to Peck (1986, p. 283) self-knowledge is best measured through the interview method rather than through a “structured instrument that might predetermine categories of self-knowledge and, however inadvertently, superimpose a conceptual framework upon the woman's self-understanding.” To paraphrase Peck, an interview method requires that participants be introspective concerning their views of self within the context of their social roles and relationships.

Josselson (1987) conducted a longitudinal study in order to examine women’s identity formation during the transitional period from adolescence to young adulthood. From 1971 to 1973, the investigator conducted interviews with 60 randomly selected college senior white women. In 1980, Josselson located 34 of the original sample in order to follow their life courses. Semi-structured interviews adapted from Marcia’s (1966) interview format were used in order to extend theoretical understandings of the developmental process of identity formation. The women told stories of their processes of self-definition. The researcher used an empirical research paradigm, “identity-status research,” that preserves the nuances of Erikson’s (1950) work.

For Josselson (1987) identity was defined as the “interface between the individual and the world” (p. 8). The researcher argued that the study of identity in men has been unencumbered, but that the study of identity formation in women has been filled with “ambiguity and frustration” (p. 8). Men tended to define themselves in terms of their occupation whereas women defined themselves in complicated ways, by balancing their

relationships with career goals and aspirations. It was difficult for women to articulate their identities due to the ambiguities and complexities of their perceptions of themselves.

Even though Erikson (1968) claimed that for women, the concepts of identity formation and intimacy are fused through defining themselves in relation to an intimate other, Josselson (1987) claimed women's identity formation is represented by a separation-individuation continuum. This continuum ranged from those showing the greatest attachment to relationships to those having the least attachment to relationships. Women near the centre of the continuum were able to balance their needs for separation and attachment.

Josselson (1987) proposed that central life themes for women in early adulthood tend to have significant implications for the remainder of the life course—themes that focus on marriage, children, or career, that will either restrict or enhance later life choices. Overall, the significance of relationships rather than having a career tends to be central to women's experience.

Roberts and Newton (1987) reviewed four unpublished dissertations that were based on the work of Levinson (1978). In total, a biographical method was used on small samples (8 to 12) of adult women ranging in age from 31 to 53 years. There was much diversity among the "Dreams" of the 39 participants in the four studies. Of the women who had formed a "Dream," over 50% described their "Dream" in terms of a split between relational and individualistic goals. These figures contrast with Levinson's findings on men, whose "Dreams" have an individualistic focus, generally concerning occupation. Further, contrary to Levinson, all four researchers found a significant reappraisal of

women's commitments to work and marriage between the ages 28 and 33 years, labeled the "Age Thirty Transition". Whether focused on marriage or occupation, the "Age Thirty Transition" was experienced as a time of emotional crisis. For the men in Levinson's study, this transitional period concerned more emphasis on work and a reexamination of relationships. In contrast, the four researchers found that women who had focused on occupation attempted to redirect their focus during this period to relationships and family. Aware of the increasing limitations of their biological clocks, these women were confronted with decisions regarding their child bearing potential. It was the women who had built their life structure around relationships in their 20's that turned more to occupational attainment in their 30's. Contrary to the men in Levinson's study who had their careers well established by their mid-thirties, the women continued to develop their occupations into the middle years.

Of interest is the role of the mentor or transitional figure in the women's lives. The women established few mentor relationships and were unlikely to establish a relationship with a "special man." Even though most of the women had been married at one time, their husbands tended to discourage the attainment of their goals. Overall, the findings are consistent with Gilligan (1982) and Miller's (1986) view that women center their lives on attachment and that men strive for separation.

In a phenomenological study of midlife women's experience of aging (Sills Lang, 1988), open-ended interviews were conducted on 12 white women (ages 38 to 52 years). The majority of the participants were college educated and all had been married. The questions that guided the interviews were: "When are you aware of aging?", "What are

you aware of?”, and “Tell me about your experience.” Three major themes emerged from the analysis of the data: (a) “anticipating,” (b) “discovering,” and (c) “becoming.” The theme “anticipating” has to do with anticipated losses and anticipated gains (Sills Lang, 1988). For example, in terms of the body, anticipated losses or decline involved the women’s bodies (i.e., grey hair, sagging breasts, wrinkles, loss of muscle tone, weight gain, menopausal symptoms). “Anticipating” also relates to less time. The anticipation of less time contributed to the women’s determination to strive towards their goals.

“Discovering” concerns surprise and increased self-awareness (Sills Lang, 1988). The body was the vehicle by which women recognized changes in self. For example, the women expressed feelings of surprise in terms of their chronological age and experience of what they felt their age was; most of the women felt approximately ten years younger than their actual age. The women described experiences of ambiguity concerning their perceptions of growing older and subsequent search for self.

The theme “becoming” represents a process of reevaluation and increasing awareness of one’s potential. New dimensions of self may expand one’s sense of identity. Implicitly and explicitly, this theme centers on positive and negative perceptions of self. For example, an acceptance of self emerged that involved perceived competence, respect for self and others, patience and tolerance, and belief in one’s ability to endure difficult times. Likewise, even though loss was associated with their perceptions of their past bodies, most of the women appreciated and accepted their aging bodies.

Broadly speaking, Sills Lang (1988) posited that changes in women’s self representation needed to occur in order to counteract the physical changes and loss of

connection with others (i.e., loss of parents through death, children leaving home).

However, due in part to women's affiliative nature, the participants established connections with others outside the family which helped them maintain their sense of self. Sills Lang suggested that men might find the midlife transition more difficult than women because of their tendency to have few intimate friendships. Overall, the findings suggest that the experience of aging is ongoing and multifaceted.

Two important markers, employment and "the empty nest," were considered by Adelman, Antonucci, Crohan, and Coleman (1989) in relation to the well-being of midlife women. A hypothesis stemming from a social, historical, and psychological perspective was posited: "The empty nest" was likely to be a negative experience among the particular cohort of women who reached adulthood during the period of strong societal emphasis on women's maternal role known as the feminine mystique, and would be experienced positively among the earlier cohort who as young adults were encouraged to enter the labor force during World War II.

Two midlife cohorts of women were used for the investigation: The first were born from 1898 to 1917 and the second from 1917 to 1936. Data were taken from two cross-sectional nationwide surveys conducted in 1957 and 1976 respectively. There were 374 mothers chosen from the 1957 survey (Cohort I) and 312 mothers from the 1976 survey (Cohort II). Dependent variables were comprised of three well-being measures that reflect interrelated ways individuals express their feelings of distress (i.e., psychological anxiety, immobilization, and physical health). Results showed that cohort membership and employment each have important independent associations with women's well-being,

whereas “the empty-nest” has no main effect but interacts with these two factors, especially cohort membership, in its association with well-being. The data seem to indicate that employed women had lower anxiety and immobilization and better health than full-time homemakers in both cohorts.

Apter (1995) conducted interviews on 80 midlife women, ages 39 to 55. Approximately two thirds were American and one third were British. The sample composition also included differences in race and socio-economic status. Each woman was interviewed for approximately 2 hours and was then observed for 2 or 3 days within the context of her normal routine which elicited additional questions about each woman’s life. In addition, each participant was interviewed at least 4 times for follow-up. In total, the interviews and observations occurred over a period of 50 months. Apter (1995) described four types of women according to their past decisions, female ideology, and definitions of power: (a) “traditional”, (b) “innovative”, (c) “expansive”, and (d) “protestors”. “Traditional” women represented the main ideology of past generations, or, followed the traditional feminine framework. “Innovative” women were those who entered adulthood with a strong sense of career direction and juggled careers with family responsibilities. “Expansive” women were attempting to break from traditional roles of the past and had established new goals. Finally, “protestors” were those that protested most about aging, but that also discovered a spontaneous, adventurous self that had been constrained in late adolescence by premature adult responsibilities. Common themes were shared among all four types of individuals. These themes concerned challenging the social

construction of their identity, gaining more control over their lives, and having increased self-confidence.

Apter (1995), like Sills Lang (1988), found that in midlife, female friendships take on new meaning for women. Apter suggested that the significance of female friendships in adolescence is revisited during the middle years. Indeed, it was through connections with female friends that the women found support to counteract negative feelings and societal images associated with aging women.

To end this brief review of women's development, I turn the reader's attention to Levinson's (1996) work, *The seasons of a woman's life*, that indicated considerable conflicts in the lives of women at midlife. Levinson's study warrants some extra attention here because of the relevance to this present work. Through the use of his Biographical Interview Method, the researcher conducted an in-depth exploration of 45 women's lives (ages 35 to 45), to help illuminate the life course and development of women from the late teens to the mid-forties, and to show the adversity of women's lives under a variety of social and psychological conditions. As with his study, *The seasons of a man's life*, Levinson used the concepts of "life cycle," "eras," and "periods" in life structure development as a framework for the study of the human life course. The theorist claimed that this framework accounts for specific changes in biological, psychological, and social functioning, which do not follow an age-linked sequence in adulthood. The primary focus for his study of women was on the era of early adulthood, which begins with the "Early Adult Transition" (17-22 years). However, Levinson also gave significant attention to the

developmental issues of the “Mid-life Transition” (40-45 years) and reported a detailed account of this period.

Levinson’s (1978) Biographical Interviewing Method enabled participants to recount stories from childhood to the present. Each participant was interviewed weekly for eight to ten consecutive interviews over a three month period beginning in the early 1980’s. Each interview lasted one and one half to two hours. The interviewing was conducted by a staff of eight women and four men, including Levinson. The sample was selected from questionnaire data obtained from several hundred women and was divided into three groups of 15 women each, based on the following criteria: (a) homemakers, (b) women with careers in the corporate-financial world, and (c) women with careers in the academic world.

Because of the marked difference found between the lives of men and women, Levinson (1996) found it necessary to develop a theoretical perspective on the meanings of gender and its shaping influence on the lives of men and women. He used the concept “gender-splitting” in his interpretation of the women’s life courses. “Gender-splitting” refers to gender differences and the creation of rigid boundaries between male and female, and masculine and feminine. The theorist recognized that “to a much greater degree than is usually recognized, women and men have lived in different social worlds and have differed remarkably in their social roles, identities, and psychological attributes” (p. 38). He added that “splitting creates inequalities that limit the adult development of women as well as men” (p. 38).

Four basic kinds of gender-splitting were identified by the theorist: (a) the division between the social domains for men and women in terms of the domestic sphere and the public sphere, (b) the division between the female homemaker and male provider in the context of the Traditional Marriage Enterprise, (c) the division between “men’s work” and “women’s work,” and (d) the psychological division between men and women. For Levinson, splitting helps to maintain the status quo of the subordination of women to men in patriarchal society.

A substantive finding of Levinson (1996) was that during the “Mid-life Transition,” most career women and homemakers were attempting to establish new life structures that corresponded to middle adulthood. During this time, homemakers questioned the “Traditional Marriage Enterprise” and underwent marked changes in relationships with husbands, children, parents, occupation, and self. The core issue for these women involved a shift in caregiving function as being no longer central in their lives. Women had difficulty maintaining the “Traditional Marriage Enterprise,” due, in part, to the major changes in values, gender meanings, and social structures that support the traditional role of the homemaker. Indeed, for most of the homemakers, the midlife transition was a “rock bottom” experience. A major cost for these women related to a failure in the development of the self. At entry to the midlife transition, fifty percent of homemakers were divorced, eighty percent were in the workforce, motherhood was less central in their lives, and terms of the marital relationship underwent major changes.

For the career women, the midlife transition involved questions about satisfaction with their careers, marital relationships, and motherhood (or, for those without children,

new ways of becoming maternal or coming to terms with not experiencing motherhood). As with the homemakers, almost every career woman went through a developmental crisis in this period which involved reappraising and changing their lives accordingly. Most were concerned with obtaining more passionate engagement and equality in love relationships and work. Because these women represent a first generation of women in American history, who chose non-traditional paths in life, "their personal growth and development were great as they struggled with the essential questions of who they were and what they wanted" (Levinson, 1996, p. 409). Overall, for most of the women in the study, as the midlife transition was approached, the years ahead were seen as an uncharted territory with little direction about what to expect.

In his concluding statements, Levinson (1996) questioned whether marked changes have occurred for women since the early 1980's when he first conducted his interviews. For example, the theorist briefly discussed the "feminism of poverty," in that most women are employed in low-paying, unskilled jobs in primarily female occupations, and that wives with outside employment receive little support from husbands for the "second shift" of domestic labour. The researcher noted that gender conflict has escalated since 1980 and believed that this represented one part of the "historical transition from patriarchy and the 'Traditional Marriage Enterprise' to new and still hardly imaginable forms of individual and social life" (p. 418). Levinson referred to Faludi's (1991) *Backlash*, and asserted that even though many changes have taken place over the past few centuries for the advancement of women (for e.g., education, suffrage, occupational choice), paradoxically,

contemporary advances for women have been undermined through new forms of restriction, and subordination.

In summary, the above analysis of the literature pertaining to women's development suggests that women's traditional role for the care of the family affects their self conceptualization which is characterized by affiliation, concern with relationships, and person-centered values (Lott, 1988). A major concern of this research is the interaction between affiliative orientation and various forms of social change. Specific to women in the middle years, researchers of the few studies available report that women tend to experience substantial conflict, due in part, to their questioning of traditional roles and searching for new ways of defining themselves.

The significance of physiological variables was mentioned in Peck's (1986) theory of women's self-definition; however, few studies of perceptions of physical change appear in mainstream theory of women's development. Rossi (1980) pointed out the need to rectify this omission with an examination of the interaction between the individual and the biological changes of the body. These changes, like social changes, present individuals with problems of adjustment, new needs and opportunities, and societal expectations for role changes.

Indeed, an understanding of the meaning of biological changes within particular cohorts will likely reveal important insights into the effects of social, economic, and historical change on women's midlife experiences. From this analysis, then, one could ask, "How do women perceive their changing bodies within the current social, economic, and

historical context?” With this question in mind, it seems appropriate now to discuss theory and research on physical changes in midlife women.

Physical Changes in Women at Midlife

Hormonal and physical changes are associated with significant phases in women’s lives; however, women’s experiences of these phases may be less related to the actual biological changes and more to cultural conditioning and psychological events than has been previously assumed (Notman, 1979). Observable physical changes occur in the middle years, in both men and women. The cultural value placed on beauty and fertility indicates gender differences in the subjective experience of these midlife changes. The culture considers middle-aged women to be less sexually attractive than middle-aged men, not only because of physical signs of aging but also because at this phase, women’s reproductive capacity has culminated (Berkun, 1983). Despite the seeming influence physical changes have on individuals’ experiences, researchers have underestimated the influence of cultural attitudes (often held by the women themselves) to such physiological changes in the lives of midlife women. In the following discussion, two approaches concerning a multifaceted conceptualization of biological changes in midlife women will be reviewed: (a) menopause, and (b) women’s perceptions of their changing bodies.

Menopause

Menopause and its associated physiological changes takes place in the latter part of the climacteric. Women’s climacteric may extend over a twenty-year span, beginning in the mid-thirties and culminating in their early fifties (Weg, 1978). Menopause is

considered a normal developmental event that occurs for women. However, biomedical perspectives which define and treat menopause as a disease, tend to dominate the literature on menopause and other health issues for midlife women (Rostosky & Travis, 1996). From this view, both physiological and psychological symptoms are seen as a result of declining hormone levels, particularly estrogen. Based primarily on clinical observation and case studies, this medical literature tends to divert attention away from the women's subjective experience of midlife events (DeLorey & Rosenkrantz, 1990). The misconception that menopause is detrimental to a woman's psychological health still persists in our society. Many myths and a lack of scientific information exist relative to the phenomenon (Dan & Bernhard, 1989). For example, some women believe they will lose their sex drive, or, that menopause causes mental illness (McKinlay & Jeffreys, 1974). In order to provide some understanding of such misconceptions, a brief historical review of the literature on menopause will be presented. Then, the physical changes of menopause will be discussed. Finally, some sociocultural aspects of menopause will be outlined.

Menopause: a brief review of historical perspectives.

From the mid-nineteenth century on, a wide variety of symptoms and diseases were associated with menopause in the medical literature (Mitchinson, 1991). With the rise of psychoanalysis, menopause took on the added risk of "involutional melancholia", a psychiatric diagnosis. This diagnosis characterized menopausal depression as endogenously caused, not related to midlife events, but instead due to the physiological changes of aging and especially the decline in reproductive hormones (Gerson, 1988).

More recently, menopause has been characterized as an "estrogen deficiency disease" (Wilson & Wilson, 1963). With the availability of inexpensive estrogens since the 1940's, menopause has been viewed as a treatable ailment (Gannon & Ekstrom, 1993). Indeed, current medical views recommend that menopausal women be evaluated for possible exogenous estrogen replacement (Mishell, 1989). At the same time, there is some caution in prescribing hormonal replacement therapy due to identified risks (Grossman & Bart, 1980; Rowe, 1992). This "medicalization" of women's menopausal experience, has led to feminist critiques concerning the matter of hormone replacement therapy (for example, Klein & Dumble, 1994).

Rostosky and Travis (1996) surveyed articles concerning menopause in medical and psychological journals from the years 1984 to 1994, and found a predominance of articles centered on a biomedical paradigm. They challenged the content of the medical literature on grounds of methodological weaknesses, and concluded that psychosocial aspects of menopause, middle age, and aging have been neglected in psychological and medical literature.

Rostosky and Travis (1996) reiterate the feminist stance that women's experience, in terms of biological explanations, contributes to negative stereotypes of women. In recent years, a few researchers have attempted to counteract the predominant position on menopause that is based on a medical paradigm (Berkun, 1986; Gannon & Ekstrom, 1993; Neugarten, Wood, Kraines, & Loomis, 1963). Indeed, Parlee (1984) proposed that menopause is no more than a natural transition period in adulthood, and pointed to sex

roles, family interactions, self-concept, and life-style changes as cultural factors that affect women's behavior at midlife.

The physical changes of menopause.

There is considerable agreement that most women experience hot flashes and night sweats as menopause begins. These vasomotor experiences can continue for as long as 5 to 6 years (McKinlay & Jefferys, 1974) and seem to be closely related to the fact that postmenopausal women produce only one-sixth the amount of estrogen that regularly menstruating women do (Wilson & Wilson, 1963). Other frequently reported physical complaints in midlife women include fatigue, headache, backache, insomnia, and depression (McKinlay & Jefferys, 1974); even though many women report these experiences, direct relationships to the normal physiological changes of menopause have not been found.

However, it is well established that the experience of physical changes correspond to menopause; the severity of such changes may or may not be determined in part by socialization processes regarding older women's infertility and perceived loss of physical attractiveness. In other words, the role of sociocultural factors in the experience of menopause cannot be understood apart from its physical determinants.

Sociocultural aspects of menopause.

In order to examine possible relationships between social, psychological, and biological variables, Neugarten et al. (1963) devised a questionnaire regarding women's attitudes toward menopause. Preliminary to the study, a number of exploratory interviews

were conducted in which each woman was asked specific questions about her own menopausal status. A checklist (called the Attitude Toward Menopause Scale) was then devised containing 35 statements (for example, "women who have trouble with the menopause generally have nothing to do with their time") on which women were asked if they agreed or disagreed.

Judging from the variety of attitudes that emerged from the data, the experiences traditionally thought to be associated with menopause did not seem to be universal features of the experience and behavior of middle-aged women. Data revealed that younger women's attitudes toward menopause differ considerably from those of middle-aged women. For example, only 20% of the younger age group (31-44 years) anticipated a positive experience with menopause, whereas, 68% in the 45-55 year age group responded favourably about menopause. Indeed, it appears that for younger women, perceptions of physiological changes correspond to negative images of growing old. It seems that the significance of physical attractiveness is central to the younger women's lives. Overall, however, 49% of the cross-section of women held negative attitudes towards menopause, believing it was unpleasant. According to Neugarten et al. (1963), this finding demonstrated cultural attitudes toward aging women and femininity. Of interest was the finding that older women, who had experienced the menopause, had much more positive attitudes than the younger premenopausal women. For many of the older women, menopause represented a new beginning. This attitude was due in part to the release from parental responsibilities. .

The investigation raised some methodological questions regarding the study of menopause. While it is important to demonstrate that menopause is not the traumatic transition in life that so many physicians assumed, the results of research like that of Neugarten et al. (1963) suggest that some difficulty exists in adjusting to the aging process (Rossi, 1980). Parlee (1984) pointed out that the psychological significance of menopause is hard to disentangle from the psychological significance of more general age-related physiological changes.

Berkun (1983) was concerned about various methodological problems in research on menopause (i.e., methods that included self-report surveys, epidemiological studies, case studies, theoretical expositions from clinical caseloads, and cross-cultural studies). The researcher used an interview method to investigate the effects, and interaction of the effects, of two factors on the emotional state of middle-aged women: (a) the women's perceptions of their aging process, and (b) external factors in the women's lives. Berkun hypothesized that women's experience of menopause may contribute to feelings of dissatisfaction. A structured interview was administered to 60 white women ages 40-55. Results indicated that menopause, although a normal physiological occurrence, is influenced by cultural attitudes and societal expectations. Complex factors such as the devaluation of older women and midlife women's attitudes of their body image interacted with and affect the climacteric period. Of interest, middle-aged women's positive feelings about their appearance tended to be associated with a positive self-image. However, Berkun cautioned that public attitudes about women's bodies contribute to women's overall dissatisfaction with their bodies.

Most of the women were unaware of their internalization of cultural beliefs about appearance and aging. Berkun (1983) noted that women who experienced the most negative perceptions of their body image were those living harsh realities in which stereotypical views of aging affected their experience. For example, women who were trying to attract male partners or who were dependent on finding employment tended to compare themselves with media images of younger women and tended to demonstrate some depressive characteristics. However, in a perceived supportive environment, such as marriage, women did not seem as concerned with their appearance. It is important to note that Berkun suggested future research be conducted on women's perceptions of changes in physical appearance with more women from disadvantaged groups included in the sample. The researcher speculated that social, political, and economic change was necessary so that women at midlife and aging women would be treated and perceived as valuable.

Dickson (1990) examined the ways in which women understood their experiences with the closure of menopause, in light of the language used in scientific and medical writing, and the everyday language used by midlife women (ages 47-55). Data analysis was conducted on two sources to study the discourse about menopause: (a) an historical analysis of the scientific and medical literature about menopause and (b) interviews with 11 white women experiencing menopause. Historical, cultural, and social factors were considered in the researcher's analysis. Dickson noted a prevailing link between scientific and medical conceptualization of menopause and the language and underlying meaning of menopause as part of the discourse of midlife women. Women expressed their

expectations of the menopausal experience in the language of the scientific and medical discourses. For example, even though the women did not view their experience in terms of pathology, they pondered when certain "symptoms" might appear. Furthermore, the displacement of knowledge through a "cloak of silence" (Dickson, p. 28) was one of the central themes that emerged from the data. The researcher pointed out how open discussion among women experiencing menopause could lead to questioning the biases underlying the medical and scientific discourses and resulting anticipation of menopause.

Dickson (1990) noted the limitations with using a homogenous sample (white, healthy, middle-class, Christian women) for reflecting the experiences of women of color and of lower socioeconomic groups. She suggested that such women may have different competing discourses of the menopause experience from those of the women in her sample. An extension of her study to include women of color was the next step planned in Dickson's research process.

Gannon and Ekstrom (1993) examined the influence of sociocultural paradigms on attitudes toward menopause. Five hundred and eighty-one women and men (ages 18-85) were assigned to one of three groups depending on the context with which they described their attitudes towards menopause. The contexts were designed to represent three different paradigms: (a) attitudes toward three medical problems, including menopause; (b) attitudes toward three life transitions, including menopause; and (c) attitudes toward aging, including menopause. Results indicated that more negative attitudes toward menopause emerged from the medical context compared to the remaining two contexts. Overall, women's attitudes toward menopause were more positive than those of their male

counterparts, and were more positive in women who were older and also who had more life experiences. The researchers noted that since the 1980's, besides the strong medical view of menopause, there is evidence of a strong developmental approach to the phenomenon.

Since we may posit a cultural influence on women's experience of menopause, a natural question would be, "What have researchers found in cross-cultural studies of the interaction of socialization processes and physiological changes regarding menopause?" Very few reports of cross-cultural data on menopause are available. Following an examination of data from 30 worldwide studies, Bart (1972) concluded that in cultures in which women reported the greatest amount of distress during the climacteric, social power is patriarchal with few social roles for older women. In those cultures, older women who can no longer bear children have low social status. In contrast, in cultures in which older women are valued, and grandmother and mother-in-law roles carry responsibilities and privileges within the extended family, menopause was viewed as a less traumatic event.

Using an ethnographic method to study women who lived in non-Westernized, nonindustrialized societies, Beyene (1989) obtained data from rural Mayan Indian and rural Greek women and noted similarities and differences in their menopausal experiences. Both groups perceived menopause as a life stage free of the taboos and restrictions of childbearing years. Further, freedom to participate in more activities and freedom from the risk of pregnancy were reported by the women in both groups. The following differences between the two groups were noted. Age at menopause among Mayan (mean age 42) was significantly younger than among Greeks (mean age 47). In addition,

menopause was welcomed among Mayans, while among Greeks it was associated with anxiety, getting old, and having problems. Thus, Greek attitudes were more similar to those of women in Canada and the United States. The Mayan's positive attitudes toward menopause and lack of menopausal symptoms may have been due to the women's increased freedom and status (Voda, 1993). Other groups from non-Western industrialized societies also have been reported to view menopause positively, and to associate it with few or no symptoms (Bart, 1969; Brown, 1982; Datan, Antonovsky & Maoz, 1981).

To summarize, even though over the past 30 years the literature on menopause continues to reflect a disease-centered conceptualization, some recent studies suggest the experience is socially and culturally constructed. Indeed, research indicates that many of the negative responses associated with menopause can be attributed to psychological, sociological, and attitudinal factors related to women aging (Patterson & Lynch, 1988). However, medical and scientific explanations continue to be reflected in the language women use to talk about, and impart meaning to, their experiences of menopause. Such language and other culturally derived media representations of midlife women could negatively affect women's expectations about the menopause experience.

There is little sociocultural information in the literature of the menopausal transition. Specifically, ethnographic studies and findings related to menopause in our society are scarce, inconsistent, or peripheral to other major topics of study (Beyene, 1989). Finally, Peck (1968) suggested that chronological age be disregarded in future research on aging, that valuable insights could be learned about psychological development and learning in

later life “if samples are drawn of women who are at the climacteric, regardless of age.”(p. 92)

Midlife Women’s Perceptions of their Physical Changes

Considering the above analysis of the significance of cultural and social learning on women's experience of menopause, it may not be a surprise that observations by recent researchers indicate that awareness of physiological change is important to men and women during the middle years (Rossi, 1980; Havighurst, 1952). Men's concern with physiological change tends to be associated with their ability to compete in work and physical activities whereas women's concern focuses more on loss of physical attractiveness (Mann, 1980).

Various feminist writers (De Beauvoir, 1952; Wolf, 1990) have noted that, in our culture, there is a correlation between beauty and fertility. Women may be seen as a cost to society after they have reached the end of their reproductive potential (Gergen, 1990). For women, the awareness that their bodies fail to meet the standards of youthful fertility creates a sense of shame (Matthews, 1979; Williams, 1987). Women's concern with bodily changes associated with aging are representative of the cultural concern with their reproductive role (Neugarten, 1968). It has been suggested that the most prevalent ageism occurs between the ages of 40 and 55 in women (Harrison, 1991).

Rossi (1980) examined the hypothesis that physiology is implicated in observed psychosocial changes in a pilot study on women’s perceptions of physiological changes associated with aging. Rossi used a sample of 68 women, ranging in age from 33-56 years, all of whom were in intact marriages and had at least one early adolescent child.

The sample represented diverse sociostatus characteristics. In keeping with their birth cohort, the average number of children per family was large (3.48 children). The meaning of age and aging in relation to parenting and the psychological well-being of midlife women was explored. The women were asked how old they “feel most of the time,” what age they would desire to be, and to what age they would like to live. A nine-factor aging-symptoms index was administered to the women who rated each factor as being “better five years ago,” “no change,” or “better now.” The nine factors include: eyesight, shape of body, teeth, energy level, weight, sex life, health, hearing, and hair condition.

Rossi (1980) found that physical indications of aging predicted the desired age while chronological age did not. Not one of the women desired to be older than her present age and over half would have preferred to be under age 30. Indeed, the desired age for women in their late 30's and early 40's was, on average, six years younger than their current age. But the women in their late 40's and early 50's wanted to be at least 15 years younger than their present age. Rossi suggested that the desire to be younger indicated a combination of stress (i.e. financial hardships, marital discord, large size of family) and ambivalence towards growing older rather than the women's identification with youthful values. For many middle-aged women, life did “not go well” due largely to the large size of their families and difficulty rearing children, especially adolescents with their corresponding high economic pressures. The researcher predicted that for future cohorts of midlife women with smaller family size, this source of stress may be much lower than for the women in her study.

A phenomenological study by Daniluk (1993) of women's experience of their sexuality revealed important insights about women's perceptions of themselves in relation to their bodies. Group interviews were conducted on 10 white women who ranged in age from 30 to 66 years (mean age 42.2 years). The tape recorded group sessions took place once a week for 11 weeks. Each group meeting lasted approximately 2 1/2–3 hours. During the first group meeting, a collage was created by each participant to represent her "sexual and reproductive history." The collages were used as one means for stimulating discussion among the women. Themes that emerged from the women's narratives were identified. The themes were subsumed into two major categories: (a) those that related to major structural and institutional sources experienced as influencing the women's definitions of sexuality and (b) those relating to events concerning their sexual development that were significant in defining their sexuality.

Themes within structural and institutional sources that influenced women's perceptions of their sexuality were associated with medicine, religion, sexual violence, and the media. The women's experiences with the medical profession were perceived as a main influence on their experience of sexuality. The women's experiences of reproduction and sexual expression were seen as controlled by the medical profession. Likewise, feelings of shame were related to influential religious attitudes and beliefs concerning the female body. Media images that projected unrealistic ideals of beauty and behavior stood out as an important source of influence on women's perceptions of their sexuality. Of interest was the absence of media images representing women as mothers or aging.

Themes within the second category that related to events concerning the women's sexual development and subsequent defining of their sexuality involved sexual expression, reproduction, body image, and intimate relationships. For example, a theme that centered on body image was related to pervasive socialization processes for women that represented cultural standards of beauty. This theme, labeled the "Experience of Self as Insufficient," was central to the women's perception of self and was experienced for most throughout their lives. In addition, the female reproductive cycle (e.g., pregnancy, menstruation, and menopause) was described as an important influence on the women's conceptualization of self. Even though the women did not define themselves in terms of their reproductive capacity, the reproductive cycle was connected with womanhood. It is worth emphasizing that for some of the older participants, the theme "The Experience of Integration and Wholeness" that centered on an acceptance of their bodies was identified. Conditions for this sense of harmony involved the women's perceptions of societal devaluation of their aging bodies or through engagement in mutually enabling relationships. This acceptance was central to the women's healthy sexual functioning.

Overall, experiences identified in each category "were personally invalidating and disempowering" (p. 58). But there were also some enabling experiences named that related to women's sexuality, such as supportive and caring relationships with friends and lovers. Most of the participants had difficulty finding a language to describe their experiences. It was suggested that the women break the isolation and silence associated with this by talking about such experiences. Daniluk (1993) points out that women's experiences of their sexuality are central to their conceptualization of self.

To end, it is evident that limited attention has been given to the meaning of biological variables related to various forms of change at midlife. Rossi (1980) argued that researchers have underestimated the significance of physical and bodily change in midlife women's experience. It has been noted that individuals' perceptions of their changing bodies occurring at various points throughout life strongly influence their identity (Rossan, 1987). This area of research has been neglected in the social sciences. Feminist writers suggest that new narratives of female experiences of bodily change and corresponding conceptualization of self may help women take control of their bodies and their sexuality (for e.g., Bartky, 1990; Haug, 1987; Ussher, 1989).

Summary

It seems reasonable to state that there is a significant gap in our theoretical understanding of the development of women during the middle years. Existing models of adult development fail to adequately represent women's experience. From the above analysis of the literature on midlife women, it appears that studies of women's experiences of their changing bodies are sparse in the literature. Indeed, discourses pertaining to the female body at midlife have been used to minimize midlife women's experience.

The need for a developmental psychology of women at midlife is substantial (Gergen, 1990). To paraphrase Gergen, theories of development need to incorporate new methods that are sensitive to women's experiences, expand the concept of gender, use narrative accounts that present positive views of aging women, and develop new units of analysis that center on the relational concerns of women's experiences. Lott (1985) suggested that

more research methods be explored and accepted as valuable modes of inquiry which will reveal information of value concerning gender differences because “the narrowness of our methods may also shape the way we ask questions.” (p. 162)

One way to examine women at midlife, in order to differentiate the sociocultural from the physiological aspects, is to understand how midlife events are manifested in our culture. For example, it seems that in our youth adoring culture, a woman must confront the unpleasant fact that she is aging (Lakoff & Scherr, 1984; Rodin, Silberstein, & Streigel-Moore, 1984; Rossi, 1980). An examination of the interplay between known biological changes and psychosocial factors related to women's midlife experience (Rossi, 1980) may dispel some of the midlife myths and provide knowledge based more on women's own discourse at this time in history. For example, further analysis of the individual contribution of factors such as physical attractiveness and sexuality to negative feelings about one's actual age, and to changing roles, could provide information about the ambivalence that seems to surround midlife.

This study was designed to call attention to midlife women's subjective experiences of their changing bodies. I will attempt to reduce the filter of myths and stereotypes through which women have been viewed. The central question guiding this study is: “What are midlife women's perceptions of their changing bodies?” This research question invites health and health-related practitioners to acquire further knowledge about women's midlife experiences. Such knowledge will enable practitioners to question the biases and stereotypes underlying the discourses available on midlife and to act in more informed ways when working with midlife women.

Bronfenbrenner (1977) argues that developmental research needs to be conducted within settings representative of the individual's world. I will go directly to 11 women at midlife to gather descriptions of their perceptions of their physical changes. By examining midlife women's own discourse, the ethnographic interviewing research method (Spradley, 1979) will allow me to gain entry into their cultural reality. It is to this route of discovery that I now turn.

Chapter 3

Tactics of Inquiry

The purpose of this study is to explore and describe women's perceptions of their changing bodies in the middle years. In this chapter the method and procedures used in the study are described and discussed. The methodological discussion includes the researcher's role, study setting and sample, data collection procedures, and data analysis.

An ethnography was chosen as the research approach in order to seek an emic perspective of midlife women's perceptions of their physical changes. The emic perspective, or the insider's perception of reality, is at the core of most ethnographic research (Agar, 1986; Fetterman, 1989). An ethnography is a qualitative research method, rooted in anthropology, that attempts to capture individuals' perceptions of meanings and events within specific contexts (Agar, 1986; Spradley, 1979). This research approach is primarily an inductive method grounded in empirical data (Glaser & Strauss, 1967) provided by participants' thick descriptions (Geertz, 1973), descriptions that represent the central elements of individuals' meanings of their experiences (Denzin, 1989b). New questions and theories are developed from these data. In this study, an ethnographic interpretation of such descriptions has been used to understand midlife women's perceptions of physical change in their historical and cultural contexts (Rizzo, Corsaro, & Bates, 1992).

Atkinson and Hammersley (1994) refer to an ethnography as a form of social research that encompasses most of the following features: (a) an exploration of a social

phenomenon rather than an attempt to test a hypothesis about it; (b) an emphasis on the use of unstructured data during data collection with coding not restricted to closed, analytic categories; (c) an in-depth study of a small number of participants; and (d) an analysis of data which includes verbal descriptions and explanations of individual perceptions of human acts or events, with the use of numbers and statistical analysis taking a minor role, if any.

An ethnographer tries to discover the true nature of human social experience with a holistic, contextualized approach. This perspective involves the recognition of multiple sources of reality (Fetterman, 1989; Spradley, 1979) and implies the researcher's suspension of preconceptions and his or her engagement in the world of the participants under study (Ball, 1993). The researcher tries to understand and interpret this world from the "native's point of view" (Malinowski, 1961, p. 25), by asking how the persons studied interpret the meaning of a problematic act, event, or circumstance (Denzin, 1989a).

An ethnography requires that researchers learn from participants (Spradley, 1979). The participants are invited to teach the ethnographer about their experiences and their interpretations of their world (Agar, 1980). In this study, the research participants were midlife women, ages 40-55, who identified themselves as experiencing physical change. The rationale for choosing the criterion of physical change within this age range was based on Rossi's (1980) recommendation that researchers abandon broad age definitions of the middle years and instead work with periods of physical change, which occur within relatively short time spans. A focus on times of physical change, within the broad span of the middle years, could contribute to an understanding of various psychological and social influences on midlife women's development (Rossi).

A central feature of social science in the twentieth century is the inquiry into researchers' own social milieus (Atkinson & Hammersley, 1994). Agar (1980) suggested that every ethnographer should work with her or his own society other than an alien one. Differences from one's own social milieu in an alien society stand out in an investigation. The challenge of being a co-member of the society under investigation requires that the ethnographer search for subtle differences and depths of interpretation (Agar). As an insider, the researcher can "offer new angles of vision and depths of understanding" (Clifford, 1986, p. 9) of the social phenomenon under study.

The overarching theoretical framework that guided data collection and analysis is ethnoscience theory, called cognitive theory, cognitive anthropology, or "the new ethnography" (Werner & Schoepfle, 1987). Within this theoretical perspective, the concept of culture is a semiotic one (Geertz, 1973; Goodenough, 1971). A semiotic interpretation holds that culture is expressed in linguistic forms, and is situated in the minds of people (Goodenough). A central tenet is that a social group's knowledge is reflected in its language, and can be organized into categories that relate to one another (Spradley, 1979). Some of this knowledge is expressed explicitly through language, but a large part is tacit or hidden from view (Spradley) and can be revealed through ethnographic interpretation. The focus is on the emic point of view and priority is given to thick descriptions that emerge from interview data (Geertz). Thus, culture consists of "webs of significance [individuals have] spun" (Geertz, p. 5). The analysis of such webs is an interpretive act and is focused on the search for meaning (Geertz). What is relevant is how the researcher's interpretation helps negotiate two worlds of meaning—the researcher's (and audience's) and the participant's (Agar, 1986; van Maanen, 1988); or, to

paraphrase Denzin (1994), how this interpretation sets the stage for the reader to engage with the research participants. The above serves as a structure for the remainder of this chapter.

Entering the Field

Based on an initial identification of the phenomenon of inquiry, the researcher attempts to gain access to particular subjects and situations in order to gather descriptions (Wertz & van Zuuren, 1987). This initial access is referred to by anthropologists as entering the field. How researchers and participants come together is thought of as part of the data gathering process, since the process of gaining access to participants can influence the data that is collected (Hammersley & Atkinson, 1983). The preconditions for the entire process of obtaining interview data is influenced by each setting and each set of relationships (Eastland, 1993). One of the starting points of this process is the researcher's field notes about each interview situation. To illustrate this point, my field notes that documented my observations of each interview context provided important data for the field text and were shaped by my experiences and by the responses of the participants to my field entry.

Contact with prospective interviewees is initiated formally or informally (Le Compte & Preissle, 1993) and is facilitated when the purpose of the study is explained and information is provided about participant confidentiality. Such contact began soon after I placed notices (see Appendix A) at the local YM-YWCA, a charitable, community based organization that is centrally located. These notices outlined the intent of the study and included the way in which confidentiality would be addressed. What also facilitated access

were introductions from third-parties known to myself and participants. Prospective interviewees then contacted me by telephone. My intent in selecting participants was to have approximately half from marginal groups (see my rationale for choosing a diverse group of women in the following section entitled, "Participant Group"). Eighteen non-marginal women responded to the notice placed at the local YM-YWCA. I chose the first six of the 18 women for approximately half of the sample. It is interesting to note that it was only through third-party contact that the women representative of marginal groups were located. I was introduced to five women through such sources. The five women, each representative of marginal groups (i.e., two lesbians, two unemployed, and one living with a disability) were willing to participate in the study.

Research Ethics

When researchers study experience, they owe their responsibility and care to the participants they are studying. In this study, this consideration of the protection of research participants was done in accordance with the requirements of the Human Subjects Committee. In meeting such requirements, it was at the beginning of the initial interview that each participant signed a letter of consent (see Appendix B). This letter of consent stated that research interviewees' participation was voluntary and that they could withdraw from the study at any time. In the construction of the research text, anonymity and other forms of fictionalizing the characters are important ethical concerns. Appendix B illustrates how confidentiality and anonymity were assured. Finally, prior to each individual and group interview, I reiterated the purpose of the study and invited participants to share any thoughts or questions that may have emerged about the study.

Initial Contact

Initiating and maintaining contact requires that the researcher enter the social situation under investigation in a way that establishes trust and demonstrates respect toward the participants (LeCompte & Preissle, 1993). In this study, prospective interviewees contacted me by telephone between January and February of 1994. With this initial contact, I introduced myself and the research. I explained that there is a paucity of research on midlife women's perceptions of their changing bodies. I established my credibility by mentioning my affiliation with the University of Victoria. I then made an appointment to interview each woman in her home at an agreed upon time. Each initial interview took place within three weeks of the first telephone contact.

Identifying Research Participants

The selection of participants depends on the identification of individuals who are representative of the culture and who demonstrate the potential to reveal significant data on the topic of inquiry (Colaizzi, 1978; Spradley, 1979). I chose 11 women, who identified themselves as experiencing physiological changes associated with midlife, and who were willing to describe their experiences. As mentioned above, the rationale for choosing the criterion of physical change within the age range of 40-55 years was based on the recommendation of Rossi (1980), that researchers abandon broad age definitions of the middle years and instead work with periods of physical change, which occur within relatively short time spans. Naturally occurring physical changes for all midlife women are those associated with menopause. Menopause may occur anywhere between the ages of

39 and 59 (Cobb, 1987). I chose the age span used by Berkun (1983) in her study of midlife women's experience of menopause.

In addition to informing participants about the study, the telephone interviews had a screening intent: to identify key informants and to determine whether such informants would be able to engage in collaborative dialogue and articulate their experiences. Key informants are individuals who are reflective, articulate, and who are experiencing the phenomenon under inquiry. The women who met the foregoing criteria were invited to engage in in-depth individual and group interviews in order to tell their own stories of their changing bodies. All of the interviews were tape recorded.

I have explained the concept of ethnography and defined a semiotic interpretative framework to set the stage for data collection and analysis. Prior to discussing my involvement in co-creating the stories of the women, I invite the reader to view a description of my experience in the research setting.

Influence of the Researcher's Role

“Of all the human sciences and studies anthropology is most deeply rooted in the social and subjective experience of the inquirer. Everything is brought to the test of self, everything observed is learned ultimately ‘on his [or her] pulses’” (Turner, 1986, p. 33). When I embarked on my research project, I realized that my fieldwork would be central to my understanding of midlife women's changing bodies. But I was not prepared for the ambivalence, contradiction, and discomfort that I experienced during this research project. It was only when I discovered the concept of liminality that I understood how such feelings were critical elements of the research process. In this section I invite the reader to

accompany me on a short journey while I attempt to explain how the researcher's presence in the research field influences the interpretation and representation of ethnographic meaning.

The term "researcher as instrument" is used by anthropologists to refer to the central role that researchers have in identifying, interpreting, and analyzing the social phenomena under study. Participant observation is viewed as "a mode of being-in-the-world" (Atkinson & Hammersley, 1994, p. 249). Social researchers are all participant observers because they cannot escape being part of the social world under study. This role requires that field-workers not only participate in the social world but also reflect upon the products of that participation (Hammersley & Atkinson, 1983). This reflexive nature of the "anthropology of experience" (Turner, 1986) involves an interface between the researcher's inner dialogue and dialogue with others (Bruner, 1986). For those who study experience, then, self-reflection can offer understandings of the other (Geertz, 1988; Kleinman & Copp, 1993). To go a step further, this dialectical nature of social research can be seen in part as a process of self-discovery (Bruner, 1986; Ricoeur, 1977). In other words, "both the person researched as well as the research-person are thus being changed...they change each other" (von Eckartsberg, 1971, p. 75).

The discussion in the previous paragraph suggests that a double consciousness of experience (Abrahams, 1986)—of participating, and of reporting the action—is a central condition for the ethnographer. Indeed, all ethnography may be seen as an interaction between two double experiences—the ethnographer's experience of self and of other in the

field; and the participant's experience of self and of the researcher (Bruner, 1986). The analysis of these four components of experience is at the core of anthropology (Bruner).

According to Turner (1974), it could be said that this double consciousness of experience is one of liminality, of being in a state of "betwixt and between". What this implies is an increased tension and emotionality (Jackson, 1990; Kleinman & Copp, 1993); a state of ambiguity between the observer and the observed (Eastland, 1993). To paraphrase Eastland (1993), there is a liminal characteristic between emotional detachment and self-reflection (Geertz, 1988; Kleinman & Copp, 1993), between intellectualizing and bodily experience (Conquergood, 1991), and between fully entering into the experience and observing it (Adler & Adler, 1990). It is grappling with this type of ambiguity, where self and other intersect, where a researcher is neither completely in his or her experience, nor in the experience of the other, that questions of representation and interpretation arise. One of the starting points is the negotiation of this limin between self and other, through the "collaborative nature of the ethnographic experience" (Tyler, as cited in Atkinson & Hammersley, 1994, p. 256). It is here that the researcher attempts to define a relationship between self and other, to engage and simultaneously disengage (Eastland, 1993). This is the "magic of ethnography" (Eastland, 1993, p. 124); to capture and reflect upon this tension between the observer and the observed.

From the outset, as the researcher I was engaged in "an *embodied practice*...an intensely sensuous way of knowing" (Conquergood, 1991, p. 180, original emphasis), where I began to make sense of the women's narratives by recording my reactions in my field notes. I allowed my passions, my emotions, and my body to be in the field to become

immersed in the phenomenon of inquiry about midlife women's perceptions of their changing bodies. I experienced bodily and intellectually. It was through this mind/body, reflexive/sensitive presence, that I was able to find some common ground with experiences described by the participants (Jackson, as cited in Conquergood, 1991). The women's stories of children leaving home resonated with my own recent experience of "the empty nest". It was critical in my fieldwork that I remain open to my vulnerabilities in a humble, honest, self-reflective fashion, and acknowledge the "reciprocal role-playing between knower and known" (Conquergood, p. 182). It was the paradoxical or liminal position of *doing* ethnography, of the tension between my embodied interaction with participants, and my need to remain the observer, that grounded my knowledge of the phenomenon.

Through this tension, my role as "autobiographical presence" (Clandinin & Connelly, 1994) emerged. As I reflected upon my "prior texts and expressive conventions" (Bruner, 1986, p. 12), I determined how I would interpret and represent the women's experiences. Therefore, before my initial entry into the field it was critical that I record some of my assumptions, feelings, biases, and anticipated outcomes to use as a baseline of comparison with the women's stories. It was through this written reflection that my understanding of the women's experiences evolved. For example, Denzin's (1992) *Symbolic Interactionism and Cultural Studies* set the stage for my assumption that midlife women would have a form of "gendered experience", or existential crisis involving their changing bodies. Since a person's identity is grounded in or based on cultural messages and personal beliefs about one's gender, one could predict that when a person's gender roles are challenged (as occurs for women in their middle years, with relation to their changing bodies), that

person will suffer an existential crisis. Using this expectation of existential crisis as one type of lens could influence my interpretation of the endless range of experiences being lived by and told by the women. Through the intersection of their tellings and my reflections, I was mapping out uncharted territory in my understanding of the phenomenon of inquiry. The fieldwork challenged many of my assumptions about women at midlife, such as those that relate to societal devaluation of aging women.

By reflecting upon my experience of the interviews, questions emerged about my role, about the participants' roles, and about the fieldwork. I questioned who I was and what I believed I was doing in the interview setting (Kleinman & Copp, 1993). What is important is that my active written record (Connelly & Clandinin, 1990) of my analytic thoughts and feelings concerning the fieldwork contributed to the cycle of data collection and analysis. This written record helped move me into the empirical world and became part of the analytical constructs as suggested by Bogdewic (1992).

Situating Myself in the Field

During the past several weeks I have experienced restless nights, unsettling dreams, and discomfort in my body. Is this a *rite de passage*, an embodied state required for moving from the field experience to the field of writing—to the field of representation and interpretation—a kind of initiation? Even now, as I sit at my computer and write this part of the text, I struggle to find words that represent my physical self, situated in the field. Issues of emotionality vs neutrality keep surfacing. Unlike the traditional neutral observer, my research position involves my bodily experience; my body offers “felt insights” (Trinh, as cited in Conquergood, 1991, p. 183) into the research participants' lives.

If I center this piece of writing only on the logistics of *how* I used the field text to record my reactions and thoughts about the field experience, rather than on *what* such reactions are about, then *my* emotional distance may distance the audience from learning how my feelings informed my final analysis. Instead, I want to convey to the reader that it was through my self-reflections and subsequent analytical notes, through this living and telling, that I began to uncover the cultural and social layers of meaning. Through these reflections on self I was free to use my feelings to inform the analysis, as suggested by Kleinman and Copp (1993). Furthermore, to borrow from Richardson (1995), it is through the very act of accounting for my personal investment in the project that this project may be legitimized. This involves informing the reader of my political and personal investments in the research. In this spirit, I turn to a brief illustration of what it has meant to study women's midlife experiences.

As I launched into this project I attempted to clarify my value position concerning the phenomenon under inquiry (Denzin, 1989b). I wrote in my dissertation proposal: "Ussher (1989) suggested that societal values that represent youthful images of slim, young women help shape aging women's self-definition. This may predispose one to assume that women's experience of aging will be traumatic". These idealizations of youthful, female beauty may reflect the ideological stance that one would find in the recent upsurge of popular literature about women at midlife, of cultural influences such as the media and medicine, of how these may shape midlife women's ways of knowing. Such an explanation seems incomplete. There is more to tell, more that emerged from the women's own stories. It was through my own subjective experience of the field, through

my own tellings, through my self-reflections, that possibilities were opened for considering alternate understandings of midlife women's reality.

My decision to study women at midlife was guided by several considerations. First, when I thought about midlife women's changing bodies as a topic, I had the impression that the literature on midlife women's changing bodies addressed common myths and misconceptions about this topic, rather than exploring the women's actual experience of this transition. It seemed as if what women "knew" was derived from cultural myths and misconceptions—stories of "the change," from mothers, grandmothers, aunts; stories of silence, mystery. Second, I discovered that available literature on women at midlife was sparse, particularly writing related to women's perceptions of their changing bodies. I couldn't help but wonder if this scarcity indicated that researchers were tacitly participating in the devaluing of aging women's experience, evident in the culture at large. Third, as a woman at midlife, I was personally interested in the topic. My discussions with friends, colleagues, and health professionals concerning midlife experiences convinced me that this would be a fruitful avenue of research for myself, for other midlife women, for the academic community, and for society in general.

I wanted to explore midlife women's experiences of the physical changes in their bodies from a different angle, from that of a researcher. As with any ethnographic study, this one took place at the dynamic intersection of self, other, and text. It was clear that the dialectical nature of this project could prove interesting, that my subjectivity made me, as Richardson (1995) suggests, a "speaking subject, whose stor[y] must be heard, whose power comes from within" (p. 194).

As I begin to present a slice of my field experience, to retell my own story, I acknowledge my contradictory feelings. How much do I tell? The phrase, “We are what we study” keeps surfacing. Besides my identity as researcher, I entered the field with other social identities and am aware that, in part, these identities shaped the personal and ideological position I assumed in the research (Kleinman & Copp, 1993). The relations between my researcher role and my role as a woman at midlife; the relations between neutral observer and full participant in the women’s experience; each involves complex questions of representation, of interpretation, and of the written text (Clandinin & Connelly, 1994). My identity matters.

After spending much of my time collecting data through taping conversations and through writing field notes, I often saw aspects of my own experience in the participants. In my field text I recorded reactions to casual conversation, magazine and newspaper articles, pop literature, and films. More and more questions emerged, questions of sexuality, menopause, hormone replacement therapy. I felt ambivalent about my changing body. I was bothered by the contradiction between valuing myself as such, aside from my appearance, and my concern with my changing looks. Like many of the participants, I resented social norms that reflect societal values of youth, fertility, and beauty. Furthermore, the fact that I sought answers about my physical and emotional changes from medical professionals—as did the other women in the study—drew attention to the medical profession’s superintendence over menopausal women. I was bothered by my angry feelings. But I was struck with how the 11 research participants sought out their own answers through alternative means—acupuncture, health remedies, counselling—to

name a few. I grew uncomfortable with notations made in my field notes about some of the women's self-care tips. Questions of possibly recording such data for my own personal benefit kept haunting me. Also, at times I viewed stories of self-care with outright skepticism. Were these self-care tellings simply a way to solve the cultural problem (Spradley, 1979) of being devalued by the culture at large? My cynicism felt uncomfortable. My liminal position felt unnatural.

As the research and time progressed, my emotional involvement in the project moved into other areas of my life, as forewarned by Kleinman and Copp (1993) in their work, *Emotions in the Field*. As I listened to the women's stories, parts of my experience kept surfacing. As was the case for Danforth (1982), in his description of participating in death rituals in rural Greece, there were times when I was acutely aware of "simultaneous...otherness and oneness" (p. 7):

As I entered Mary's home for the final interview, I sensed a stillness. After an informal greeting, I asked her how she had been keeping since we last spoke. In her quiet manner, Mary told me her daughter had recently died. It was an accidental death. She then told me of community and family support, cultural rituals—strength, acceptance—comfort in her tragic loss. I thought of my own daughter—the same age as Mary's daughter. Momentarily, I experienced a heaviness throughout my entire body—my chest felt tight, restricted. My throat ached. Tears welled up in my eyes. Then...a special, shared space—difficult to describe—no past, no future. Only a quiet, still, reverent moment...Mary and I sat looking at one another.

This passage is a verbatim transcript taken from my field notes. It illustrates my private processing—my thoughts, emotions, physical sensations, memory, and language—that relate to complex sociocultural meanings (Ellis, 1991); meanings of death, loss, and parenting. Most critical to such introspection was, as Ellis (1995) put it, the transformation of my assumptions of self, other, and society. At the intersection of self and other, I learned to appreciate the complexity of midlife women's experience. Questions arose about the meaning of human suffering in women's lives, of spiritual transformation, of inner strength.

It was through talking and writing about my field experiences that I began to make sense of them. Eventually, my understanding of my ambivalent feelings towards the women's experience of their changing bodies helped me appreciate their felt sense of incongruence. Perhaps this ambivalence led me to redefine and understand women's experience in ways that other health and health-related professionals could not. Issues of liminality kept surfacing; but in part, my sense-making of my questions involved this threshold state, of being situated "between the structural past and the structural future as anticipated by the society's normative control of biological development" (Turner, 1986, p. 41).

This brief "confessional tale" (Van Maanen, 1988) illustrates part of my time in the field and of how the liminality of my researcher's role informed my understanding of the women's lives. Through the experience of the relationship between myself and the participants, I was able to capture and discover aspects of cultural and social meaning in the women's lives. My intent in this writing was to inform the reader of how individuals'

stories come to be interpreted and partially understood (Clifford, 1986) in ethnographic research.

Setting the Stage for the Ethnographic Interviews

In the study of experience it is critical that the researcher establish rapport with participants so that reflexive, accurate tellings may be retrieved (Bogdan & Biklen, 1982; Schwartz & Jacobs, 1979). A communication style that conveys empathy or authentic understanding is most likely to elicit such data (Goetz & LeCompte, 1984). The preconditions for obtaining such data were set by engaging in a relaxed, friendly conversation at the beginning of the interview (Spradley, 1979).

Likewise, a private conversation assumes the protection of personal privacy for the research participant (Cottle, 1977). This can be illustrated through my use of ethical guidelines throughout the study. When I first met with each participant, she signed a consent form and I assured her of confidentiality and anonymity (see Appendix B).

Questions of context may help participants recall situations and clarify ideas that are meaningful. Such “meaning in context” (Mishler, 1979) can add to our understanding of the multiplicity of participants’ lives. Cultural and historical data obtained from participants helps provide a contextual frame of reference for participants and interviewers (Leininger, 1985). When each participant was first interviewed I posed demographic questions (see Appendix C). I added this information to my written observations of each interview situation and it proved meaningful in the analysis.

I assumed the position of a novice in my attempt to understand participants’ tellings of their changing bodies (Schwartz & Jacobs, 1979). From this point of view, each

woman was invited to teach me about her experience (Kleinman & Copp, 1993; Spradley, 1979). I explained that the stories she told me about her changing body would expand understandings of midlife women's experience. Then, focusing on the interview, I posed a question to which each participant responded: "I wonder if you could tell me what your perception is of your changing body?"

Participant Group

As researchers enter into the phenomenon under inquiry, they may gain an understanding of select cases through purposive sampling, but this understanding need not be universally shared (Denzin, 1989b; Spradley, 1979). I used a purposive sampling procedure which involved ethnicity, employment status, sexual orientation, and disability. My intent for including women representative of such marginal groups was based on Yoder and Kahn's (1993) suggestion that in the study of women, psychological researchers be more inclusive of marginal women in their sampling procedures. The sample chosen for this study allowed for as broad a range of information as possible (Hall & Stevens, 1991; Lincoln & Guba, 1985) and contributed to a multifaceted interpretive research account.

I chose 11 women as participants for the study. The research participants ranged in age from 40 to 53 years. Nine of the women identified themselves as white, one as Aboriginal, and one as first generation Chinese Canadian. Employment status varied. Four women were employed full time, two part-time, two unemployed; three women were out of the work force due to early retirement, disability, or serious illness. Two of the women were students. Regarding marital status, five of the women were married, one had

never married, and five were divorced or separated. Relative to sexual orientation, two members of the participant group were lesbian. With one exception, each of the women had had children; two such women had experienced the death of a child. Taken together, the women's children ranged in age from 15 to 33 years and were each at various stages of "leaving the nest." Educational level ranged from grade school to graduate school. Five of the women had university degrees, one had a college diploma, two had some university or college education, two had completed Grade 12, and one had completed grade school. Also, a wide spectrum of types of occupations were represented among the women. Such occupations included health and health related care, social services, domestic work, education and consultation, and technology. It is worth noting that five of the women had had hysterectomies; of the remaining six, three were still menstruating.

Because of the emphasis in ethnographic research on reflexivity and the researcher's role--as outlined in the foregoing section--a brief outline of my own demographic information is necessary. I am a white, middle class, heterosexual, divorced mother of three children (ranging in age from 19 to 24 years). My last child "left the nest" approximately one year ago. I am still menstruating.

The number of participants chosen depends on the emergent research process (Wertz & van Zuuren, 1987). In this study, the choice of 11 participants was determined by the principle that data collection continue until various aspects of the phenomenon emerge with enough diversity to map out a level of generality (Wertz & van Zuuren).

Recruitment of participants ended when the data reached theoretical saturation, or, when

new instances of the phenomenon did not lead to new categories (Glaser & Strauss, 1967).

Data Collection and Analysis

Data Collection

It was through the field text, through my field notes and verbatim transcriptions of audio taped conversations with the research participants, that the data were collected. Each form of data collection will be discussed in turn.

The field notes included my condensed and expanded notes; the condensed notes were kept during each interview situation and an expanded account followed soon after. The expanded account incorporated the following: the condensed account, the typed transcription of each audio tape recording, and my research journal. As mentioned in the foregoing section, I recorded my observations and reactions on matters of relevance to the research topic. Such active field notes (Connelly & Clandinin, 1990) were kept regularly and consistently throughout the research process (Lofland, 1971). The expanded account formed a large portion of the data.

The research interview is a method of creating field texts (Mishler, 1986). The interviews were converted into written field texts through research journals, transcription, and selected verbatim quotations (Clandinin & Connelly, 1994). In this study, data collection through unstructured interviews was carried out in two phases. The first phase consisted of individual interviews in order to obtain midlife women's descriptions of their

changing bodies. Phase two involved the gathering of the research participants in consecutive groups, for verification of emerging domains and sharing. A discussion of each type of interview follows.

Individual Interviews with Research Participants

Spradley (1979) suggested that the researcher conduct the interview in a location familiar to the participant is a means to build rapport and gather important contextual data. Taking the point of view that individuals are generally more comfortable on “their own turf” (Agar, 1980), interviews took place in the setting of each research participant’s home.

A total of 23 one-hour individual interviews with research participants were audio taped, and were transcribed for analysis of the contents. Two consecutive interviews took place with each participant; one woman was interviewed three times. The rationale for the number of interviews with each participant was based on the concept of theoretical saturation. As mentioned above, theoretical saturation occurs when an interview or observation will produce no new or relevant information, and no new categories related to the topic under inquiry (Glaser & Strauss, 1967). In other words, theoretical saturation was obtained from the data after completion of two individual interviews each with 10 of the participants and after three individual interviews with the remaining participant. The average time between each research participant’s interviews was four months. The ethnographic interviews were conducted, and the typed transcript analyzed according to the Developmental Research Sequence Method (DRS) of Spradley (1979). Each interview was subjected to analysis before the next interview was conducted.

The task of the interviewer is to become immersed in the phenomenon—in this instance, to become awakened to the different possibilities of midlife women's experiences of their changing bodies. In this study of women, issues of interpretation and representation involved treating every word as having potential to unlock the mystery of the participant's way of looking at the world (Bogdan & Biklen, 1982).

Within the context of the interview, the researcher's presence and the researcher's manner in which questions are formulated shape both the relationship and the participants' accounts of their experience. Focusing on the questioning, the use of ethnographic questions help organize an understanding of participants' views of reality (Fetterman, 1989). It is the kinds of questions posed which structure a frame for participants' tellings.

One of the starting points was to consider three main ethnographic elements (Spradley, 1979) while conducting the interviews. First, the purpose of the interview was made explicit to each research participant. Second, each woman received an explanation regarding the tape recording, written notes to be taken during the interview, and her role as the 'teacher'. Third, three major categories of ethnographic questions were used: (a) descriptive questions, (b) structural questions, and (c) contrast questions (Spradley). These three categories of questions were presented in the informal flow of conversation throughout each interview. I now present a brief explanation of each category of questioning.

Descriptive questions.

First, descriptive questions elicit respondents' representation of some aspect of their culture or world (Goetz & Le Compte, 1984). They also provide the researcher with a

framework within which to collect an ongoing sample of the respondents' language. My intent was to remain as close to the lived experience as possible by asking questions in a concrete manner (van Manen, 1984). For example, descriptions of a focal event, such as a typical period of time in a day spent by the participant, elicited a valuable source of embedded meaning. Often, this kind of event is a metaphor for a way of life, and can provide a lens through which to see the social scene (Fetterman, 1989).

To begin generating descriptions from each interviewee, questions posed in broad statements such as the following were used:

Interviewer:

I'd like to give you the opportunity to teach me about your experience of your changing body. To begin with, how would you describe your experience in a few sentences?

Further information was elicited from the participant's response by asking for elaboration. The following example will illustrate how further descriptions were gathered by asking one of the participants for more detail.

Interviewee:

I guess I would tell myself that I value myself more because I think I'm mentally, emotionally, and spiritually getting riper and riper and better and better. But I

guess there is a feeling that in a physical sense, I'm less worthwhile in terms of attractiveness.

Interviewer:

That's interesting! I'd like to hear more about that.

Interviewee:

I have a feeling there's an image of what you should be, to be beautiful in our society. I don't have big boobs and I find it upsetting that somehow, if you have the boobs and the blonde hair, automatically you are attractive—it doesn't matter whatever else is about you.

These examples illustrate how descriptive questions obtained an initial survey of the meaning system of the research participant (Spradley & McCurdy, 1972). As the interview progressed, more descriptive questions were formulated on the basis of the information obtained.

Structural questions.

The use of structural questions in ethnographic interviewing methodology is based on the principle that discovering similarities between symbols leads to an understanding of meaning (Spradley, 1979). This discovery principle underlies both domain and taxonomic analysis (Spradley), both to be explained later in the section on ethnographic analysis.

Structural questions elicit responses from the interviewees which reveal the constructs, or domains, interviewees use to describe their worlds (Goetz & LeCompte, 1984). These domains are the basic units in an interviewee's knowledge (Spradley, 1979). When a structural question is answered, the individual's classification of conceptual categories is revealed (Spradley & McCurdy, 1972). This kind of question is used to discover how individuals classify certain terms within a specific category of meaning. An analogy would be asking someone to name the contents in a trunk. The contents would make up a category system in that all elements share at least one feature of meaning (i.e., they are contained in the trunk). The use of structural questions elicits similarities between participants' terms and phrases in this discovery of meaning.

To illustrate, during our conversation, when Corinne used the phrase, "I'm conscious of my appearance," and "It's only my craziness," part of her social meaning was discovered by posing the structural question, "Would you say that 'I'm conscious of my appearance' and 'It's only my craziness' are *part of something?*" Based on the assumption that this aspect of Corinne's experience seemed important, the structural question was formulated around a hypothesized domain. Corinne identified similarities between these two terms by categorizing them as *part of* her "self esteem." The folk terms, "I'm conscious of my appearance," and "it's only my craziness," all within the same category of "self esteem," also implied difference—that more meaning could be discovered by asking how these folk terms are used differently. Attention to asking for differences between folk terms so that more meaning can be discovered, will be addressed once this discussion moves on to contrast questioning.

An excerpt from one of the ethnographic interviews presents an example of how structural questions were used after part of a participant's knowledge about her world was revealed by her response to a descriptive question:

Beth:

Oh yeah, the lines and wrinkles showing up on your face where they weren't there before. And, you have to sort of learn to live with it I guess.

Interviewer:

So you're saying you learn to live with the lines and wrinkles. It seems to be an important part of how you might see yourself differently at this time in your life. Can you tell me more about that?

Beth:

Less desirable probably as far as the opposite sex. It's not so much how I see myself as how much I've changed—and not as desirable as I used to be. I sometimes think maybe it's their problem and not my problem.

Interviewer:

So, I'm just going to repeat some of the phrases you've used: "I see myself getting older," "I'm less desirable as far as the opposite sex." Is there another way that you could say these kinds of phrases?

Beth:

I'm not slim, attractive, somebody that's young looking—I think men are looking at the physical most of the time. They have this thing where they want to have somebody that's useful and more attractive and young.

This cycle of questions and answers continued until the topic reached theoretical saturation or there was a new focus in the interview.

Contrast questions.

Whenever ideas or objects are grouped together within the same category, whether verbally or nonverbally, similarity among elements within a group implies contrast with elements outside the group. Some terms are placed within the category and other terms are left outside. The contrast principle in ethnographic methodology is based on the assumption that the meaning of a concept within a given category cannot be understood without specifying that with which it contrasts (Spradley & McCurdy, 1972). For example, the term used by a participant, “older men are looked upon as being sexually desirable” drew attention to a social rule about men and aging. It also implied that this view does not apply to aging women. The folk terms “men” and “women” belong to the same restricted contrast set—restricted to a limited amount of semantic information. Although “men” and “women” are different, they share the same semantic information of being at an adult level of development and of being different in sex.

Contrast questions are used to discover the meanings of and the relationships among the constructs that interviewees use (Goetz & LeCompte, 1984). Asking for differences implies a possible connectedness of participants' feelings, values, and actions. In this study, the application of three types of contrast questions were used for discovering tacit relationships among the terms and phrases that participants had already used. The three types of contrast questions are: (a) dyadic contrast questions, (b) triadic contrast questions, and (c) rating questions. Each will be explained in turn.

First, when dyadic contrast questions are posed, the participant is asked about the difference between two terms. In this way, differences that are important to the interviewee are revealed. The following example illustrates the use of such questioning:

Interviewer:

So if you were to expand on those differences between "How others view me" and "How I view myself," can you say more about the differences?

Jennifer:

The difference might be that with people you've met more than once—that you're comfortable with—they will accept you for who you are. Whereas, if the weight is a paramount issue, you might be worried that people might not accept you—based on how you initially present yourself to them.

Further meaning was discovered by asking the interviewee to elaborate on these differences throughout the remainder of the interview.

When a triadic contrast question is used, meaning is discovered by asking the participant to make distinctions among three categories. Three familiar terms, all from the same contrast set, are presented. The participant is asked, "Of these three, which two are similar and which one is different from the other two?" Notice the following example of the researcher's use of this form of questioning within the contrast set "ways of being a crone."

Interviewer:

I'm going to ask you a different kind of question now. With these three phrases you used that relate to being a crone: (a) "A strong figure," (b) "More tolerant and wiser," and (c) "Older women giving advice to people," which two are similar and which one is different?

Inez:

I suppose the "strong one" and the "advice giver" are similar in a way. The "being more tolerant" is more different.

Interviewer:

How is it different?

Inez:

Well, for one thing, women are socialized to be tolerant—to be accepting—whereas we're not really socialized to be strong. There's two kinds of tolerance—the kind because you're just putting up with things. And there's the kind that comes from having a larger view of things and giving that tolerance freely onto someone—but feeling very much that you have a choice. I would see tolerance in a younger woman quite different than tolerance in an older woman.

Another series of questions elicited further descriptions from Inez that revealed some of her tacit knowledge of “tolerance.”

When participants answer rating questions, they reveal the values that they impart to their social experiences. Each participant is asked to make contrasts between folk terms within the same category based on a specific rating criteria. The rating question posed in the following example was used to help a participant distinguish between some various ways she feels about her aging body.

Interviewer:

You used the terms, (a) “Where are my cheeks going?” (b) “It's always a shock to look at myself” (c) “I wish I could lose a few pounds” (d) “God, I look like my mother!” and (e) “My hair is going gray but I've never been moved to change the color.” If you were to rate these terms, which one would be the most relevant for you?

Judith:

I think, "I wish I could lose a few pounds".

Interviewer:

Can you talk a little about that—the whole idea around the weight?

Judith:

I think if I lose some weight, I'd feel better myself, but I'm not going to look younger. So, I don't think it's going to really affect getting a job. People look at me and see me as an older woman and that's not what they want.

This segment, taken from the typed transcript of an ethnographic interview, illustrates how the interviewee conceptualizes meaning around different perceptions she has of her aging body.

Usually, I juxtaposed structural and contrast questions. Both kinds of questions help organize an understanding of the participant's view of reality (Fetterman, 1989). I announced when I would ask a new form of question, to warn the respondent that the interview would temporarily move from a friendly conversation. As participants became familiar with the various forms of questioning, the conversations seemed to proceed in a casual manner.

Group Interviews

The use of the group interview, or focus group, as a research technique originated in sociology and was used primarily for marketing research. The two primary data-collecting methods in the social sciences are individual interviews and participant observation—group interviews combine the two approaches (Morgan, 1988). The group interview is a qualitative data gathering technique whereby a moderator directs the group interaction either in a structured or unstructured manner depending on the intent of the interview (Fontana & Frey, 1994; Morgan, 1984). Group interaction elicits individuals' perceptions on topics provided by the researcher (Morgan, 1988). In this study, it was after completion of the individual interviews that the group interviews took place.

The application of a focus group as a data collection technique is dependent upon the development of rapport among group members, which can be enhanced when group members share common experiences (Carey, 1995). In this study, gender and age seemed to help link the women's shared perceptions of physical change. The groups provided a context for determining the women's shared meaning of their changing bodies and for them to develop strategies to let other women know of the power of talking with one another about their changing bodies.

Arrangements were made through the local YM-YWCA to locate a room that was accessible by wheelchair and where the participants could sit comfortably around a table and engage in group interaction. In order to help create a relaxed environment for the group participants, fruit juice and nutritious snacks were made available throughout our meetings.

Three consecutive 1 1/2 hour group interviews were conducted over a three month period. Each interview was audio taped and transcribed to facilitate analysis of the data. An average of eight participants attended each group meeting. During each of the group interviews attention was given to the participants' perceptions of the topic under inquiry.

During the initial focus group, I addressed the issues of confidentiality and the purpose of the group. Following these formalities, I invited group members to recount the experiences of participating in the individual interviews. Table 1 illustrates eight hypothetical domains that I presented for discussion and verification.

Table 1

Eight Hypothetical Domains

1. Relentless march of time
 2. Feeling out of control
 3. Experiencing a patronizing attitude by the medical community
 4. Weight still bothers me
 5. Everything's falling--gravity is pulling my body to the ground
 6. Coming in--acceptance of myself
 7. Sense of loss
 8. I'd like to find out who I am exactly
-

I intended to have only one group meeting; however, as the initial meeting came to a close, group members requested a second focus group in order to discuss the area of sexuality. Consequently, a second group meeting was arranged. At the end of this second group meeting, group members voiced their desire for a final group meeting in order to continue sharing their perceptions of their changing bodies. The third focus group was arranged at a time convenient to group members.

Denzin (1989b) pointed out how focus groups can be utilized as a form of triangulation when used in conjunction with other data collecting methods. The focus group technique was used in this study to help verify and add to the hypothetical domains that had emerged from the analysis of the individual interviews. A constant comparative method was utilized (Glaser and Strauss, 1967) whereby data obtained from the focus groups was compared to the existing information obtained from the individual interviews. Analysis of each focus group was subjected to ethnographic analysis according to Spradley's (1979) Developmental Research Sequence Method (DRS).

Ethnographic Analysis

In ethnographic research, analysis and the collection of the data begin simultaneously (Fetterman, 1989). Indeed, one of the central features of ethnographic research is this cyclic relationship between data collection and analysis. The analysis process in this study began early in the research process and continued throughout.

As mentioned in the foregoing section, the task of the ethnographer is to obtain data from the emic or insider's point of view, and to interpret these data from an outside etic or social scientific perspective (Fetterman, 1989). The ethnographer is the human instrument

and through every phase of the research process must discriminate among various forms of data and analyze the worth of each path (Fetterman).

Ethnographic analysis concerns the discovery of meaning, based on the premise that participants organize their knowledge about their world into categories (Spradley, 1979). Bruner (1990, p. 56) reminds us that if we were not capable of constricting our world into frames or schemas, we would be “lost in a murk of chaotic experience.” In order to grasp and simplify the infinite stimuli of life, individuals learn to group or categorize things based on their perceptions of similarities and differences. Thus, one of the basic ways that participants make meaning of their world is through this process of categorization. As a means of discovering how this categorization occurs, ethnographic methodology requires the researcher to divide the terms and phrases used by research participants into groups (domains) and to indicate how the groups are similar and different from one another (Goetz & LeCompte, 1984).

Four kinds of ethnographic analysis were used in conjunction with the various types of ethnographic questions as a means for discovering systems of meanings that women at midlife use (Spradley, 1979), and to continually clarify and validate such cultural meanings (Hycner, 1985; Spradley, 1979). The four kinds of analysis are: (a) domain analysis, (b) taxonomic analysis, (c) componential analysis, and (d) theme analysis. Each form of analysis will be discussed in turn.

Domain Analysis

After conducting a preliminary search for folk categories, I first focused on tentative identification of domains. Domains are the most important and basic unit of analysis in

ethnographic methodology (Spradley, 1979). Domain analysis involves a search for domains, each made up of folk terms, all within the same category. One principle of organization that seems to apply to every culture is one of inclusion. The phenomenon of inclusion of reference is so common that we usually do not think about it (Spradley & McCurdy, 1972). Inclusion is revealed with ordinary statements such as "a cat is an animal," or "a house is a building." In domain analysis, long, complex passages are separated into shorter semantic relationships of meaning. A domain can be illustrated whenever individuals state an idea or a concept. The statement can be categorized into three parts: (a) the main idea being discussed, or the cover term; (b) other terms used to elaborate on the idea, the included terms; and (c) the linking of cover terms and included terms by means of semantic relationships. Meaning is created through this linkage of terms. Spradley (1979) suggests searching for possible domains under one of nine universal semantic relationships that he proposed. These universal semantic relationships are illustrated in Table 2.

Table 2

Universal Semantic Relationships*

-
1. *Strict inclusion*: X is a kind of Y
 2. *Spatial*: X is a place in Y, X is a part of Y
 3. *Cause-effect*: X is a result of Y, X is a cause of Y
 4. *Rationale*: X is a reason for doing Y
 5. *Location for action*: X is a place for doing Y
 6. *Function*: X is used for Y
 7. *Means-end*: X is a way to do Y
 8. *Sequence*: X is a step (stage) in Y
 9. *Attribution*: X is an attribute of Y
-

*From Spradley (1979, p. 111).

After eliciting possible folk terms within the same category, or domain, I next posed structural questions to verify the hypothesized domains and elicit additional folk terms included in the domain. "While the investigator offers a type of interpretation of the other's experience, the other retains the authority to argue whether or not the interpretation fits his or her experience" (de Rivera, 1981, p. 23). By engaging in this form of dialogic process, the interviewee and I became collaborators in the analysis and interpretation of the data (Mishler, 1986). The recursive process among data collection, domain analysis, and structural questioning continued until theoretical saturation had been

reached, or, when new instances of the phenomenon did not lead to new categories (Glaser & Strauss, 1967).

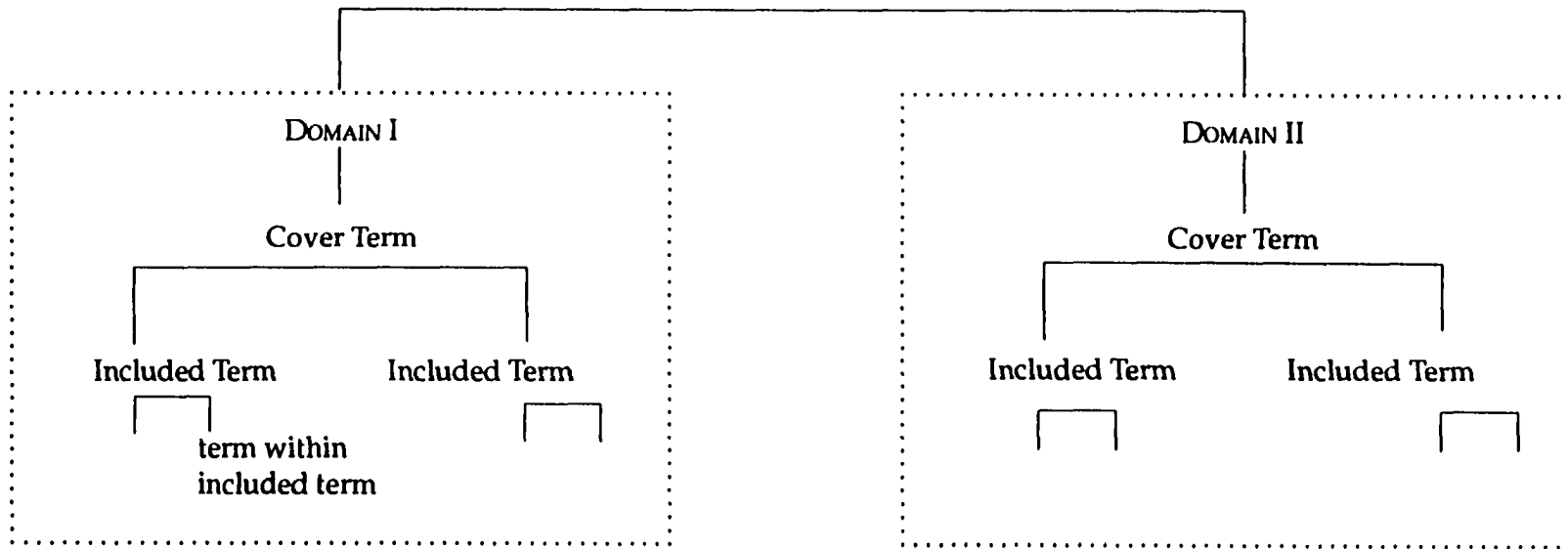
Two criteria were employed in the preliminary choice of domains for this study. First, domains were selected from specific topics that were described most frequently by each woman. Second, domains were chosen from aspects of participants' experiences that would be relevant for health and health-related practitioners who wanted to learn about the topic under inquiry. With these criteria in mind, those domains that were verified for accuracy by interviewees were subjected to taxonomic analysis.

Taxonomic Analysis

The second kind of ethnographic analysis, taxonomic analysis, involves an in-depth examination of a limited number of domains (Spradley, 1979). In taxonomic analysis, the internal structure of a domain is examined by identifying commonality among folk terms. These folk terms are all organized on the basis of the same semantic relationship.

This form of analysis involves the construction of a taxonomy, or visual representation, of the relationships among terms in a domain (see Figure 2). Spradley and McCurdy (1972) refer to a taxonomy as a structure used to represent a set of categories related by inclusion. A taxonomy and a domain are both comprised of a set of categories organized around the same semantic relationship. However, a taxonomy allows for a more complex representation of all of the terms within a domain. Constructing a taxonomy allows the researcher to present the entire content of the domain—that is, all its elements or terms—in an organized way, by showing the relationship of the terms to one another. Showing the structure of relationships among the terms within a domain reveals

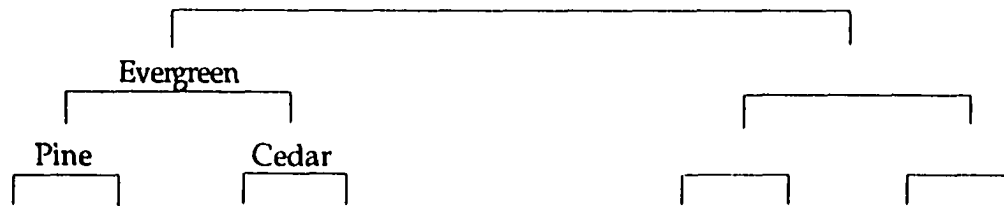
Larger inclusive Domain
Semantic Relationship of Strict Inclusion
(X is a kind of Y)



* adapted from Spradley (1979)

EXAMPLE

Kind of trees
X is a kind of Y
Semantic relationship of strict inclusion



the different levels of generality and specificity. General categories are labeled with cover terms, while more specific subcategories consist of included terms, some of which may be discovered through this process (see Figure 3, for an illustration of a taxonomy that was constructed to represent part of a participant's knowledge of the social phenomenon under study).

The first step in taxonomic analysis involves searching for all folk terms that belong within the same category. After as many included terms as possible have been found, descriptions that elaborate on such terms are sought, to provide subcategories of meaning. The researcher then formulates structural questions to be presented at the next interview in order to verify the taxonomic relationships and gather new terms (Spradley, 1979). At this point in the research, the alternation of interviewing and analysis is necessary (Spradley).

When enough terms have been collected through analysis and questioning, a search for a large inclusive domain that could subsume the domains being analyzed for the taxonomy occurs. In the example of Figure 3, I found that the folk term "feeling vulnerable" included some of the central domains that had been discovered about a participant's knowledge of the phenomenon under inquiry.

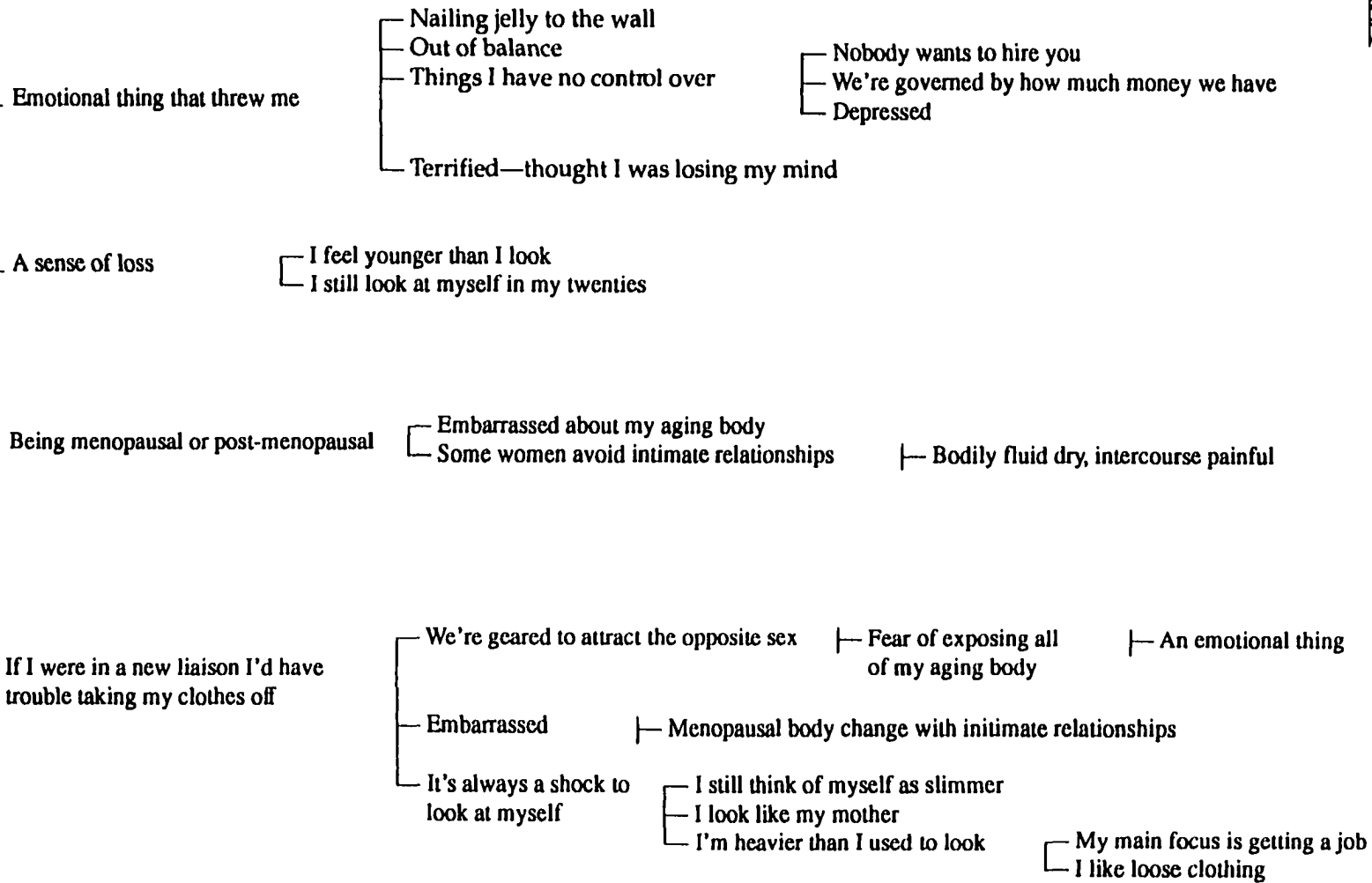
Componential Analysis

In every social group, individuals have learned common ways to define their world. They learn "complex rules for perceiving, classifying, and relating the phenomena of experience" (Spradley & McCurdy, 1972, p. 73). By combining taxonomic analysis and componential analysis, researchers can look at a set of rules and maps that people follow

Taxonomy of a Part of Feeling Vulnerable *
Judy - Participant #1

* adapted from Spradley (1979)

Based on the Semantic Relationship of Spatialing: X is a Part of Y



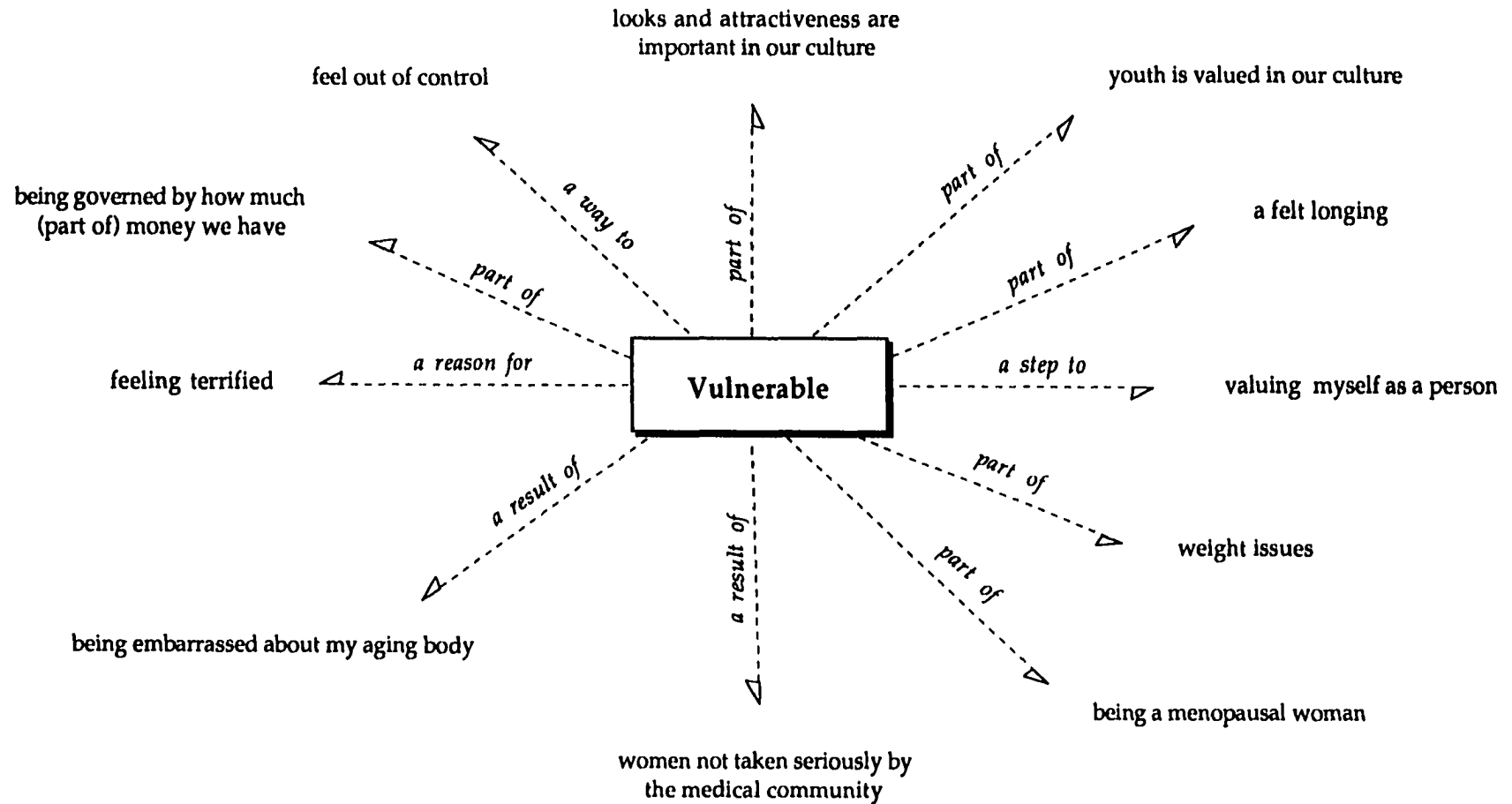
in their customary behavior. Componential analysis involves the isolation of attributes. Pieces of information that individuals use to distinguish differences between terms are called attributes. Each attribute makes up one part or component of the total meaning designated to a category (Spradley & McCurdy, 1972).

Whenever two terms are said to be similar or different, individuals are choosing certain attributes to make this judgment. For example, in our culture if we use the folk term “woman” as a member of the domain “human being,” some of our cultural meaning is revealed. Nevertheless, the term “woman” also has many other things associated with it. To illustrate, women are of the female sex, women bear children, and women are often thought to be caregivers. Componential analysis involves a search for attributes associated with all of the terms in a category.

Almost every contrast question reveals additional relationships and information about the term or phrase in question (Spradley, 1979). It is not possible to place the terms in a taxonomy because of all of the different semantic relationships revealed through contrast questioning. The example presented in Figure 4 shows a single folk term with some of its attributes. The diagram illustrates how each attribute is connected to the folk term by a semantic relationship.

The main tool used for componential analysis is a paradigm worksheet (Figure 5). A paradigm worksheet is a chart that illustrates a large amount of information in a clear and concise way (Spradley, 1980). It represents parts of research participants’ cognitive maps (Spradley, 1979) by showing some of the contrasts among terms within a particular category. For example, the participants will likely know that being a menopausal woman may involve the labeling of their experience within a medical framework. In a paradigm

Some Attributes and Semantic Relationships of Being Vulnerable



* adapted from Spradley (1979)

Figure 5
Paradigm Worksheet for Part of Feeling Vulnerable*

| Dimensions of Contrast | | | | | | | | |
|-------------------------------------|---------------------------|--|--|--|-------------------------|----------------------------------|---|-----------------------------------|
| Contrast Set | Advertsing preys on women | Women not taken seriously by medical community | Women supposed to be content with aging issues | Women are geared to attract the opposite sex | World is male dominated | No longer being the child bearer | Looks and attractiveness important in our culture | Winning person is the thin person |
| Nobody wants to hire you | yes | no | yes | yes | yes | no | yes | yes |
| Thought I was losing my mind | partially | yes | yes | yes | yes | | yes | yes |
| Hard to find the answers | yes | yes | yes | yes | yes | no | yes | yes |
| Value myself as a person | yes | no | no | yes | partially | yes | no | no |
| Aware my attractiveness is changing | yes | no | yes | yes | yes | no | yes | yes |
| Body Image | yes | no | yes | yes | yes | no | yes | yes |
| That middle aged look | yes | no | yes | yes | yes | no | yes | yes |

*adapted from Spradley (1979)

graph, terms from the category to be contrasted are placed vertically on the left hand column (the contrast set) and the attributes or values associated with these terms are placed horizontally along the top of the column. By creating a visual representation of attributes or values, in relation to each of the terms in the contrast set, and comparing which terms carry those attributes and which do not, more of participants' cognitive realities are revealed. This representation of research participants' cultural understandings is a useful tool for discovering themes.

Theme analysis

By comparing, contrasting, and sorting all of the bits of information required in ethnographic methodology, the researcher will identify patterns of meaning comprised of interwoven strands of a cultural group's behavior and thought (Fetterman, 1989). These larger patterns, referred to as themes, cognitive principles, or cultural beliefs, are assumptions about the world that people use to organize their experiences, and usually take the form of assertions (Spradley, 1979). For example, Susan's statement, "we're geared to attract the opposite sex" is an assertion used by most of the women in this study to understand male-female relationships. Recurring ideas in several domains and in dimensions of contrast suggest the possible existence of cultural themes. Many such themes are at the tacit level of the participant's knowledge (Spradley).

Spradley (1979) discusses a number of strategies for discovering cultural themes. My basic tools for discovering the four cultural themes that emerged from the 11 women's descriptions were: (a) application of componential analysis for each participant's descriptions, (b) search for organizing domains that represented all of the women's

experiences, (c) creation of diagrams that represented parts of each research participant's cultural knowledge, and (d) identification of six universal themes (see Spradley, p. 199, for a discussion of universal themes). Table 3 summarizes the four cultural themes I discovered, which are divided into two major categories. This method of subsuming the themes into two major categories was adapted from Daniluk (1993).

Table 3

Cultural Themes that Partially Represent Women's Perceptions of Their Changing Bodies

Category 1. Cultural Influences—including the media and medicine

Theme 1: *A Felt Sense of Incongruence*

Theme 2: *Having More Questions*

Category 2. Midlife Women's Developmental Changes—including an awareness of less time to live and role changes

Theme 3: *A Felt Sense of Loss and Longing*

Theme 4: *Learning to Care for Self*

Validity

It has been extensively argued that what constitutes validity and reliability in the traditional, quantitative research approach cannot be applied to a qualitative approach because of the differences in research goals, intentions, and purposes. Focusing on qualitative research, validation is the process through which the researcher makes claims

for the trustworthiness of a research report (Mishler, 1990). The quality of an ethnographic report lies in the ability of the researcher to represent individuals' ways of life—keeping in mind that the goal of ethnography is understanding (Altheide & Johnson, 1994). For Altheide and Johnson, “the key issue is not to capture the informant’s voice, but to elucidate the experience that is implicated by the subjects in the context of their activities as they perform them, as they are understood by the ethnographer” (p. 491). Thus in this study of women, to talk about the issue of validation is to point to the need to ensure that the social world of participants be represented and interpreted as they see it.

The criteria of methodological adequacy and validity in naturalistic research concerns “triangulated, empirical materials that are trustworthy” (Denzin, 1994, p. 508). Lincoln and Guba (1985) have suggested a naturalist alternative to the positivist paradigm for assessing the rigor of qualitative research. The following four criteria preserve the epistemological and contextual differences implicit in qualitative research: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. These four terms are used as the “naturalist’s equivalents” (Lincoln and Guba, p. 300) for the traditional terms internal and external validity, reliability, and objectivity. Each of these four criteria was used to ensure the trustworthiness of this study and will be discussed in turn.

Credibility

In qualitative research, credibility refers to the truth value of a study—how much confidence readers will have in the findings. To paraphrase Sandelowski (1986), the truth value concerns the discovery of human phenomena as experienced and perceived by research participants rather than the verification of previous conceptions of such

experiences. The truth value in quantitative research concerns how well threats to internal validity have been met. The term, internal validity, refers to the amount of confidence placed on the evidence that a specific experimental treatment produced the observed experimental effects. In effect, in quantitative research, traditional notions of validity focus on methods rather than on people (Reason & Rowan, 1981). In this qualitative study, criteria used to strengthen the truth value or credibility of the results involved triangulation, peer debriefing, member checks, and keeping a reflective journal.

Triangulated data sources, or within-method triangulation (Denzin, 1989b) was achieved through the use of individual and group interviews. Likewise, triangulating methods or between-methods triangulation (Denzin) was achieved by the addition of the content analysis to the qualitative research process. Between-method triangulation helped broaden the interpretive base (Denzin) and provided a means for peer debriefing. In this research report, this matter of between-methods triangulation is discussed in the following section on *ethnographic content analysis*.

Focusing on member checking, the researcher is responsible to obtain the “members’ perspectives on the social reality of the observed setting” (Altheide and Johnson, 1994, p. 490). It is crucial, then, that researchers return to participants with tentative results and refine them according to participants’ reactions (Reason & Rowan, 1981). In order to assure that the analysis accurately represented the social world of midlife women, participants were invited to comment on the analyzed material throughout the research process, and to suggest changes where they felt that the materials did not reflect their experiences.

Further, a major threat to the truth value of an ethnographic study concerns the closeness of the relationship between the researcher and researchee (Sandelowski, 1986). The credibility of an ethnographic study is enhanced when researchers tell of their experiences in the field in relation to the tellings of their research participants. Because the closeness of my relationship could both enhance and threaten the truth value of this study, it was necessary that I account for my reactions to the field experiences by keeping a reflective journal (see the foregoing section concerning the role of the researcher).

Transferability

The issue of transferability in qualitative research concerns the “fittingness” or applicability of the descriptive account to other contexts. In quantitative research, external validity concerns the possibility of generalizing the research findings to other populations given assumed representativeness of subjects, tests, and testing situations. Given the individual participants’ previous identification and relationship with the research question, the issue of generalization is not relevant in a qualitative study (Denzin, 1989b, Goetz & LeCompte, 1984; Lincoln & Guba, 1985). However, the naturalist inquirer can offer the reader thickly contextualized descriptions that represent multiple layers of realities and observations so that the reader can make inferences to other instances of the same phenomenon. To paraphrase Denzin (1994), a thick description provides the context of experience and offers insights of meaning concerning that experience—the descriptions demonstrate experience as a process. In this ethnography, the ethnographic text includes extensive quotations gathered from thick descriptions.

Furthermore, the reader's transferability judgments can be facilitated with the use of purposive sampling. This sampling strategy can provide a broad range of information to be included in the thick description (Lincoln and Guba, 1985). As mentioned above, purposive sampling was the sampling criterion used in this study.

Dependability

Dependability, the third criterion, has to do with the consistency of the research findings. Reliability in quantitative research concerns the consistency or stability of a test or testing procedure. It assumes that each time a research instrument is used, similar or comparable results will be obtained. In contrast, in qualitative research, the uniqueness of each human experience is sought. Indeed, certain kinds of reliability in the quantitative sense have to be violated in order to obtain a true understanding of any given human experience. For example, the value of seeking multiple aspects of experience in qualitative research contradicts the quantitative value placed on seeking replication of the findings. Auditability is the criterion of rigor concerning the consistency of qualitative findings (Lincoln & Guba, 1985). For Altheide and Johnson (1994), a sound ethnography demonstrates a clear tracking of what the researcher did. In this study, I accounted for dependability by using an audit trail. The findings are auditable through the careful record I kept of the entire data gathering and analysis process. Part of this audit trail involved keeping a research journal where I recorded my methodological decisions and reasons for making them (Spradley, 1979).

Confirmability

Confirmability is the criterion of neutrality or objectivity in qualitative research and is established when auditability, truth value, and applicability are established. Neutrality concerns the freedom from bias in the research process and result. In quantitative research, objectivity is sought through the establishment of reliability and validity. It is important to note that confirmability concerns the findings and not the researcher-researchee relationship. In this study, in addition to using the audit trail, the intercoder agreement reached between the researcher and five independent judges helped confirm the tentative findings reached near the end of the study.

I am accountable to the readers of this research project for its validity. To meet this criterion, I have provided the means by which the reader can systematically assess the relationship between what was done and how it was done (Altheide & Johnson, 1994). It is hoped that the above information will facilitate a more critical reading of chapter 4, the multivocal text, the partial interpretation and representation of midlife women's experiences.

Ethnographic Content Analysis

Researchers often engage in decisions about where the paths of qualitative and quantitative approaches intersect (Hammersley, 1992). The selection of the positions "often...depend on the purposes and circumstances of the research, rather than being derived from methodological or philosophical commitments" (Hammersley, p. 179). In this study, ethnographic content analysis, a quantitative approach to data analysis, was

used as a means to broaden and refine understanding of conceptual meanings and categories that emerged from the domain analysis of the data (Goetz & LeCompte, 1984). Ethnographic content analysis (Altheide, 1985) is a means to combine qualitative methods of ethnography with quantitative methods of content analysis within the same study. As previously discussed, a triangulated method helps broaden the interpretive base of a study (Denzin, 1989b).

Content analysis is basically a coding operation. The unique characteristic of ethnographic content analysis is the “reflexive and highly interactive nature of the investigator, concepts, data collection and analysis” (Altheide, 1987, p. 68). Domains or categories initially guide the study and new categories are allowed to emerge throughout the research process. Ethnographic content analysis is an informal way of subjecting research data to the constant comparative method of analysis involved in grounded theory (Glaser & Strauss, 1967) whereby incidents applicable to categories are compared and integrated into categories, which are revised as necessary to accommodate the incidents themselves. It is through the application of ethnographic content analysis that new categories of meaning are refined and discovered. As mentioned in the foregoing section, a number of larger, more inclusive domains were derived from the analysis of the data. The process resulted in a series of mutually exclusive categories that were well suited for content analysis.

The difference between ethnographic content analysis and traditional content analysis is that traditionally, categories are predefined and the numerical frequency is determined without regard for the contextual meaning of the remainder of the text. In ethnographic

content analysis, the narrative description is included in the coding operation. This contextual information can help verify theoretical relationships and provide conditions for new concepts to emerge during the research process. Data analysis, in this view, is both numerical and textual (Altheide, 1987).

Intercoder Reliability

In order to satisfy the requirement for reliability, intercoder agreement was used. In content analysis, reliability concerns a quantitative procedure whereby predefined categories are tested for reproducibility when coders individually analyze the same text and reach an agreement among one another (Weber, 1990). It is critical that a high reliability be obtained in an ethnographic content analysis because it measures the consistency of different researchers understanding of the phenomenon under inquiry (Krippendorff, 1980; Weber, 1990).

In content analysis it is important that the categories chosen be reliable and reproducible in that multiple coders analyzing the same text produce results consistent with those of the researcher. Differences in coding may be due to cognitive differences among coders, ambiguous coding instructions, ambiguous code meanings, or mistakes in coding (Smith, Sells, & Clevenger, 1994). For practical purposes, the process of subjecting a sample of text to reliability tests and revising the coding scheme prior to applying the procedure to the entire text, ensures that effort is not wasted on nonreproducible findings. Thus in this study, the application of the coding scheme involved seven steps: (a) encoding text, (b) test coding a sample of text, (c) assessing

reliability on the sample text, (d) revising codes as necessary, (e) assessing final reliability, (f) test coding a final sample of text, (g) assessing reliability on the final sample of text.

Five researchers were trained in a coding schema. Four of the coders were female and one was male. Of the four female coders, two were Ph.D. candidates and counsellors; one had a Ph.D. in counselling and was working as a counsellor; and one had a Ph.D. in English and was working as a University instructor. The male coder had an M.A. in counselling and was employed as a counsellor. The coding procedure among the coders was tested for intercoder reliability whereby coders independently coded the transcripts (Krippendorff, 1980; Weber, 1990). Each transcript had been previously coded by the researcher and was kept for later comparison with those of each coder. Each coder was given a 1 hour training session in which the eight category descriptions were reviewed and coding procedure explained (Table 4). As mentioned above, these categories were grounded in the data from which they emerged (Denzin, 1989b; Glaser & Strauss, 1967). Each coder practiced on a random sample of 20 segments of text that had been identified by the researcher. Figure 6 illustrates three samples of coded transcripts. For the practice session, intercoder reliability was assessed by comparing each coder's scores against those of the remaining four coders. Intercoder reliability was calculated to determine the amount of agreement between the coders (agreements/agreements plus disagreements times 100). Krippendorff suggests that the smallest agreement taken as a measure of reliability be set at above 80%. Rater agreement ranged from 75% to 95% with an average of 85% for this practice session.

Table 4

Coding Categories

1. *Finding new ways of valuing myself.* Participants' descriptions of their shifts from caring for others to caring for themselves.
 2. *Ways of experiencing a felt longing.* Participants' descriptions of loss and longing.
 3. *Ways of feeling vulnerable.* Participants' descriptions that represent experiences of feeling powerless (i.e., evoked in part from social structural influences such as the medical profession).
 4. *Reasons for not wanting to be thought of as unattractive.* Statements made by participants that reflect cultural attitudes of sexism and ageism.
 5. *The influence of an awareness of less time left.* Participants' descriptions of temporality—of conceptualizing the finiteness of their lives.
 6. *Examples of having more questions.* Participants' questions they pose to themselves about their aging bodies.
 7. *Reasons why it is difficult to find any answers.* Participants' descriptions of the lack of information available about midlife women about their changing bodies (e.g., about menopause).
 8. *Times of experiencing a felt sense of incongruence.* Participants' descriptions of an uncomfortable sense of embodiment—of not having the words to describe this discomfort.
-

Figure 6

Three samples of coded typed transcript

| | | | |
|----|-----|--|--|
| 80 | #1: | Yeah, I guess because we're geared to the attraction with the opposite sex, | 4, 2 <i>-longing to be attractive</i> |
| 81 | | there is supposedly a physical attractiveness there and I feel at this point | |
| 82 | | I'm not at my best as it were (slight laugh). And you always like to feel | |
| 83 | | you are at your best particularly in a new situation. | |
| 16 | #4: | O.K., when I was younger, the very strong message that I got and I | 1 <i>-now realizes she needs time to value self</i> |
| 17 | | probably gave myself was that it was my duty, my role in life, to care for | |
| 18 | | others, to take care of my husband, to take care of my kids....and, to take an | |
| 19 | | afternoon off to just do something by myself was considered selfish. I was | |
| 20 | | somehow supposed to get through life without having to (pause) have | |
| 21 | | time alone or pay attention just to myself. | |
| 35 | #8: | I just perceive...I'm really conscious of how [men] see me shaping up or | 4 <i>-about changing physically, being judged by men -cultural standards are sexist -judgments about being youthful or what counts as an attractive woman</i> |
| 36 | | not shaping up to various criteria that they have about how women should | |
| 37 | | look and be. And I think if I was actually heterosexual I would have a lot | |
| 38 | | more feeling that I'm losing the ability to fulfill the norm of a feminine | |
| 39 | | woman....not so much in the shape of my body but in the looks, my facial | |
| 40 | | looks, how my face looks. I think for a lot of men who are concerned to | |
| 41 | | look like they're with women who are younger or youthful looking, then I | |
| 42 | | would fail to fulfill that requirement. I think that would have some effect | |
| 43 | | on my self-esteem. I would feel more like I'm in battle to preserve my self- | |
| 44 | | esteem instead of experiencing myself as I do. | |

Code Translations

1. Finding new ways of valuing myself
2. Ways of experiencing a felt longing
3. Ways of feeling vulnerable
4. Reasons for not wanting to be thought of as unattractive
5. The influence of an awareness of less time left
6. Examples of having more questions
7. Reasons why it is difficult to find any answers
8. Times of experiencing a felt sense of incongruency

Following the suggestion of Weber (1990), the entire text was then subjected to the coding procedure. These coded texts were divided among the five researchers for analysis. Each coder was given a different set of typed transcripts to review and asked to identify one or more of the eight categories within the text that had been identified. Based on some guidelines outlined by Strauss (1987), coders were instructed to consider two main factors when examining their assigned texts. First, coders were asked to keep the research question and purpose of the study in mind; it was presumed that this would help them be open to new categories that might emerge from the data. Second, using this same rationale, it was crucial that coders record any reactions or ideas that might have been provoked from reading the data; coders were asked to record these on the right hand column of the coding sheet (see Figure 6 for an illustration of coders comments noted in italics). This manner of approaching the data proved fruitful for the final analysis. For example, one coder made a notation that societal devaluation of women seemed central to midlife women's experiences. This idea was incorporated into the theme analysis after the researcher reexamined the entire text. Using the same criteria as above (Krippendorff, 1980), the categorization scheme was determined to be reliable through agreement among the coders and researcher. The agreement between the five coders and the researcher is illustrated in Table 5. Agreement ranged from 77% to 87%.

Table 5

The % of Agreement Between the Coders and the Researcher's Categorization

| | <u>% of Agreement</u> |
|-----------|-----------------------|
| Coder # 1 | 87% |
| Coder # 2 | 84% |
| Coder # 3 | 77% |
| Coder # 4 | 85% |
| Coder # 5 | 80% |

Note n=630 categories, average of 126 categories per coder

At the end of the coding procedure, intercoder reliability was repeated by presenting each coder with 20 new segments of text that were selected using a different random sample selected from the entire set of typed transcripts. Intercoder agreement was assessed by comparing each coder's scores against the scores of the remaining four coders. Percentage of agreement ranged from 80% to 95% with an average of 85%. It was determined that the coders ability to identify the predetermined categories was reliable. Overall, the reliability measures were critical because they demonstrated the consistency of different researchers' interpretations of the field text (Krippendorff, 1980; Weber, 1990).

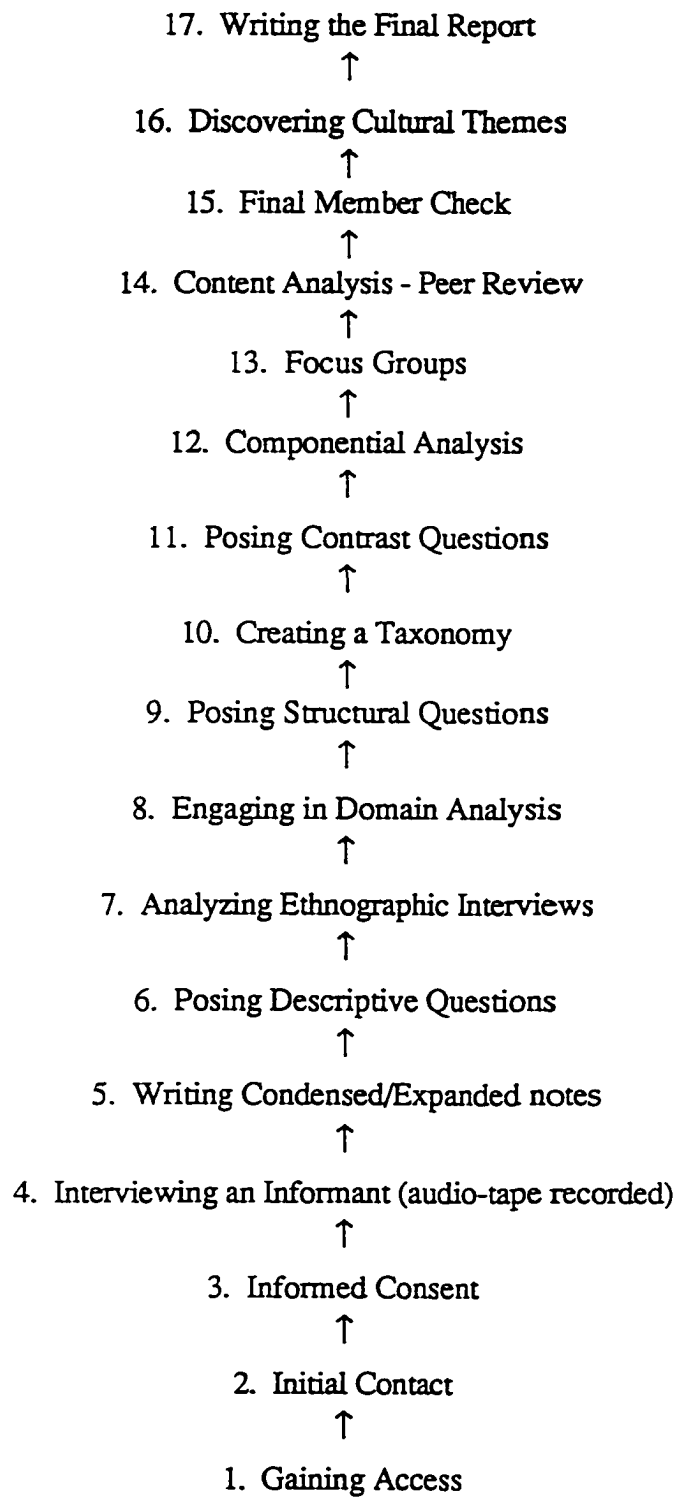
Software

The computer program, Aquad (Huber, 1990), facilitated the processing of the transcripts of the individual and group interviews and the field notes. It was through this program that I was able to number the lines of the typed transcripts, identify key lines, select and code categories, and produce a cross-referenced coded file from the original typed transcripts. Each of the coded sections were then directed to the printer. These various procedures allowed me to conveniently access narrative examples of each code category for the content analysis and for the ethnographic text.

Chapter Summary

An ethnographic analysis was conducted on a sample of 11 midlife women. Data were analyzed according to the Developmental Research Sequence Method (DRS) of Spradley (1979) and verified through member checking and peer review (see Steps of the Research Process, Figure 7). Spradley uses the term “ethnographic semantics,” to define the theory and method used to understand social meaning systems. The method is based on the assumption that meaning is discovered through an examination of individuals’ use of words and phrases within a particular social context. Ethnographic semantics eliminates neither ambiguity nor the need to interpret order from the participants’ descriptions. The task of the ethnographer is to interpret the cognitive understanding of the social scene with as little distortion as possible (Spradley & McCurdy, 1972). The foundation of this interpretation lies in the interaction between the ethnographer, participants, and the audience for whom the study is intended. It is hoped that this chapter

Figure 7

Steps of the Research Process*

*adapted from Spradley (1979)

has served to inform the reader of the research approach used for this study and in doing so has presented a glimpse of my interest in ethnography. Chapter 4 includes the results of the study and chapter 5 includes a summary of findings, discussion, conclusions, and recommendations for further research.

Chapter 4

Ethnographic Text

When she reached fifty....she ceased tinting her hair a juvenile and unnatural shade of auburn and let it grow out its natural piebald gray-beige...and threw out half her makeup. She may as well face the facts, she told herself: she was a disadvantaged woman, doubly disadvantaged now by age; someone men would not charge at with bullish enthusiasm no matter how many brightly colored objects she waved to attract their attention. (Lurie, 1984, p. 11)

This quotation from Alison Lurie's novel, *Foreign Affairs*, sets the stage for a reworking of the content of my field texts—the interviews, the narratives of the participants, their thick descriptions evoked by the interview and embodying the contexts of their experiences—into my own narrative: my emotional and intellectual response to 11 women's midlife experiences of their changing bodies, and the women's struggle to address "the obstacles to knowledge with which their social, historical, and cultural situations confront them" (Clough, 1992, p. 18). This narrative gives voice to the field text, or to use Turner's (1986) phrase, "put[s] experience into circulation," by engaging the reader in the lives of the women. Through this ethnographic text, I reveal to the reader the familiar and tacit rules which I see as shaping the women's lives.

The purpose of this chapter is to present the themes I found in the ways that midlife women spoke of their changing bodies. My focus is on four general themes, related to beliefs commonly held by members of the culture and on my reactions to these themes,

which were held to some degree by all participants. I attempt to present this material in as compelling a way as possible, both intellectually, as discussed in chapter three, and emotionally, by writing in first person narrative, and by including representative excerpts of the interviews, and in this way allowing the participants to “speak for themselves.”

“Life stories” (Bertaux, 1981)—the narratives that individuals tell of their lives—can be seen as embodying themes or cognitive symbolic meanings which organize and give substance to the individuals’ perceptions of themselves and of their participation in social life (Kaufman, 1986). Themes are unique for individuals but all derive from the cultural, social, and historical context in which the individual finds the meaning of his or her life: that is to say, themes are informed by collective as well as individual experience. Themes are also tacit: the participants of this study did not explicitly state their themes as they told their life stories. Instead, my analysis brought the themes to light. In this chapter, I explicate the women’s collective tellings thematically to illustrate how they describe, interpret, and reformulate meaning of their physical changes.

Themes are sense-making markers that help to integrate the diverse meanings of individuals’ experiences. Themes crystallize such experiences within contemporary social, cultural, and historical situations. The following quotes from the field interviews of four participants illustrate aspects of the themes expressed by all of the women in this study:

I think in our culture being beautiful and young is really important, then becoming old could be devastating—it could mean you’re on the trash heap of life.

I no longer feel I have this infinite stretch of time ahead of me...I'm probably half way through my life so I value my time a lot more.

I guess I'm walking down a road which I am not familiar with and don't know where the end point is.

I feel I'm being more proactive in my health care and no longer assume that the traditional medical profession knows everything.

An explanation of the themes that these quotes represent soon follow.

All of the participants voiced their own interpretations of the events in their lives. By emphasizing only some of these interpretations my intent is not, as Wolf (1992) wrote, to minimize their authority as holders of their social reality. Instead, my intent is to present a multivoiced text that represents the women's interpretations of their changing bodies from as broad a perspective as possible. My academic agenda is to help with the discovery of diverse forms of women's experience, and in doing this to give voice to midlife women's experience. I present this ethnographic text as an example of a way in which the ethnographic method may be applied to help us move beyond the privileged and authoritarian telling of women's experience to the degree to which the narratives "ring true" to the reader, as expressions of women's experience.

I now invite the reader to enter my thematic presentation of the women's experiences. To bring the reader fully into this text, I first place him or her into the context with a brief

sketch of three of the 11 women who participated in this study. Then, I discuss the following four themes: (a) A Felt Sense of Incongruence, (b) Having More Questions, (c) A Felt Sense of Loss and Longing, and (d) Learning to Care for Self. I would like to suggest that the reader approach the following account of the women's experiences, reserving judgment, so as to develop an understanding of the "insiders" point of view, before drawing conclusions from an etic or scientific perspective. I use fictitious names and have changed any identifying characteristics of each of the 11 women represented in the text and in doing so have tried to create the disguise as near to each woman's situation as possible.

The Women

Each woman had circumstances and events that made her unique, such as work experience, perceived bodily changes, or various meaningful relationships. Because of these individual, idiosyncratic differences, there was not a "typical" woman at midlife that could be described in detail. I have chosen the following three participants, not to represent the 11 women, but to illustrate the diverse experiences among all of the them.

Judith

Judith, a writer, was a proud woman, strong, with determination and clarity in her eyes. It was that determination that got her through the past few difficult years. Upon our initial greeting, the first thing I noticed was her warm smile, complemented by her soft white skin and short hair that had turned silver. Judith invited me into her two room flat

that was conveniently located within walking distance to downtown. Despite her confined living space, the plants and colorful pieces of pottery that were placed along the back of her oak table, the books that were scattered throughout the room, and the few paintings and that were hanging above her futon, all helped create a warm atmosphere. Her informal attire, made up of loosely fit pants and a long sleeved sweat shirt, matched the relaxed ambiance of her living space. After she made room on her oak table for us to sit at, I switched on the tape recorder, pulled out my pen, and started taking notes.

Judith told me she is 54, the mother of two children (29 and 32), and is divorced. She has her Grade 12 high school diploma and has completed a few university courses over a number of years. Up until recently, her typing and writing skills have provided her with enough financial security to live comfortably. But all that changed six months ago when she was laid off from an auxiliary job with the Federal Government. At the time of the interview, she wondered when she would find a job. She had dreams of “just being able to buy certain things that are pleasing like paintings or pottery--something I haven’t done for a long time.” But perhaps, more important, she wondered when enough time would pass for her to stop feeling so emotionally and physically vulnerable.

At this time the central themes of her sense-making were “Having More Questions” and “A Felt Sense of Incongruence.” For Judith, to try to separate the strands of feelings and thoughts which went into her experience of her changing body was difficult. She could not understand what had come over her. “It’s the first time in my life I felt I didn’t have a handle on things,” she said. It wasn’t easy to be unemployed. Going through

menopause only added to her difficulties. She wondered, "What sense did it make?" In our conversation she said:

I suddenly found I was unemployed and I knew I was menopausal. I was having hot flashes. But, it was the emotional thing that threw me--just being really down.

Finding for the first time in my life I wasn't able to keep a handle on things. Feeling virtually old and useless.

And all the crying. It was scary (voice breaking). (field interview excerpt, March, 1994)

The answers were not easy to come by. Weeks went by, then months, with increasing feelings of vulnerability. Then, her doctor suggested hormone replacement therapy. But for Judith, "the hormones didn't work for me...my periods were weird and it started worrying me. I didn't know what I was doing to myself. So I got off that." She knew she had to pull herself out of the depths. She told herself, "I've got to be able to go for job interviews and that sort of thing." Her doctor suggested Prozac, an antidepressant which "is the favorite that everyone tries," she told me. But the \$80.00 per month for the prescription was beyond her constrained financial means. Then, she was desperate enough to try some different approaches to her difficulties:

After trying the hormones and antidepressants I said, 'to hell with this' and tried some alternate things. I finally went to a self-help group--a menopause one. I've been reading and have tried all sort of other things. I've been taking "evening primrose." But what I've tried isn't anything that the medical profession told me. And I think

this stuff is working because I'm finally taking charge of my life and it's working!

(excerpt from field interview, March, 1994)

Somehow she got through this time of imbalance and vulnerability. She took charge of things confidently, reassuring herself that she was on the right track. She said that generally, the alternative methods helped her to feel better. She started to understand more about her experience. But reflecting upon it now, she realized that she had been terrified. The reason, she said, that she was terrified, was that no one had the answers to her give her.

None the less, her experience helped her to take better care of herself. She asserted, "When I got myself back up out of the depths again, I realized how out of touch I had been with myself. You know, dealing with other people, my kids. I hadn't taken much time for myself." It was her duty, she felt, to put others needs first. She told me:

It's kind of the bill of goods we've been sold for a long time--that's what women are supposed to do. They're supposed to look out after other people, be the caregivers.

You don't really do things for yourself--that's being selfish and you don't operate that way. (excerpt from field interview, March, 1994)

But with the difficult events of the past few years, Judith realized something no one had ever taught her. She spoke quietly when she said, "I have to make sure I'm OK first before I can do anything else. So, I've learned to say 'no' to a lot of things that in the past I would have said, 'Oh sure, I'll do that!'" Now, one central theme in her life was "Learning to Care for Self."

The tone of the interview became more animated when Judith offered another angle to the issue of self care. Despite the shift of caring for herself, it was apparent to Judith that this had created only a small difference in having control over her life. "Taking charge is having a little power over what happens in your life. But, we don't kid ourselves--we are governed by how much money we have and whether we have a job." She asserted that there were "certain things you can make happen around that, and that's what you try to do." But for Judith, this did not mean a compromise with the colour of her hair:

Even though I don't get a job because of the colour of my hair, I wouldn't want to work. Maybe I'm being snotty when I say that, but I'm not prepared to dye my hair to get a job. This is me and if I change the colour I'll dye it eggplant or something! Certain areas of society aren't going to accept that but I'm not going to be that accommodating. (excerpt from field interview, March, 1994)

When we met seven months later for our second research interview, she had something to be grateful for. Judith explained that her employment situation had changed. She had found a full time job after she had updated her computer skills. She said, with relief, "It's another thing where knowledge and understanding gives you a bit of power." What helped her confidence, she explained, was realizing that "in comparison with other people I had a heck of a lot of knowledge and experience."

Then, our conversation took a turn. It had to do with Judith's perception of her changing looks. Embarrassed, she spoke of the thought of exposing her aging body were she in a new relationship. "We're geared to the attraction of the opposite sex," she said,

and then added, “I feel at this point I’m not at my best. You always like to feel you’re at your best, particularly in a new situation.” She laughed nervously as she admitted, “If I were in a new liaison, I think I’d feel a little awkward taking my clothes off. You know, a little extra bit here, a little extra bit there, and saggy up here.” At times like this she is glad that she is in a long term relationship. The reason that there is comfort with revealing her naked body, that there is nothing to hide, is because of their shared experiences of aging. She quietly laughed and said, “He has a few extra pounds too, and that’s something that doesn’t bother me.” Judith was silent for a moment and then spoke of cultural attitudes toward women’s aging bodies:

They still think that women in their fifties and sixties should look like Gloria Steinem, or, the one who does the aerobics–Jane Fonda. There are some women who still manage to keep a fairly good body tone and look pretty good. It depends on the metabolism, the life style, and so forth. But the reality of it is, that most of us have a few extra things we’re not too pleased with. (excerpt from field interview, October, 1994)

Later, I asked her about midlife women in general, about what she might hear them say about their changing bodies, and about what they might say about their intimate relationships, and kept up the conversation until the hour was up. She pondered for a moment and then told me that for many women, intimate relationships are not easy at her stage of life. “With the changes that happen with some women, they just aren’t interested in sex as they once were,” she said. She was more explicit when she added, “Or sometimes, bodily fluids are fairly dry and intercourse is painful.” The menopause group

was mentioned again. "I've heard women talking—they talk about even avoiding having intimate relationships because of some of these physical changes—just not wanting someone to see them." Then with assurance, she said, "It's never been my problem. Maybe it's because there's an ongoing relationship which I think is a great cure all." The theme "Learning to Care for Self" emerged as a meaningful way to enhance Judith's sense of self worth. In summary, the themes: "Having More Questions," "A Felt Sense of Incongruence," and "Learning to Care for Self" are woven from this strand of experience. These three themes, common to each woman in the study will be discussed in the following section of chapter 4.

Suzanne

Well, I look in the mirror and say to myself that I look younger than my age...I don't have a lot of gray hair. I remember a few years ago when I saw that sign up at the Rec. Centre, about the *55 or Better Club*, and realized that there weren't that many more years until 55. That was a jolt! All of a sudden you realize, this is middle age! (excerpt from field interview, Suzanne, September, 1994)

As I stood outside Suzanne's home in readiness for our first conversation, I was greeted by a musty smell of fall that intermingled with the gentle rain. I knocked on her door and waited for an answer. After a few minutes, I knocked again, this time a little louder to catch the attention of the occupants. The door was opened by Suzanne's 18 year old daughter. Moments later, Suzanne appeared and moved quickly to greet me. She seemed harried. For a brief spell, I felt uncomfortable about my role as a "professional stranger" that seemed more like that of an intruder. But my insecurities

were soon put to rest with the warm handshake I received and gentle manner that Suzanne conveyed as she invited me in.

Suzanne was first generation Chinese Canadian and looked so young that I wondered whether I had given her the correct information about the age parameters required for participants in the study. She was wearing jeans and a T-shirt that was tucked in, showing her slim waistline. Her slight build and straight dark hair, tied back into a pony tail, gave the impression that she was much younger than 47. As she spoke, her dark brown eyes that sparkled with a subtle touch of humour stood out against her smooth, light olive skin.

When I entered Suzanne's home, I was led to the bright kitchen at the far end of her modest, well kept bungalow. I took the chair she offered me and sat at the large table located in the center of the kitchen. I noticed the whirlwind of activity. It seemed she was involved in a number of projects at any one time and that her life was full. The environment had an air of creativity about it: a row of potted plants, cramped together, that found a niche along one of the window sills; and an exquisite tapestry made up of multiple colors and patterns that covered one end of her kitchen wall. I breathed in the sweet smell of basil that emerged from the large pot of fresh tomatoes quietly simmering on the top burner of the stove. Suzanne was in the midst of her fall canning. I admired her remarkable energy.

Waiting for the kettle to boil, she wanted to get her bearings and asked me about the purpose of my study, and wondered whom it would serve. I explained that I wanted to learn more about midlife women's experiences of their changing bodies and would like to hear her story. Then, right before I was ready to turn the tape recorder on, a concern of

Suzanne's surfaced. She would be trusting me with bits of her life and wondered if there were things she would rather not tell. After I reiterated the voluntary nature of her participation and her prerogative to stop our conversation at any time, she seemed willing to face her challenge and settled into her role as my teacher. She set out the mugs and brought the teapot to the table and asked me about my tea preference: "Murchies Earl Grey, English Breakfast, or a combination of both?" We agreed on the combination. I accepted the mug of tea and relished in its comfort and sweet aroma. At that point, I switched on the tape recorder and started the ethnographic interview.

Suzanne had a story to report. At first she turned her thoughts to her aging body as she said, "When people tell me I look younger than my age I know that I'm flattered. And I know that's going to end sometime and that will be upsetting." Years of believing she couldn't meet stereotypical standards of femininity swam before her eyes as she grappled with the physical changes that were slowly creeping upon her. The thought made her sad. "I guess I've never thought of myself as physically attractive and I feel that I've slid even further down the scale, the older I get." The theme "A Felt Sense of Loss and Longing" surfaced as she unveiled more of her feelings:

When you're younger I think a lot of the way you relate to men is based upon looking reasonably attractive. It seems to be important. You assume that part of the way men relate to you is based on you being a woman. And when you get older, you're walking down the street and you see these men go by and you realize, 'God, they could be my son...forget that, you know.' (excerpt from field interview, September, 1994)

The unpleasant reality of aging women's invisibility, "because [they are] no longer considered attractive, youthful, and therefore important" (Halprin, 1995, p. 65), was becoming a central part of her midlife experience. The thought of her physical attractiveness both unsettled and bewildered her. "I don't even want to think about my attractiveness much of the time. I'm finding it hard to even talk about this way. I feel sort of embarrassed," she said. This brought us into the theme, "A Felt Sense of Incongruence." Her mind was in conflict. Then, her face showed her pain as she interpreted a recent experience that had settled upon her as a judgment:

Sure, I value myself more because I think I'm physically, mentally, and spiritually getting riper and riper and better and better. But still, there is a feeling that on the physical sense that I'm less worthwhile in terms of attractiveness. For example, over the weekend a friend brought his girlfriend over—the stereotypical attractive woman, big boobs, nice legs, but her waist is a little fat—she's trying hard to maintain that. This friend is always making remarks about this woman being so attractive and it really hurts because he never says anything about me. I don't know why it upset me but it does! (excerpt from field interview, September, 1994)

She confided more, her voice hushed, "somewhere inside I never want to be thought of as unattractive, I guess that's the bottom line." Her words stirred her familiar residue of guilt about focusing on her physical appearance. She was silent for a moment as she tried to make sense of the mixed feelings that she had about her body. She went on to say, "Sometimes I look at myself and I like what I see, but it's a secret." How difficult it would be to talk of these things, even with her husband! But she admitted she liked his

opinions, liked his complements, his reassurance to her concerns. “Dan said to me the other day, ‘You’ve got a really nice back’ and he’s never said that before and I was so pleased.” Her eyes lit up, expressing her appreciation, “I am really delighted that he noticed something about me that was attractive—that I thought was attractive.”

Six months later, when our second interview took place, we were brought back into the theme, “A Felt Sense of Loss and Longing”, as she shared her thoughts of the “empty nest” soon to approach her. The pain filled her eyes as she remembered the years that her children were small. What a brief time it had been! I couldn’t help but think of my own three children as she talked of the years gone by. There were tears in her eyes as she spoke of her regrets:

I did really enjoy my kid’s early childhood but also desperately wished that I didn’t have to get baby-sitters anymore and looked forward to them being older. Why did I do that? Why didn’t I just enjoy it and realize that it will be gone pretty soon?

(excerpt from field interview, September, 1994).

Even still, she realized it was inevitable that the children would move away from home and said, “There’s not much point in wasting time recriminating.” She knew that time would lift her longing, and if she could let these thoughts be put to rest, and instead focus on some of her needs, perhaps she could learn to cherish more her own “precious years left.”

There were 20 minutes left before the interview ended. We focused on the theme, “Learning to Care for Self,” until the hour was up. Suzanne grew reconciled to the fact she was aging and believed that she had no choice but to find alternative ways to enhance her self-esteem. “Other things will have to be more important to my self image than

having a beautiful body, which I'm never going to have," she said. Over the past while, she learned to focus on simple and creative things that brought her tranquillity. What gave her some satisfaction during this time was her pottery. Brimming with pride, she showed me some of her clay pots. I admired the rich colours and intricate patterns on her work because of the hand she had in creating it. Her search for self-fulfillment was beginning to concretize.

The themes in Suzanne's narrative helped her to find further meaning and new ways of defining herself. These themes, "A Felt Sense of Incongruence," "Learning to Care for Self," and "A Felt Sense of Loss and Longing," common to all of the women in this ethnographic study, will be discussed in more detail in the second section of this chapter.

Sandra

I'm perplexed and I'm wondering, I'm unsure and I'm unconfident. Maybe it's just hormones or maybe I'm in a depression. It's got to be something. I've asked the Doctor about it...I get the feeling that if I'm too interested in my well-being that they consider me hypochondriac. I don't really feel I'm hypochondriac. I know I'm going through lots of changes. (field interview excerpt, March, 1994)

It was our first interview. I knocked on the door of Sandra's basement suite, tape recorder and note pad in hand. An attractive, middle aged woman answered the door, dressed casually in pants and a black turtle neck sweater. Her brown eyes were accentuated by her short, auburn hair that was fashionably styled. After an informal introduction, I entered Sandra's sparsely furnished quarters and was immediately struck with the dim, damp atmosphere and cramped space. I took the seat she offered me, across

the coffee table from where she was sitting, placed my tape recorder and note pad down, pulled out my pen, and was ready to begin.

Sandra appeared nervous. She was quiet for a moment, glancing over at my tape recorder. Then she said, "That's quite the pink "teeny bopper" recorder you have there!" We both laughed. I was quietly amused, recalling the numerous occasions that my colleagues have teased me about using my 16 year old daughter's tape recorder for various research interviews. At that moment, the tone of the conversation changed. It seemed that what Sandra perceived as an apparent incongruence with my researcher's artifact helped move us into some common ground.

I explained that I was studying women's midlife experience of their changing bodies and that I was interested in learning about this from her. Then, I caught a glimpse of why Sandra appeared nervous a few moments earlier. She was worried about her role as a participant in my study. "I don't know if I'll have enough to tell you," she said. I tried to put her at ease by explaining the "informant nervousness" phenomenon that occurs for many "first time" participants. Once the initial formalities were completed, I moved into the ethnographic interview. "I'm interested in learning about your experience of your physical changes," I said.

Within a few moments after the conversation began, Sandra seemed more at ease with her role as the "expert" of her experience and proceeded to tell me about herself, about her current life circumstances, and about the way she makes sense of her changing body. She is 51, divorced, and a mother of two children (ages 22 and 25). She told me she has been living alone for the past few years, long enough to be adjusting to "the empty nest"

and to be wondering, “When will I get on with my life?” It has not been easy for Sandra to live alone—especially over these past two years with her experience of feeling “out of balance.” She explained that her present part-time employment as a technician is only temporary until she can find the motivation to upgrade her Grade 12 education. She longs for a more meaningful career. There would be time enough, she felt, if she could just find the energy to pursue what she longs for.

Early on, our conversation centered on her disillusionment with the medical profession. At this point in the conversation, the theme, “Having More Questions” emerged from Sandra’s explanation of her experience. “I’m postmenopausal and I’ve had some problems...I don’t know if it’s a hormonal imbalance or what.” She described herself as having been a “very energetic person” and “all of a sudden it just went—I keep waiting for that ‘postmenopausal zest’ that Margaret Mead kept talking about.” Medical attitudes that perpetuate negative stereotypes of aging women were tacitly revealed in the following statement: “I would like to find a doctor who could do a work up—and when I what this test or that test, I don’t want to feel like I’m a hypochondriac.”

Reassessing past choices has been difficult for Sandra. When she left her marriage 10 years ago, she had the urge to “move on” with her life. Facing the consequences of that decision confronts her with a harsh social reality which is due, in part, to financial instability--confounded by societal attitudes about aging women.

When I asked her about her life as it is now she described the experience of being “trapped.” As Sandra expanded on this she stated, “I feel like I’ve been living in a deep, dark, black hole.” She interprets this experience in terms of numerous changes associated

with midlife, including the cessation of her menstrual periods for the past two years.

When I asked Sandra to describe the “black hole,” she said “I’m not really alive.” I was intrigued by these phrases and wanted to learn more. I was especially interested in her phrase, “I’m not really alive” and invited her to share this experience with me. She pondered for a moment and then replied:

I’ve had ten years by myself without a partner and I thought I had lots of time. I think men do value looks a lot (pause, voice quiet). I think the well has run dry. I guess I’m sensitive about my looks. For men what is important is attractiveness and sexiness. (excerpt from field interview, March, 1994)

This change in the interview focus reflected the theme, “A Felt Sense of Loss and Longing” as an essential part of Sandra’s experience. It was increasingly difficult for Sandra to accept her perceived loss of physical attractiveness and the negative effect this seemed to have on her current life choices. She was well aware of various cultural messages that tacitly support negative perceptions of women’s aging bodies, messages that add to her sense of powerlessness and hopelessness. Again, she brought up the issue of a meaningful career, this time in relation to women’s self-esteem. A fulfilling career, she believes, might help women’s self-esteem, perhaps enough to lessen the negative impact of these cultural messages. She asserted, “I think the reason I focus so much on my age and loss of attractiveness is that I don’t have a career I totally love.” But then, the barriers seemed insurmountable to Sandra. Especially when she considered her level of skill training, her education, and even more, her lack of motivation. She shook her head in

frustration. She hated the thought that her options were narrowing, and in some cases, were ending.

Over the next seven months, Sandra had managed to pull herself out of her depression. When I visited her for the second interview, I was not prepared for the dramatic change in tone that took place. Sandra seemed anxious to fill in the details since our first conversation, to tell me how life had changed for her, to emphasize how her “dark space” had lifted, and to explain how life took on more meaning. Her eyes sparkled with enthusiasm, her voice was animated. In spite of the fact that she had more questions and fewer answers about her physical and emotional changes, she was feeling more hopeful. It seemed that now, the central theme that represented her life was “Learning to Care for Self.” She talked freely in terms of herself and her physical and emotional condition. She described her metamorphosis:

Well, I’m feeling differently. I’m still not sure what it is all about but maybe it was involved with food allergies. I found out that I have an intolerance to gluten. If I stay away from wheat I feel totally different. I’m more hopeful. When I last spoke to you there was no hope—there was that wall in front of me. Mind you there could have been other things there like menopause and midlife and all that. I don’t think it is all one thing. (field interview excerpt, October, 1994)

She seemed more adamant that menopause not be downplayed. In Sandra’s perception, “people should take menopause and the midlife changes more seriously. Women are going through a transformation and it should be celebrated and not shoved in the closet.” She laughed and said, “Maybe our bodies aren’t holding out as before but

we're moving into a deeper stage of our life—often more spiritual.” Then her tone became quiet, as she sat and reflected for a few moments. She began to talk philosophically about her mother's generation in terms of attitudes about menopause. “When I've ask older people my mom's age or a bit younger, they really downplay it: they didn't get hot flashes, they didn't get night sweats, no they didn't get any of those things.”

The tone of the interview changed again as Sandra talked about the media and its projection of cultural images that devalue aging women. Her voice became strong and energetic as she added details. “I don't know if physical changes are all in my head. With TV and the media—when they're advertising for something to help the energy level, they don't even use menopausal women—they're using women in their thirties!” Throughout the remainder of the interview, she expanded on various cultural images and messages that devalue women's midlife experience.

This description of Sandra's life presents one type of lens for looking at the themes, “Having More Questions,” “A Felt Sense of Loss and Longing,” and “Learning to Care for Self,” being lived and told by the 11 women in this study. Each theme will be discussed in the second section of this chapter.

To end, this brief presentation was not meant to be an exhaustive portrayal of the three women's midlife experience. Instead, these women were introduced so that the reader might capture a glimpse into each of their worlds. My intent was to create merely a brush stroke, an impression, to illustrate components of the four themes that I present in more detail in the following section of this chapter

The Themes

In this section, I have reorganized the life stories of the 11 women, to illustrate major thematic elements in the perceptions the women have formulated of themselves and of their changing bodies as revealed in their descriptions of their midlife experience. The women's own statements are included extensively in this thematic account, to keep the themes grounded in the actual discourse of the women and to help the reader enter the women's worlds. The four themes that became apparent to me as I critically analyzed the women's tellings will be referred to as:

1. A Felt Sense of Incongruence.
2. Having More Questions.
3. A Felt Sense of Loss and Longing.
4. Learning to Care for Self .

These four themes are not separate entities, but rather are woven throughout the tellings, interrelated and reciprocally interacting. Although one may attend to one theme or another, the other themes are still present throughout. For example, the women spoke of the loss of physical attractiveness (illustrating Theme 3), yet described an acceptance of their sexuality (illustrating Theme 4). Or, for some, many unanswered questions (illustrating Theme 2), emerged as they shared their emotional and intellectual responses to their changing looks (illustrating Theme 1)—either theme may be the focus of attention, and the interaction between the two reactions, which at first may appear to be mutually exclusive, but clearly are not, illustrates the richness and complexity of experience. Thus, while describing their experiences, the participants articulated components of each theme.

Through the thematic analysis, I learned how each woman formulated, from personal and cultural factors, the meaning of her experience in the face of her unique social opportunities and limitations. The social aspects of the culture that most influenced the women's interpretations of their changing bodies were the media and medicine. When women attempted to interpret their midlife experience in light of media messages, they tended to experience a "felt sense of incongruence" (Theme 1). When the women attempted to relate medical interpretations to their perceptions of their changing bodies, they tended to "have more questions" (Theme 2). Likewise, themes emerged from the women's subjective interpretations of personal experiences, of their inner lives. These more personal aspects of the women's narratives reflected meanings and attitudes associated with developmental changes in their lives—those that relate to loss and those that relate to self-care. Changes associated with loss, such as role changes, changes in relationships, and changes in physical attractiveness were experienced as "A Felt Sense of Loss and Longing" (Theme 3). Whereas, changes related to self-care, of finding new meaning through valuing self, were expressed as "Learning to Care for Self" (Theme 4). This discovery of meaning was due in part to the women's own developmental readiness to both challenge social structures that devalue midlife women and to take on shifts in definitions of care (i.e., from caring for others to caring for self).

I now provide a detailed summary of these four themes. First, I present the themes that relate to social structural processes; "A Felt Sense of Incongruence" and "Having More Questions." Then, the themes that relate more to the women's inner, more personal processes, "A Felt Sense of Loss and Longing" and "Learning to Care for Self," follow.

Social Structural Influences

A Felt Sense of Incongruence

It is one thing to claim invisibility as a privilege, to walk unchallenged down the streets of my neighborhood or through the aisles of my grocery store, protected from sexual harassment by my comfortable, middle-aged appearance. It is quite another to have invisibility settled upon me as a judgment, because I am no longer considered attractive, youthful, and therefore important. (Halprin, 1995, p. 65)

This quotation from the book, "*Look at my ugly face!*," sets the stage for my account of the ambivalence, that the participants in this research talked about and experienced, between the positive and negative results of aging, within the social context. As they "encounter[ed] the tension between the social construction of the body and the lived experience of the body, the facticity of the materiality of the body, the phenomenology of the body" (Woodward, 1991), many of the participants experienced an unfamiliar and uncomfortable ambiguity in their attitudes toward their aging bodies, or a more clearly defined incongruence, between their expectations of physical aging, and the embodied experience of that event. To paraphrase Merleau-Ponty (1964/68), it is our embodied subjectivity that gives rise to meaning. Because of limitations in our capacity to reflect, to discover the origins of the meaning about ourselves and our bodies, most of the participants had to struggle with ambiguity as they attempted to come to terms with a changing body that was becoming less valued in terms of societal, and to a degree, personal standards of youth and fertility.

When I asked Corinne about her perception of her changing body, a felt sense of incongruence emerged as she spoke of two kinds of “splits.” She told me, “Things are falling. Basically there’s a split. My torso’s fine, but I go from my face, which looks like it’s all falling down.” Another “split” was expressed in her attempt to reformulate meaning of two kinds of social messages about women’s midlife experience:

On the one hand, I have books about aging and I have Gloria Steinem’s book, and all of those [recent “pop”] books. So on the one hand, I have this sense of, ‘It’s fine to begin to age—those wrinkles, or whatever, are appropriate.’ On the other hand, there’s that split inside of me that says, ‘No way!’ (voice quieter). And I’m not going to let my hair grow gray because it doesn’t feel good to me. So, it’s not just the acceptance of, ‘This is that natural order of things.’ It’s like, ‘We have to do something *quick!*’ (excerpt from field interview, March, 1994)

Taking a psychoanalytic view, perhaps Corinne’s “split,” was her way of dealing with intolerable feelings of ambivalence—through separating her perception of her changing body into two representations—one that is acceptable and one that is unacceptable.

Woodward (1991) extends this psychoanalytic view of “splitting” into cultural representations of aging—youthful bodies are “good” and aging bodies are “bad.”

Halprin (1995) suggests that women at midlife experience tremendous difficulty in adjusting to the fact that they are seen as less attractive than they were when they were younger, as a result of physical changes during the menopausal years. Corinne’s “split” between her desire to accept the physical manifestations of aging, and her actual rejection of those manifestations, may be seen as a conflict between two mutually exclusive

strategies to adjust to the reality that she is viewed as less attractive. Compounding the difficulty of adjustment is the medical view that any experiences of loss are pathological (Ussher, 1989); and, therefore, women would be further discouraged by members of the medical profession from acknowledging, “reflecting upon,” and coming to terms with, the meaning of the loss of youth.

With her rapidly approaching loss of attractiveness, compounded by our society’s intensifying double marginality of sexism and ageism (Sontag, 1972), Corinne’s ambivalence started to grow into a “consuming issue” to the point that she began to question her values:

Are my values so tied up in what we would consider in our society to be superficial?

I know on an intellectual basis that that’s not what is important. And I think that’s really where the split is for me...that I know intellectually it’s not important and yet it still is important to me. (excerpt from field interview, March 1994)

She could not understand why youthful appearance was important to her. Perhaps it was her way of keeping intact the illusion that she was much younger than she looked. To add to her “own crazy hell,” it seemed that most of her friends welcomed their aging bodies. This was her greatest concern. Her perceived difference in experience from that of her peers led her to question more. She confided, her voice hushed, “If how they look is not a concern to them and it is to me, what must that be saying about me as opposed to these friends? Well, their self-esteems must be a hell of a lot better than mine!” She assumed she was an anomaly. She believed that no one would have told her otherwise. Borrowing from von Eckartsberg (1986), it could be said that she was unaware of the socially

constituted meanings of her common sense world, of the taken-for-granted nature of this world and how she concretized it.

In her the paper entitled, *Phenomenology of feminist consciousness*, Bartky (1990) wrote that “however unsettling it is to have to find one’s way about in a world which dissimulates, it is worse not to be able to determine the nature of what is happening at all” (p. 18). Little did Corinne know that her inner conflicts and her questions were manifestations of societal contradictions.

Corinne’s questioning continued as she moved into a description of being “out of control”—a recent experience of feeling vulnerable due in part to hormonal changes, “the empty nest,” and relationship struggles. She could talk about it now but pain still filled her eyes as she described the depths of loneliness she felt while in the midst of this experience. The reappearance of her fear, as she recalled it during the interview, elicited more and more questions. “If I were a single parent who had to work 12 hours a day, I wouldn’t have had the luxury of that reflective time.” Then, she formed a picture and talked about women in developing countries, women who were economically and politically disadvantaged. She said in a gentle voice, “We’re not carrying bricks on our heads, going to the well. I believe they probably feel [vulnerable]. But maybe getting water from the well is more important than focusing within.” Her reflections did not bring answers to the questions she had been wrestling with for the past few years. Nevertheless, they made her want to cease her own preoccupation with her changing looks and just be-in-the-world, in a manner grounded in concern for self and for others. What appeared as a shift in her perspective could have been Corinne’s way to plant the seeds of a political consciousness.

Indeed, according to Gullette (1994), political consciousness in midlife women is, in part, curtailed by societal attitudes of ageism. Such attitudes help to construct negative self-centeredness in women, which for midlife women, diverts their attention from using their energy and power for political means (e.g., fighting sexism and racism in the classroom).

Wolf (1990) wrote that “liberated” women in our society are ashamed to admit their focus on seemingly trivial matters such as physical appearance and clothing. Corinne spoke quietly as she reformulated meaning of what she perceived as a preoccupation with her changing looks. In the following passage, her tellings were tacitly revealed as a mirror to society:

Just look at the television. It’s the whole media thing that influences how women view their bodies. But also the other thing that influences that is if I get dressed and that skirt doesn’t fit anymore. It has nothing to do with what I see on television or read, it has to do with reality and I don’t like it. (excerpt from field interview, March, 1994)

Corinne’s comments helped illuminate the social structural processes of female culture, that relate to “[our] continually being taught to see the body that reflects back to us...[as being] wrong, defective” (Bordo, 1993, p. 299). Similar sentiments were expressed by many of the participants in the study. In the following excerpts from field interviews, four women speak:

If I look at the weight issue more in relation to how my appearance is in conjunction with my disability, I think I would feel better if I was thinner.

Men do value looks a lot, and I think that my well has run dry.

I guess there are times when I think maybe I should get a face lift or something.

I think I'm mentally, emotionally, and spiritually getting riper and riper, but there is the feeling that I'm less worthwhile in terms of attractiveness.

Thus, for many members of this study group, cultural prescriptions that devalue aging women are tacitly and explicitly revealed as a central part of meaning, one that operates in a variety of ways. Mary expressed a felt sense of incongruence as "being out of sync with time." She told me, "I don't have a modern body. My body was more suited to 100 years ago." When I asked her to define a modern body she referred to the word "thin." "A modern body means thin thighs and I don't have thin thighs. Now, in some ways I am influenced by our culture about that, in other ways, I'm pretty happy with my body." Her perception both frustrated and reassured her.

Halprin (1995) wrote that even though many women feel satisfied with their looks, they compare themselves to others with negative effects. As with all of the participants, Mary's weight is the first thing she notices when she looks in a full length mirror. "There's a bit more weight here and there but I feel that my body looks good for being 52." Her ambiguity emerged from a thick clutter of double meanings—between appreciating her body and her perception that her body could, more adequately, fit the

norm of femininity. She added, “I definitely want to be attractive within the realm of possibilities of my body.”

There were times when Mary resolved to consume fewer calories, to “deny food,” as she put it. But then, the weight issue can become secondary when she considers the effect that certain foods could have on her overall health. She told me, “I might cut out butter now, for worry about the effect of fat on the arteries, and the possible effect of fat on breast cancer.” Then she addressed the lack of medical research on women’s health. “I still feel the [medical] research is not focused on us. The whole issue of breast cancer is increasing and they don’t know why.” She explained that this neglect was because “the world is male dominated.” For Mary, feelings of vulnerability and powerlessness associated with a recent health issue had been “demeaning,” and one of the only times in her life that she felt like a “victim.” She hated to be “treated like an object” by the medical profession. Feeling victimized was incongruent with the strength she feels in most other areas of her life.

The powerful influence of cultural symbols and traditional socialization processes that direct women to focus on their bodies, emerged more explicitly as Mary continued her narrative. She was adamant about the influence of the media on women’s perceptions of their bodies. “It’s everywhere, from TV, movies, magazines, and even if you don’t look at any of those things, I don’t know if you could still escape it. It’s everywhere.” Indeed, despite gradual changes in gender roles, women’s image in advertisements have become more objectified over the past three decades (Freedman, 1986; Wolf, 1990). According to

Wolf (1990), women are strongly affected by messages conveyed by contemporary magazines. But for Mary, media influences reached her in a way that made her angry:

I guess I wouldn't want to be fat. I don't think, I'm not maybe as thin as the ideal as the Western view of being thin, but it still would affect me for being unpleasant looking. And it's men who want that. This whole cultural thing is about being attractive to men. And there's a whole cultural thing of men being the dominant ones. They don't have to worry. They don't define themselves by the women they marry.

Women often do. (excerpt from field interview, April, 1994)

In her discussion of the construction of the self, Kreiger (1991) wrote that gender socialization is an important factor that affects one's identity. According to the theorist, in our culture, men take for granted the "underpinnings that women cannot take for granted, since women are often the underpinnings" (p. 45). For Kreiger, women are socialized to lose their sense of self to others.

When asked to define themselves, Rubin (1979) found that women at midlife began by describing their bodies, often in disparaging ways, demonstrating the primacy of body image in their lives. This was the case for many of the participants in this present study. Monica, in her narrative of her changing body, spoke of the weight she had gained over the past few years. She used the metaphor of pillow stuffing to describe her body. "I see women that are heavy but they are shapely and they look really nice. To me they look really nice. Whereas I'm just sort of like a block." And later, "I guess I feel I don't have any shape. The clothes I wear don't really fit me. They will be tight at the waist and then on the hips and it looks like you've got no bum or anything." She experiences a felt sense

of incongruence between her own feelings about her body image and recollection of her mother's feelings about her body image, when she had been the age that Monica is now. "My body shape is just like my mom's when she was this age. But it didn't bother her. She was comfortable with it." She wondered, "Why would it be uncomfortable for me? Maybe it's just in this day and age with the advertisements...people are slim." She explained the difference in terms of her mother growing up in the "old way". She told me, "She was brought up traditionally. Whereas I wasn't. I was pushed more towards the non-native way. Even like going to school, learning English." As an elder, Monica was revered by members of her First Nations culture. Nevertheless, she was uncomfortable about her body due in part to ageist and sexist assumptions of aging women's bodies inherent in the culture at large.

Monica described cultural messages that relate to our choices about our body shapes. In her essay on the postmodern paradigm of what she refers to the "cultural plastic" body, Bordo (1993) writes of the mystifying quality of the so called "rhetoric of choice and self-determination" (p. 247). For Bordo, this kind of rhetoric, "efface[s], not only the inequalities of privilege, money, and time that prohibit most people from indulging in these practices, but the desperation that characterizes the lives of those who do" (p. 247). As Monica put it:

Every once in awhile you're watching a star on TV the same age as what you are and she looks gorgeous. I know if you spent hours each day, every day, with you own trainer. Yes, it's possible to have a body like that—if you don't have to worry about money, and all this other sort of stuff. (excerpt from field interview, October, 1994)

Her questions continued. Despite her contradictory feelings, other factors in her life took priority over maintaining a fit body. Her recent post-operative recovery from surgery on a life-threatening tumor helped her to clarify her values about making choices, “You prioritize things. You know you can change this, so you leave it alone. I can’t change the size of my feet—they’re big. And the rest of me—I can make that choice.”

When I asked Lillian about her perception of her changing body, she spoke of the impact that sexism and ageism had on her experience. As with many of the participants, what she disliked most was the effect of such negative cultural attitudes on women’s self-esteem. She told me:

I think if I was actually heterosexual I would have a lot more feeling that I’m losing the ability to fulfill the norm of a feminine woman. Not so much in the shape of my body but in the looks, how my face looks. I think for a lot of men who are concerned to look like they’re with women who are younger or youthful looking, then I would fail to fulfill that requirement. And I would feel more like I’m in battle to preserve my self-esteem instead of experiencing myself as I do. (excerpt from field interview, March, 1994)

Sandra’s descriptions of her changing body, like Lillian’s, are interwoven with the topic of self-esteem. She told me, “I don’t have quite the same healthy self-esteem that I used to have.” As time revealed her “middle aged look,” she perceived that others treat her in a different way. She resented tacit cultural messages about aging that seemed to be directed at her: “I think in our society, people are not as respectful if you don’t look a

certain way.” Adding to her weakened self image was believing that her chances of having a committed relationship with a man were increasingly lessened the older she gets.

In her extensive review of the literature on sociobiological and sociocultural perspectives of physical attractiveness, Jackson (1992) concluded that physical attractiveness, and, in particular, facial appearance, is more important for females than for males. But, the meaning attached to one’s attractiveness depends on the context of one’s life (Bercheid, 1986). Lillian ascribed the meaning of her experience of her aging body as different from that of heterosexual women. She said to me, “Growing older as a lesbian is different than how I think it would have been if I’d remained heterosexual in my orientation.” She went on to describe the “sense of camaraderie and support” among her lesbian friends: “We do a lot of comparing about what is happening in our bodies. We complain to each other about wrinkles or saggy parts, and we joke and laugh about it.” But at times, this mutual acceptance shared with her peers was placed in the background as the influences of ageism and sexism moved to the foreground in her perception of her aging body, as her following statement clearly revealed: “I’m stuck to some extent, still wishing I could meet those norms that have to do with values about beauty.” Her ambivalence was apparent as she confessed her desire to have the wisdom of middle age and the same appearance of “ten or fifteen years ago.”

Then, Lillian spoke of her internalization of “derogatory messages” that have to do with “misogynist attitudes amongst men.” She clarified, “There’s some sort of inner dialogue that goes on. As I approach older age and some of these physical things manifest

in my appearance, then I have this inner dialogue, ‘Oh, you look like a sexless old woman now!’”

It was not comfortable for Lillian to know herself to this extent—to be aware of cultural standards that value youthfulness, yet at the same time, be concerned about her looks. The question of being “caught between cultural norms and [her] own reactions” to her aging body continued to bother her as she said, “I still grieve that I don’t have that young look. And yet I have ambivalent feelings about that too because when I compare women my own age to women who are really young, [the young women’s] faces look so bland in a sense.” “Life hasn’t written it’s story on their faces,” she said, philosophically. But for Lillian, age writes itself on her body in a negative sense. Protesting the effect of negative messages on her self-esteem, she was determined to “work with these in [her]self” through the weekly psychotherapy she was engaged in.

All of the participants wondered whether, or to what degree, social structural factors had an effect on their changing bodies. Lillian wondered, “To what extent the beliefs we have about our aging process influence such things as weight changes?” She questioned what was tacitly accepted as an unavoidable weight gain for women during the middle years: “How much of this gaining weight is a cultural phenomena—that we as women believe that one of the things we inevitably go through is major weight gain?”

The intersection between self and society was at the heart of all of the women’s perceptions of their changing looks. Since looks are personal, but are defined socially, the influence of social structural factors were embodied and thematicized as a felt sense of incongruence, incongruence between the women’s life stories and larger cultural

processes. But social structural factors, such as the media, were not experienced in isolation. Instead, they interacted in the women's stories with other factors and other themes. "But visions change, once any story is told; and ways of seeing are altered." (Steedman, 1992, p. 22) As the women spoke about their changing bodies, more and more questions emerged. The questions arose as a result of incongruence, but also because of lack of knowledge, itself the result of cultural avoidance of the issues facing midlife women.

Having More Questions

As one participant in the study said about her changing body: "All of these physical changes are happening. At first you're unsure of your body and what it's going to do each month. Your body is unfamiliar again—like when you were 14 and just starting your period." Medicine played a relatively important part in the way women grappled with questions about such changes. According to feminist views of women's health (e.g., Dickson, 1990; Mitchinson, 1991; Ussher, 1989), medical discourse strongly influences women's self-definitions and experiences of their bodies: and indeed, among the participants in this study, it did influence the way in which they structured the meaning of psychological and physical changes associated with menopause and sexuality. In the face of the devaluing "medico-cultural grip" (Gullette, 1994) that defines menopause and sexuality of midlife women, the participants' anticipations and sense-making of their changing bodies were often expressed in the form of questions derived from an uncertainty about what to expect once physical and psychological changes associated with menopause became noticeable. In this section, I will discuss the ways in which physicians respond to

these concerns of midlife women, the effects of these responses on the women, and the ways the women respond in turn, influenced as they are by their personal history, and by the effect on their personal history of the broader social contexts of their lives.

The medical influence on this structuring of meaning varied among the women, and was affected by interaction with other factors in the women's lives. The medical influence, however, was important, even predominantly important. As feminist critics have pointed out, this can be problematical for the women involved. From a feminist perspective, biomedical attitudes toward women's bodies reflect the social and cultural conditions of larger society that perpetuate sexism and ageism and help maintain women's subordination (Dickson, 1990; Ussher, 1989). Medically and culturally, middle aged women are seen as having "declining" bodies and for that reason, are devalued, within those contexts.

Ussher (1989) wrote that a "double consciousness" affects midlife women when the reality of their bodies and reproductive cycle is experienced as different than the way it is depicted in medical discourse. For many of the women, their questioning emerged from the discrepancy between their expectations, based on the dominant medical view and their actual experiences.

Many of the women in this study sought medical advice to make sense of their physical and psychological changes; however, the information they received was at times contradictory or confusing. For example, Sandra said that the answers to her questions regarding physical complaints were not easy to find. Referring to herself as "postmenopausal," Sandra described a number of symptoms she that had experienced

during the past two years. She feared she was losing her mind. She feared a permanent loss of initiative, if the dizziness, crying spells, and sleepless nights didn't cease. In trying to make sense of feeling "different" she told me: "I have gone to a number of doctors about my health. I don't know what is going on! I may have a hormone imbalance or something but the feedback I'm getting is that I'm perfectly healthy." She said that the doctors at first found no evidence that her complaints needed treatment. She was asking many questions—too many questions, it seemed: "I get the feeling that it's all in my head. I find if I question the doctors, they take it as being confrontational." However, eventually, relief came as a result of dramatic changes in her diet following a diagnosis of hypoglycemia (an abnormally low level of sugar in the blood). With tears of frustration in her eyes, she reflected on her sense of powerlessness prior to the diagnosis and said, "I have felt betrayed by the medical profession on several occasions." Sandra was not the only participant who expressed such sentiments of vulnerability in response to treatment by medical practitioners. Three women spoke of feeling powerless in the face of medical intervention:

When I went for the biopsy, my physician had a medical student with her, and she didn't even ask me if it was going to be all right if this guy was in here looking at my, you know, up on the stirrups. So, there's that feeling of invasion or something.

(excerpt from field interview, April, 1994)

There were sort of little innuendoes about PMS, and when a problem couldn't be sorted out, he'd say, 'are you sure you're not depressed?' (excerpt from field interview, March, 1994)

I feel he hasn't dealt much with menopausal women. I think a menopausal woman would know much, much more about what is going on with my body. (excerpt from field interview, July, 1994)

As these quotations illustrate, some of the women experienced sexist and ageist comments and behavior from both their male and female doctors, implying a lack of respect.

Dismissal of patients' stated concerns led in some cases to a premature and facile diagnosis, seemingly influenced by the physicians' stereotyping of patients by sex and age. One could infer an inherent power differential in the relationship between these women and their physicians. Mitchinson (1991), in her book, *The nature of their bodies: women and their doctors in Victorian Canada*, documented this differential, in an attempt to understand the meaning of nineteenth century ideology about women's health. For some of the participants in this study, the differential still exists.

Not all of the participants experienced the relationship with their physicians as disempowering. Nineteenth century physicians were almost exclusively male. This is no longer the case, and some participants noted gender differences between doctors. Corinne's female physician, for example, had been emotionally supportive during her "mini-breakdown" the previous year ("It was really awful, just awful! I couldn't stop

crying!”). Nonetheless, Corinne was painfully aware that many unanswered questions remained. Even though her depression had lifted (her physician had prescribed antidepressants), she hated to think about her vulnerability and helplessness that she felt at that difficult time. Admitting her worst fear she told me, “I believed I was never going to get back to who I was.” Even worse, she could not begin to guess the root cause of her difficulties. Determined to find some answers, Corinne wondered if menopause might be the culprit, having picked up bits and pieces of information mingled with rumours along the way. “When I read Gail Sheehy’s article in *Vanity Fair* about menopause, I remember going, ‘Click, click, this is what’s wrong! She feels the same way I feel!’,” she said.

But Corinne did not forget, in the midst of her confusion and questioning, that some of her fear was due to her belief that deeply ingrained medical attitudes included negative stereotypes about women. She believed that a male physician would have hospitalized her. Images of “all those horrible old fifties and sixties films about women in institutions” kept bothering her as she confessed, “That’s how I saw myself.” So strong were the feelings, that the telling brought tears to her eyes. Stating that it was a “terrible generalization,” she added that physicians reveal gender differences in the way they treat women. A partial explanation for her fear was revealed:

I don’t think [male physicians] care enough to find out what is wrong [emotionally] because it isn’t in their realm of consciousness. There is an increased sensitivity in women that men don’t have—just because of the way they have been socialized.

(excerpt from field interview, July, 1994)

Two other participants expressed similar beliefs as they alluded to women's own experiences of menopause as a central source of knowledge:

It's important for me to go to someone who has been through [menopause] rather than, say, a male doctor who has the *New England Journal of Medicine* to go by. I think there is more data out there than the *New England Journal of Medicine*.

(excerpt from field interview, March, 1994)

Women's experiences weren't taken seriously and men never had those problems. They didn't have much sympathy or understanding because they hadn't gone through those things, they didn't know what it was like to have hot flashes or PMS. It was easy for them to say, 'Oh well, female problems are all in their minds.' So now I think there are more women doctors and maybe they'll make a difference. Women who have had PMS make good doctors. They have more sympathy, hopefully, for some of those things that happen to women. (excerpt from field interview, January, 1995)

Indeed, some of the participants were "getting fed up" with having many of their physical complaints interpreted by their physicians as part of changes associated with aging and being female. It was apparent to them, in their confusion and questioning, that at times, the responses of their physicians were based on simplistic paternalistic stereotypes, compounded by a lack of experience with midlife concerns, which reduced

their ability to even listen. Such responses were clearly inadequate for the participants, who simply wanted their doctors' opinions, wanted some answers, some empathy for their concerns.

For some of the participants, the ways in which these expectations were met related to the gender of their doctors. Over half of the participants noticed differences between female and male physicians' treatment of their concerns. Samantha clarified:

The three fellows that I went to were very competent physicians. But it was very much a problem-oriented type of medical practice. If you're sick, they treat the symptom or the problem, and then you go your way. I started to think, 'there has to be a little more looking at the person and the attitude of your overall well being.' So that's when I made the switch! And in the new setting with the four women I go to, the atmosphere is so totally different. The biggest difference I find between the two is that they listen. You might not come out with any prescription or direct treatment, but you might have some answers to your questions and you might have a better feeling about yourself. (excerpt from field interview, July, 1994)

Asking questions about her health came easier for Samantha following the switch: "I know that if I have a problem I'm going to be able to get some help and not feel intimidated or guilty, or say to myself, 'Maybe I shouldn't have asked that question.'"

Even though for most of the participants, the female physicians did provide support, they were not able to address all of the issues and questions that concerned the women. This may be accounted for by the systemic paternalistic tendencies toward intervention inherent in the practice of medicine, regardless of the gender of the practitioner, and also

the lack of information due to the gap in medical research and practice related to the only recent focus on such topics (Matthews, Shumaker, Bowen, Langer, Hunt, Kaplan, Klesges, & Ritenbaugh, 1997). According to Dickson (1990), in her feminist analysis of both scientific/medical and everyday discourse of menopause, interventionist medicine reinforces the “disease model” which defines women’s lives through the “manipulation of their bodies” (p. 27). An example of this approach is the treatment of menopause through hormone replacement therapy; and hormone replacement therapy may be prescribed by female practitioners, despite the questions raised by feminist critics regarding this treatment (e.g., Dickson, 1990; Gullette, 1994; Ussher, 1989). Indeed, this treatment concerned many of the participants. One participant spoke:

There’s just not anywhere close enough research, serious reliable research to look at how the various hormone replacement therapies really affect women...it makes me really angry that menopause has been turned into a disease rather than a natural process. (excerpt from field interview, May, 1995)

Judith told me she liked her female doctor. “I think she’s not too bad,” she said. Yet she couldn’t understand why her emotions suddenly surfaced after being packed away for years, why she was “bursting into tears and was depressed.” Besides antidepressants, her doctor prescribed hormones to help stabilize Judith’s physical and emotional changes; but because of the expense of both drugs, and because neither seemed to work, Judith opted out of this medication regime. Judith was not the only one that received hormones or antidepressants for her complaints. Seven of the participants had been prescribed

hormone replacement therapy. Four had been prescribed antidepressants within the previous year.

Samantha described her physician's paternalistic response to her request for information. Ten years following her hysterectomy (the removal of the uterus), she wondered about the possibility of having a routine pap smear. Little did she know the degree to which her following expression was neither "ideologically [nor] politically neutral (Bruner, 1986, p. 19):

I had had a hysterectomy when I was 30 and my physician had said there was absolutely no need for a pap smear from now to infinitum. I began to look up some information by myself. I wasn't comfortable, so I broached it with him and he said there was no evidence that it needed to be done. I asked the physician I go to now and she definitely recommended pap smears at least every second year on a woman with a hysterectomy. (excerpt from field interview, July, 1994)

The most severe form of intervention of paternalistic medicine, in its treatment of the concerns of midlife women is the hysterectomy. One of the participants gives her explanation of the word "hysterectomy." "This whole idea of what hysterectomy means is that 'women are hysterical.' The meaning of the word comes from hysteria. I think this is pervasive but slowly it's beginning to change as more women become doctors." In addition to Samantha, four other group members of the eleven had undergone surgical removal of their uteruses. According to Ussher (1989), besides the use of estrogen replacement for treating menopausal complaints, the second treatment is hysterectomy, often performed unnecessarily. Taking a feminist perspective toward unnecessary

hysterectomies, Ussher (1989) suggests that this gynecological operation is “more a reflection of misogynist attitudes towards the female body and reproduction than a reflection of the need for the operation” (p. 114). Indeed, at a job she held a few years ago, it was a shock for Beth to discover the number of women who were without their wombs. She told me:

I was key punching and there were about 30 women in the room and I was probably the eldest. I was one of the few that was still menstruating. Most of them had had hysterectomies because I found out when I needed some “pads.” It was amazing how many hysterectomies they are doing! (excerpt from field interview, March, 1994)

Despite each of the five participants’ decision in favour of being subjected to a hysterectomy, myths and misconceptions about this medical intervention evoked more and more questions—particularly in the areas of sexuality. When I spoke with Anne, she was recovering from a hysterectomy performed the previous month. It was fear that drove her to have the operation. She said, “My hysterectomy was basically because my mom had died of ovarian cancer and I’m very much like my mom genetically. I was terrified of ovarian cancer because there’s no way they can detect it!” She was relieved of this fear. But now, another concern surfaced. She confessed:

I went on that hormone replacement thing because of my age and I feel that I got away with that menopause stuff. I had some fears because of that Germain Greer book, *The change*, and some of the other stuff I’ve read. I really had fears of what sex would be like after the hysterectomy. I was positive I wanted the hysterectomy

except this one little question, 'Would sex be as good afterwards?' (Excerpt from field interview, March, 1994)

Suzanne likewise felt positively about the operation—except for similar doubts. She chose to have a hysterectomy a few years ago even though her physician told her that “everything was fine” with her reproductive organs. She admitted, “It was something that I pushed for—that I wanted to have, because I was really fed up with having periods all of the time.” She was relieved that she had made this decision when contradictory evidence about the condition of her ovaries appeared following the surgery. Suzanne told me that the post-operative laboratory report showed she had “endometriosis (abnormal condition of the mucous membrane lining the uterus) quite badly.” Despite believing that the surgery “was unquestionably a good thing,” myths about a possible loss of sexual interest began to bother her. She confessed, “I guess I never asked John this, but once in awhile I wondered if he felt it was kind of odd that there was nothing down there.”

The existing ideology of asexual middle aged women provoked fear in many of the women as they thought of a possible decline in their sexuality. In the following excerpts from field interviews, six participants relayed some social views of midlife women and sexuality:

When a woman says she's over 50, she becomes graduated off into a place where she isn't sexual or sensual anymore.

It's all over.

You're only allowed to have sex between 21 and 45. You're either too young or too old. Twenty and thirty is the window of opportunity.

I may as well be a nun now.

I feel I'm more a utilitarian person. I've been celibate for five years—I don't think of myself as a sexual person anymore.

I think there's a fear all women have. I think I've had that. There's a lot of questions: 'What's going to happen? Will I still have a sex drive? Will I still feel sexual? Will it affect me that way?'

A possible explanation for these responses is provided by Denzin (1992). In his book, *Symbolic interaction and cultural studies: The politics of interpretation*, he emphasized the centrality of one's sexual desires and sexuality as part of his or her sexual identity, and that "sexuality (being sexual) is culturally shaped" (p. 29). Clearly, a hysterectomy is more than just major surgery for the women who participated in this study, who seemed to interpret this operation symbolically. The issues it raised for them about their identities take us beyond strictly medical concerns.

Lillian's perceptions, for example, were clearly influenced by the pervasive stereotypical views about menopause and sexuality, even though she is lesbian.

Embarrassed, she admitted that she was “totally ignorant about what it is that happens to female genitals during or after menopause.” Myths, fantasy, rumour—all affected her perceptions of her changing body with equal zeal. She described stories told by her friends. “I remember a lesbian friend telling me that her lover’s clitoris had moved by about half an inch and had diminished in size and I started freaking out.” But she was reluctant to discuss this with her doctor. “I haven’t been able to find [the answers],” she exclaimed. “Maybe I haven’t looked too hard but I don’t trust most of the stuff male doctors would write about those changes.” Perhaps, the most worthwhile explanation would come from women who have already “gone through the changes,” she said. In any case, the recent proliferation of “pop” books about women and aging that are appearing on booksellers shelves, not only ignore the midlife experience of lesbians, but bring more and more questions:

Do you stop wanting to have sex? Is that automatic? Germain Greer in her book, *The change*, assumes that all women want to stop having sex because it’s a patriarchal institution....just there for the service of men and obviously *no* heterosexual woman would want to have sex. She never mentions lesbians so we don’t exist according to her. I think when you hear horror stories, it’s really easy for me to assume, ‘It’s going to happen to me!’ I really need to feel that it may happen but on the other hand it may not. (excerpt from field interview, June, 1995)

Gullette (1996) expressed concern about the influence of current discourse regarding women’s midlife experience. In her review of three recent books that target “middle ageism,” Gullette (1996) questioned “which discourses or tactics will most improve the lot

of 'older women' [and] "soothe the fears of decline in a sexist and ageist culture without first heightening them" (p. 4).

Again, however, for many participants in this study, personal experience helped them challenge the myths of public discourse about midlife women's sexuality. Most of the participants discovered a new sense of sexual desire and fulfillment, despite the sociocultural belief that women deny their sexuality as they age. Five women share positive perceptions of their sexuality in the following excerpts from field interviews:

It certainly hasn't diminished and I feel more relaxed.

As far as I'm concerned it's even better.

I keep wondering about being dry. I've read horror stories like that but it just hasn't happened with me.

For us sexuality has gotten better over the 20 years we have been married, just continuously better.

I recently ended a relationship with a man much younger than myself. My sex drive and my desire to have sex were certainly as strong as they ever were.

Indeed, addressing the issue of sexuality, Rubin (1979) claimed that, despite growing up female in the 1950's, midlife women gradually move toward an expansive sexuality in response to the changing cultural context that extends the boundaries of sexual behavior. The women in this study could appreciate their sexuality now, but it hadn't always been like that. For many, this sexual freedom was slow to emerge from the prohibitions against female sexuality prevalent in their youth, prohibitions during the late 1940's and 1950's-in response to women's increased sexual freedom and independence gained during World War II (Dinnerstein, 1992), to the subsequent threat to traditional gender relationships. Mary made her comments about limited options for women after their contribution to the war effort: "During the war some of the women did do amazing things but as soon as the men came home, it sort of shut the door for them." Historians (e.g., Breines, 1992; Dinnerstein, 1992; Harvey, 1993) that have focused on women and the post-World War II era, have documented how restraints against sexual freedom and career options for women were concretized into an ideology of family and home life (as promoted in women's magazines and television sitcoms such as *Father Knows Best*). Thus, for most of the group members, growing up female in the fifties encompassed stringent expectations of femininity and virginity. Beth explained:

In those days, an open attitude toward sex didn't exist. I'm sure everybody was doing their thing but nobody talked about it. But inside you had this guilt feeling. You were giving up your virginity for this person so therefore nobody else would want you. You were taught in high school that it was petting but nothing more.
(excerpt from field interview, November, 1994)

Two participants added their views about puritanical attitudes of sexuality conveyed by their mothers:

I think I've got somewhere deep inside of me, a lot of shame about myself as a sexual being. Some of it probably comes from my mother—she had quite puritanical attitudes about stuff. (excerpt from field interview, January, 1995)

I remember saying to my mother, 'Aren't you going to sun bathe?' 'No, I mustn't be showing my body now.' So she was telling me that she was ashamed of her body. Because she was a certain age now, it suddenly behooved her to cover herself up and remain that way. (excerpt from field interview, November, 1994)

The beliefs and values of the 50's, conveyed by the participants' mothers, are still to a degree being played out in the sense that they are now evoking questions from the participants. Gullette (1994) pointed out that "women often rely on their mothers to provide prophecies about the life course" (p. 98). But because sexuality and menopause were not openly discussed by the previous generation, the women had only myths and misconceptions to rely on for information. It is not surprising that an understanding of their own experiences was slow to emerge from such a thick cloud of silence, from tacit messages that included "insanity" and "frigidity," from such mystery surrounding menopause and sexuality. Lillian described some of the deeply entrenched cultural narratives about menopause passed down by her mother's generation:

I think that most of my generation have seen our mothers go through menopause with some difficulty because our mothers were even more isolated. We're taught that it's difficult for women and you can expect that you're going to get depressed, be very emotional, have a lot of hot flashes. You know, 'you may have to go on some of hormonal treatment to save yourself from this horrible mess.' Then there's the whole idea that in many other cultures women go through it without any negative experiences at all! (excerpt from field interview, March, 1994)

Such negative attitudes helped distort many of the participants expectations of their physical changes, leaving a noticeable gap in their knowledge. Feelings of frustration surrounded Sandra in her attempts to obtain information from women of her mother's generation:

When I've asked older people, like people my mom's age or a bit younger, I feel they really down-play it. I say, 'Well, did you get hot flashes or did you get...?' 'No.' They didn't get any of those things. It's so difficult! I can't imagine anybody not getting anything! (excerpt from field interview, October, 1994)

Descriptions of mothers increased emotional vulnerability were surprisingly consistent.

Two women recounted some of the reasons that their mothers had such difficulties with the physical and emotional changes of midlife:

When my mother went through menopause she was given this pamphlet by her doctor and it was horrible! It said things like, 'this is the end', 'your vagina just shrivels up to nothing', and listed all these horrible physical changes. Then she went to this

gynecologist that did hormone replacement therapy and she just went on it! The alternative for her was so grim as presented, that she refused to consider [anything but hormones]. (excerpt from field interview, June, 1995)

My mother had a terrible experience. I think menopause is a tremendous hormonal thing and her personality changed dramatically. She tried to kill herself in front of a car. She took to drinking. I know that she went to the doctor a lot. They took out just about everything they could take out of the human body for it to still live.

(excerpt from field interview, June, 1995)

Beth took a different angle in discussing the myths and misconceptions about menopause, and addressed the influence that tacit messages of “middle-ageism” (Gullette, 1996) may have on younger women’s perceptions of menopause. She exclaimed, “I mean, younger women talk about menopause like it’s a big awful event that’s coming up in their life.” An air of impatience surrounded her as she described how midlife women that blame their physical complaints on menopause influence attitudes of younger women, in a negative way. “I think women use menopause as an excuse for a lot of things. Like, ‘It’s OK if you’re heavier now...and this happens to you and that happens to you.’” Concerned, she added, “I think when younger women hear that, they think, ‘Oh, horrors. When you get to menopause all these horrible things are going to happen!’” At her workplace, she found that the younger women “don’t want to talk about [menopause] and they can’t relate to it.”

Taking a feminist approach to cultural discourse about menopause, Gullette (1994) argued that misconceptions about menopause can be challenged only when midlife women themselves change the language they are using about this reproductive stage, that “many women believe that it is menopause that ages women rather than menopause discourse—and accept culture’s conclusion that it is a biological marker of decline” (p. 103). For Gullette, this language becomes the basis of discourse about women’s lives in general.

The participants began to create a new discourse for themselves as they started to challenge the folklore that defined their experience and focused more on aspects of menopause that were controllable. As one participant put it: “Often I wasn’t searching for an answer but some direction on something that you might want to do.” In the following excerpts from field interviews, two participants spoke of liberating attitudes that enable women to make proactive choices about their health:

Our generation is questioning whether you listen to the advice of a regular doctor, whether you seek alternatives, or whether you try and do all these other things to improve your health.

I think women are just becoming more aware and educated and assertive.

For some, the strain of not having answers to their complaints led them to search for alternative ways of healing. Judith’s following assertion was shared by most group members: “The medical profession should get into the 21st century and look not at just

conventional medicine but alternate measures—sort of holistic treatment.” Predictably, the idea of seeking alternatives for their complaints were at times discouraged by their physicians. In recounting how she sought new directions in her health care, Samantha told me, “I started going for massage therapy which was outright laughed about.” Her doctor thought the idea was ridiculous: “‘If you think it will help go ahead but it really won’t help you,’ type of attitude.” Judith’s perception was similar: “You know, if you talk to the medical profession about a variety of alternative things they really don’t want to talk about it, so I’ve just been focusing on them anyway and feeling better.” Then she added, “I think doctors should consider alternative methods too. They shouldn’t say, ‘Well, if you don’t want to take hormones, if you don’t want to take antidepressants, there is nothing I can offer you.’ That’s nonsense!” She asserted, “The medical profession should show more understanding about what’s happening with women—they should have on-going training about women and they should be aware.” Judith described how medicine was just not as efficacious as some alternative means:

I stopped taking anti-depressants and hormones and started on something else, alternate things, herbals and so forth. And then, I started feeling better, physically—a little more energy, not quite as depressed. That got me reading more and finding out more. I started to get a little angry too because I didn’t get any help with ordinary conventional medicine. So that was kind of a spur, just getting a little angry—just finding my own answers. (excerpt from field interview, July, 1994)

Contemporary, commercial discourse flourishes with the “menoboom” (Gullette, 1994). Mary’s tellings revealed the recent trend toward alternative approaches to health:

“There’s definitely an increase in alternative practitioners. Look at the back of our [local weekly magazine], for example, and all the ads for Heller Work, or massages of different types, or pressure points, or aroma therapy.” But alternative approaches also could be misleading. Even though the alternative methods that she chose worked, Judith found it necessary to issue a warning:

It’s really hard to find any answers. There’s one or two really good stores in town, vitamin shops, etc.—but sometimes you have to be really careful. You have to do a lot of reading. You have to ask a lot of questions because you get different answers sometimes. It’s kind of a mine field out there if you’re looking for some alternative things. (excerpt from field interview, July, 1994)

For some, the most useful remedies for their complaints came from dialogue with other women—through casual conversation and group meetings—where myths and misconceptions about women at midlife were balanced by personal accounts of their changing bodies—where, as experts of their own experience, a wealth of knowledge and information would emerge. In the following excerpts from field notes, four participants addressed this point:

It’s peer information...it’s not just an expert telling us. We’re peers—we’re all going through it, we have the same experience.

I think it’s important to be able to get together with a group, a disparate group of women, where not everybody is just like me—just able to throw out our anxieties, put

them on the table and get feedback from people—because the isolation and the fear is quite great, it seems.

What's important is getting women's experiences...not necessarily just statistical information, but just hearing what other women's experiences are and hearing the variety.

I think that was part of the success of the series from the Boston Women's Health Collective that wrote, *Our Bodies, Ourselves*. They were just normal people like us.

As feminist historian Heilbrun (1988) wrote, the truth of female experience emerges as women share their stories, as they start to “see themselves collectively, not individually, not caught in some individual...plot and, inevitably, found wanting” (p. 46). Indeed, sharing their stories of physical change reassured some of the women that they were not losing their minds, that they had a right to question that their bodies were “feeling different.” To paraphrase Daniluk (1993), sharing female experiences and knowledge enabled the women to demystify assumptions of menopause and sexuality and to connect with the “healing power of self-care” (p. 66).

During this critical point in women's lives, it is not surprising that for many of the participants, negative attitudes and resulting expectations of their changing bodies generated uncertainty. For many, seeking medical answers about physical and emotional changes often led to interventions that reflected the medical profession's superintendence

over menopausal women. In part, having more questions indicated the women's resistance to the larger cultural discourse and its negative impact on their self-conceptualizations. Through their own interpretation and contextualization of physical change, the women's questions helped to challenge misconceptions surrounding women's midlife experience and to build a discourse based, instead, on female knowledge and wisdom.

Summary of Social Structural Influences

This discussion was meant to illustrate the interplay between the participants' culture and their lived experiences of their bodies. Within their shared cultural context, certain structural factors such as the media and medicine took priority over others in terms of each woman's response to the events and circumstances of her life. The degree to which each participant responded to these factors was related to her unique life circumstances. For one woman, particular factors such as the media may have been the point of reference for her self-definition. For another, the media may have assumed a background position with other factors taking precedence.

Developmental Influences

A Felt Sense of Loss and Longing

But a day comes when the body becomes the enemy....the hopes of the heart persist, but the body will no longer respond as once it did. So too, time, which once seemed the arena for endless play, the far field of ever-returning light, also becomes a trap. The shift, a sudden *peripeteia*, leads one to recognize not only that one is mortal, that

there is an end, but that there is no way one will ever accomplish all that the heart longs for and pursues. (Hollis, 1993, p. 32, original emphasis)

This quote from Hollis' (1993) book, *The middle passage: from misery to meaning in midlife*, illustrates how the recognition that one's body is aging shatters the myth of personal immortality: time no longer stretches endlessly ahead. For each participant, the heightened awareness of lack of time—the approaching loss of life itself—was exacerbated by loss of youthful appearance and energy, loss of fertility, and loss of children, who often leave home at this time. One participant put it succinctly: “You almost feel you've been besieged in that you have all of these important losses, all at the same time.” Each loss, each period of imbalance and vulnerability, contributed to an experience of the loss of a former, younger self, and, therefore, had an important influence on each woman's identity (Notman, 1979). This loss of a younger self, which according to Notman (1979), is central to the changes associated with menopause, precipitated a period of transition for the women—comparable to other transitional periods in women's life cycle (Notman, 1979). During this transitional time, the women sought new ways of defining themselves, through wrestling with the personal meaning of their loss, and with the “awareness of less time to live.” As another woman said, “I'm still in that midlife crisis of trying to find out who the hell I am.”

Central to the transition in midlife is the loss of youthful appearance. This change challenges one's sense of self, to the extent that it is defined by appearance, since the sense of self does not change as appearance does. As Kaufman (1986) found in her study of the continuity of self over time, aging individuals perceive their 'self' as unchanged over time,

notwithstanding the physical and social changes that occur. Suzanne explained it this way: "I am somebody who is not a particular age but my body is definitely a particular age." In *Aging and its discontents*, Woodward (1991) adopts a psychoanalytic viewpoint to explain the emotional reactions to the perception that one's body is aging. According to Woodward, as an individual ages, she increasingly separates what she perceives as her real self—an unchanged, youthful self, hidden within her body—from the self as it is depicted by her body. She becomes alienated, dissociated, from her body. The self is no longer identified with the physical image the individual confronts in mirrors, store windows, or photographs. The image in the mirror has aged. The self retains its youth (Kaufman, 1986). The women related many instances in which they did not identify with their aging bodies, even though they were confronted with evidence from mirrors or contemporary photos. Three of the participants expressed this alienation or dissociation from their aging bodies in terms of an inner sense of youth that defied time and natural process:

It's an interesting feeling to look in the mirror and see someone older than how I feel. I feel almost the same or healthier in some ways than I did 15 or 20 years ago. If I look at myself—especially early in the morning [and see] all those wrinkles and saggy places, then I think, 'Gosh, I guess I am getting older!' It's a reminder of the time-less time. (excerpt from field interview, April, 1994)

I guess it's just the image of myself as I used to be and it's not what I am now. I think of myself as a grown-up person. I still look at myself in my twenties, I guess.

In some ways I don't look that different, and yet in other ways I do. I feel younger than I look. I guess there's a bit of a sense of loss that happens with the years.

(excerpt from field interview, March, 1994)

My daughter sent me a picture of myself and her Aunt Mary that she took close up and I said, 'Stay back a bit. I don't want them so close up!' And my daughter says, 'Mom, you look great, you look great!' So it's what she perceives—and it's very different from me. (excerpt from field interview, March, 1994)

Rossan (1987) wrote that an important influence on one's identity is one's interpretation of the physical changes occurring at various points in life. According to Halprin (1995), a central aspect of female identity is personal appearance. The awareness of diminished youthful appearance confirmed by photographs and mirrors was at odds with most of the participants' self-images. Indeed, the observed physical changes of midlife disrupted—or challenged—most participants' sense of identity and self-esteem. For example, a sudden shift in perceptions of self came for some of the women when they caught a glimpse in a mirror of what seemed to be their own mothers at midlife. It was at this intersection of self and other that being middle aged came as a revelation. In the following narratives, two of the participants expressed surprise at mirror images that reflected their mothers:

You walk by a store window and you look in the mirror in the window and there's your mother. You think, 'My God!', and realize that suddenly you're older physically. You're saying, 'Is this what it's all about?' You know that this is a much younger person and, 'My God, I look like my mother!' (excerpt from field interview, March, 1994)

Well, the first time I saw myself as getting older I was looking in the mirror, the first time I noticed I had wrinkles and all that, I picked up a mirror and I was looking like this and I went, 'Ah, that's me!' It was really weird, it was funny. Because I saw my mother. (excerpt from field interview, March, 1995)

When one identifies the self as youthful, in contradiction to physical evidence, one may be seen as repressing the fact that one is aging (Woodward, 1991). Taylor (1983) asserted that individuals maintain certain illusions in the midst of threatening events. The distorting power of illusion helps to maintain one's self-esteem when it is challenged by the image in the mirror. Rodeheaver and Stohs (1991) argued that the strategy of relying on inflated beliefs about one's body image and physical functioning is adaptive for aging individuals. One important component of this strategy is a selective downward comparison. By comparing oneself with others in the same situation who are faring more poorly than oneself, by relegating aging to others and not recognizing it in oneself (Woodward, 1991), one maintains self-esteem in the face of personal threat (Taylor,

1983). This process is illustrated in Beth's description, as she compared her aging body to that of her peers at this "mirror stage" (Woodward, 1991) of middle age:

I guess sometimes I look at other women that are my age and I find it hard to believe that I'm that age. I don't know whether I'm just refusing to grow old or what. But I just don't quite feel as old as I think some women my age do—or let themselves be.

(excerpt from field interview, November, 1994) .

Woodward (1991) challenged the ideology that equates old age with decline. She argued that it may be wise to deny the evidence from others that one is aging, especially if one has something important to achieve. However, I want to suggest something further, that illusions at midlife about one's body may be the remains of a view that is no longer functional as a means to bolster self-esteem, since it is based on cultural values that will inevitably undercut self-esteem. It seems that for most of the participants, it was more adaptive in the long run to be realistic and to acknowledge the aging body.

The transition to an identity which bases self-esteem on factors other than youthful appearance is a very difficult one, which may involve a number of components and stages. The work of psychoanalyst Gregory Rochlin (1973), who has written extensively on loss in old age, can perhaps help us understand the significance of the threat to one's self-esteem as one confronts the gradual loss of the integrity of bodily shape and function at midlife. To paraphrase Rochlin, one's perceptions of one's body can strongly affect one's self-esteem. This was the case for many of the participants. In the following excerpts, three women commented that a reduced sense of self-esteem has accompanied their increased biological vulnerability:

I've changed definitely. I've been thinking quite a lot about that lately. Self-esteem. I just do not feel I have quite the healthy self-esteem that I used to have.

I felt very insecure and vulnerable and I just felt really bad about myself. I found I was useless, hadn't done anything useful, not capable and I was actually not being capable some days.

The last couple of years, I've had a lot of difficulty. And I suppose, I felt I'd lost myself.

The illusion of self as youthful may create a form of "psychic reprieve" (Woodward, 1991). There are limits to the adaptive utility of such an illusion, since it may be disconfirmed. For example, because aging is a given meaning within a socially constructed context, individuals recognize that they are aging in response to the "Other," to others' perceptions of them as being old (de Beauvoir, 1970). Even though individuals think of themselves as young, others will perceive them as aging. This was the case for most of the participants. An awareness of their age, of the loss of their youthful selves, kept creeping in as they noticed others' responses to their aging appearance, of being defined objectively as middle aged by an "objective outsider." Stories unfolded, one after another, of such responses that reaffirmed a culture's negative assessment of aging women. It was by reflecting upon these negative responses that the women were compelled to

acknowledge the other's point of view (de Beauvoir, 1970). Others' stigmatizing responses to the women's social and personal identities (Goffman, 1963) were described by four of the participants:

You go into an interview and it's there. I don't know how else I can describe it. If it doesn't happen in an interview, the other time it does happen is when you are being waited on and somebody calls you 'dear.' (excerpt from field interview, March, 1994)

People respond differently. I've watched people respond to older people, too, and there's some sort of trying to be tolerant kind of thing. They don't respond with the same sort of gusto. (excerpt from field interview, March, 1994)

Your layer of skin and all your wrinkles and lines might paint a picture that isn't there. Underneath that skin you could still be energetic and able to do a lot things that they wouldn't expect you to do because you're over 50. That is kind of cultural, because you're 50, over 50—you can't feel young anymore, or look young anymore, or anything else. (excerpt from field interview, November, 1994)

People regard me differently. I get a different response from people than when I was younger. I mean, I can go into *A & B Sound* and ruin the ambiance! (excerpt from field interview, November, 1994)

For most of the participants, this loss of youthful appearance provoked grief for the loss of the youthful self. According to Notman (1979), as women reach middle age, they need to mourn the loss of the young self. This need is central to this stage of life because there are fewer options available for older women than for younger women to replace what is lost. As Halprin (1995) noted, it “is an immense experience, [for women who have been valued for their appearance], to find this regard gradually diminishing...certainly comparable and often related to the menopause in terms of overall life change” (p. 66). The loss of youthful appearance may disrupt the self-esteem of women who have defined themselves through their appearance and their sexuality. For example, the experiences that emphasized Lillian’s loss of youth were working to bestow upon her a disquieting sense of grief and vulnerability:

I do have to grieve the loss of my younger self. I think the main thing is just losing that fresh face, young appearance. Although I eschew make-up and dyed hair because I never want to pretend to myself that I’m anything other than who I am, I still grieve that I don’t have a young face. (excerpt from field interview, March, 1994)

Another loss confronting most of the participants that brought further feelings of vulnerability and forced a new definition of self was the cessation of reproductive capacity. Ussher (1989) wrote that there are losses of many aspects of a woman’s identity that relate to the termination of fertility—for example, the loss of the capability of bearing children, and of being a young mother. Daniluk, (1993), in her study of women’s sexuality, asserted that women’s reproductive cycle is central to their self-conceptualization. As Chiriboga (1989) wrote, the loss of a woman’s reproductive

potential “may symbolize the beginning of the end for many women” (p. 75). Further, Krieger (1991) claimed that we define ourselves in the light of cultural norms and values. In our culture women are encouraged to seek their identity through their reproductive capacity (Ussher, 1989). Consequently, for most of the participants, the loss of this ability, through medical intervention or with menopause, brought feelings of vulnerability and forced a change in self. Fertility was no more a potential for most of the women in this study—and its loss was a cause for grieving. Three participants confided their sadness about being no longer fertile, about this change in self, about a loss of their reproductive capacity that held a central role in their identities:

Something that you were capable of doing before is gone now. It’s kind of sad, I guess. You’re feeling you can’t have a child, even if you want to. The fact that you can no longer have a child—it’s gone—that part of you as a woman that you can’t do anymore. (excerpt from field interview, March, 1994)

A woman in my group and I have both had our tubes tied and we’ve talked about how we grieved. We knew we didn’t want any more children and that’s why we did that, but we also grieved for that loss of possibilities. And we had that loss of possibilities because of surgery. It was necessary and a rational choice but emotionally it was a loss. (excerpt from field interview, March, 1994)

It's a very, very bad thing not to be fertile anymore. I remember when I was nursing my children and I would get a sensation down in my abdomen which was very emotional. It would almost make me cry and it was just an overwhelming feeling. I thought it was related to my uterus, but my uterus isn't there anymore. It's sort of a longing. If it happens now it's a reminder that I'm not in that situation anymore—it's so weird to poke around and there's not a cervix there. There's part of the hysterectomy that I haven't dealt with. It's like grieving for yourself—part of you is gone. Where is it? (excerpt from field interview, September, 1994)

The loss of children (the result of fertility), as they reached adulthood and moved away from home, leaving an “empty nest,” was a further cause for grieving. Caring for children for perhaps two decades—in consonance with the cultural norm which sees “caring” as a role of women—contributes to the fact that women develop an identity in which their self-evaluation includes the needs and contentment of others (Blair, 1987). Women are defined in relation with others and in their capacity for caring (Gilligan, 1982; Miller, 1986). Because their identity is defined according to these factors, during major transitions, women experience a challenge to identity, as the relationships that helped define their caring capacities change. Or as Gilligan (1982) wrote, events at midlife, such as menopause, may change women's care-giving activities and affect their self-definition. Indeed, as with menopause and other factors that precipitate midlife transitions, the “empty nest” confronted most of the women with the need to make changes in their self-definitions. Having given priority to the traditional roles of child care, two participants

expressed the heartache they experienced as they faced the loss of their role as mother and a future without their children:

Having my kids move out and move on with their lives, I think that's going to be really a huge loss--particularly because I'm divorced. So, then I would be living alone, and I don't know if I'd be happy doing that. I might have to take a roommate, or do something like that. (excerpt from field interview, November, 1994)

That "empty nest." It's not going to happen right away because my son is only 15 but a lot of my friends are going through that. I spent so many years hoping that they would be grown up and gone and I wouldn't have to keep slogging around after them. It means that when they're gone that I'm much older--another stage. (excerpt from field interview, September, 1994)

So strong was the ideology of motherhood that for some of the participants, recounting their quality of mothering generated regrets, even after the children had left home. In the following excerpt, Beth, a single parent, longed to have had more time with her children when they were young:

I raised my children by myself from age one and three. I had to leave my children while I worked each day. I wish that I could have had the time to stay home with my children until they were at least five or six. I think that mothers should do that because they really miss having that time with them. If I had to do it over again, I

would rather have stayed at home with them. (excerpt from field interview, November, 1994)

Such losses as those discussed above would be cause for grief. However, some researchers suggest that the intensity of the opposition to the aging self and the grieving for the loss of the youthful self, can be explained by our cultural fear of death. According to Woodward (1991), our culture associates aging with death. Becker (1975) argued in *The denial of death* (1975) that our culture is organized around repressed thoughts about death, the symbol of death being the aging human body. The body is central to the way one interprets and constructs the concept of aging (Woodward, 1991). Because cultural messages state that midlife marks a fall into aging, and because aging is considered a period of decline, it is not surprising that as the participants became increasingly aware of the reality of their aging bodies, they grieved the loss of the youthful self. Struggling with an awareness of her own mortality, Suzanne's words echoed this cultural fear:

Death is certainly a fearful thing in our culture. Even in Christian circles, it's supposedly, 'Don't fear death!' I'm not sure death is so wonderful in other cultures either but it's dealt with more openly, as being a natural progression of life. (excerpt from field interview, Jan. 1995)

Midlife is the time when losses of youthful appearance, fertility, and young children in the home lead women to face the approaching loss of life itself, and to make necessary adjustments to their views of the world and of themselves. According to theorist Chiroboga (1989), by challenging individuals' ways of viewing the world, these midlife losses help midlife women to reformulate their views of self in relation to their changing

world. Kaufman (1986) stressed that as individuals age, they learn to cope with loss and eventually create new meaning in their lives. This was the case for virtually all of the participants which suggests—in accordance with Chiriboga (1989), Jung (1931/1960), Levinson (1978), and Neugarten (1968)—that development is contingent upon coming to terms with midlife losses, including the approaching loss of one's life itself. This is a period when one shifts from a focus on time lived to time left to live. As one participant said: "We are always in that stage of ambiguity—our whole look of the world now is that things are not static, that they're always in a state of change." As individuals encounter, at midlife, a change in their physical status and personal worlds (Chiriboga, 1989), their personal identities are challenged, and must change in response to these challenges if they are to develop further (Hollis, 1993).

For Chiriboga (1989), the heightened awareness of less time to live may provoke a "realistic reordering of goals, taking into account current energy and resources" (p. 53). Each of the participants reassessed her behavior and the values she had lived by, as she encountered the theme of finitude (Marshall, 1980) in her life. A task of midlife is to face the youthful ideology of immortality which may then facilitate acceptance of one's finitude as a reality (Moss & Moss, 1989). As one woman told me, "You come to grips with your own mortality." Three participants spoke of this reassessment as they had realized that time left to live is "precious":

Time is short. Let's get on with the important things and whether somebody else finds me attractive or not, it's not going to affect my life one way or the other at this point. (excerpt from field interview, August, 1995)

There is a sense of time running out. I no longer feel like I have this infinite stretch of time and infinite possibilities ahead of me. I value my time a lot more. I don't want to waste time. I absolutely hate the phrase, 'kill time'! It seems to me to be an ungrateful way to live. (excerpt from field interview, November, 1994)

I'm not worried about getting old. I'm more worried about time I've got left.

There's a lot of things I'd like to do yet. But it takes time and money. (excerpt from field interview, March, 1994)

Jungian analyst, Hollis (1993), emphasized that when individuals acknowledge midlife loss, they may regain the energy that was once focused outside themselves (in this case, in caring for others), so as to apply that energy to the "next stage of the journey" (p. 103). Judith put it succinctly, "There's something about the pain I've been through—it brought me up short." Through experiencing the losses, most of the participants reassessed their lives and developed a new definition of themselves, in which they assumed an "ethic of responsibility [to themselves as] a self-chosen anchor of personal integrity and strength." (Gilligan, 1982, p. 171)

Learning to Care for Self

It's a transition period between being a young women and being an old women.

There's a lot of things that I don't care about anymore that I used to care about a lot—or worry about. They just seem irrelevant to me, they don't seem important anymore.

(excerpt from field interview, March, 1994)

This, the last of the four themes that I will discuss, is as the above quotation from a participant in the study implies, a theme of setting aside—of regeneration and emergence. Halprin (1995) noted that, as women age, they gradually realize that their bodies no longer have a youthful appearance; that change does not need to be feared, because although “something is fading...something else is emerging” (p. 63). For Halprin (1995), when an individual attends to her experience of her own beauty, ugliness, youth, or age in a self-aware way, then she will not succumb to these norms, but rather will move beyond them. Aging women “can stop being female impersonators [and] can grasp the opportunity to reverse their cherished principles of femininity” (Heilbrun, 1988, p. 126). A woman's social visibility decreases as she ages, and a space may open so that she can challenge—and replace—the ageist and sexist social norms upon which her identity has previously been based. Most of the women in this study moved beyond these norms, in the direction of caring for the self. Three participants declared their beliefs about changes in midlife women's self-definitions:

For me, one of the positive things about aging is that we can let go of the roles that we've been given in life. We can move outside of these roles and we can let ourselves be. (excerpt from field interview, June, 1994)

I think there's a change in women's view of themselves as women my age are entering this midlife time, because there is more a feeling of possibility. There was always a questioning of our circumstances by the post-war generation. We changed definitions of what was possible. (excerpt from field interview, April, 1994)

I'm seeing myself more from the shoulders up—valuing myself more from the shoulders up—valuing myself more for what's in my head than anything else. (excerpt from field interview, September, 1994)

According to Mezirow (1991), development in adulthood occurs as a person forms increasingly meaningful perspectives on life, often followed by a major challenge to the person's established perspective. This is referred to as a "perspective transformation." As Sandra put it: "Even depression is positive. I'm looking at things more positively." Examples of events in the lives of midlife women that may lead to a perspective transformation include externally imposed dilemmas such as children leaving home, illness, divorce or separation. Perspective transformation can affect one's self-definition and "always involves critical reflection upon the distorted premises sustaining our structure of

expectation.” (Mezirow, p. 167) These challenges may be painful in that they call one to question deeply held personal values and may threaten one’s very sense of self.

Events such as physical change and children leaving home provided opportunities for most of the participants to examine and question social norms and expectations upon which their own perspectives were based. As the participants realized that the social norms were increasingly unable to provide satisfactory answers to their questions, perspective transformation became likely to occur. According to developmental theorists such as Erikson (1968) and Jung (1931/1960), changes in self-concept increase with states of conflict and instability which are a necessary component of human development. Viewing oneself as a central source of support and strength was seen as a major change in most participants self-definition. This process is illustrated by two of the women who had recently been depressed—a reaction, as Rubin (1979) would assert, to socialization of women as passive, dependent, and unassertive—a reaction to a lifetime of contradictions between social definitions and expectations, and one’s inner sense of self:

I was feeling depressed and that was a result of the inner physical and emotional changes. I just started to pay attention to myself and was learning about myself again. There were always other priorities and so I had put things away about myself. It was hauling all of that stuff out again and looking at it, and maybe thinking, ‘Well, that doesn’t matter anymore!’ (excerpt from field interview, March, 1994)

I find I've sort of turned a corner and I have much more freedom now. I'm much more relaxed about things, a lot of things that I thought bothered me really don't matter at all. You do try and simplify things and clear your decks...time is going on and there's only so much left. There are certain things I want to do, and I don't want to get caught with a whole lot of other stuff and junk. (excerpt from field interview, May, 1995)

Thus, as women's roles and relationships change over time, changes in their self-understandings occur. Paradoxically, rather than extending previous views of self, this changing in self-understandings helps them to let go of old roles and formulate a new self-definition (Brennan & Rosenzweig, 1990). To paraphrase Rubin (1979), by midlife, many individuals find that old definitions of themselves no longer fit. A new definition of self is emerging—a restlessness and a desire for something more. As one participant said, “I think things just keep changing.”

One of the major shifts in roles which may lead to a reconceptualization of self involves caregiving. Social norms have established women's role in terms of caring for others (Gilligan, 1982). At midlife, many women move through a perspective transformation of the caregiving role toward increased individuation and autonomy (Bateman, 1989; Levinson, 1996; Neugarten, 1968; Rubin, 1979), toward caring for themselves and away from caring for others. But this change in self-definition is not easy. Conflict between caring and autonomy imparts a distinctive character to women's life cycle (Notman, 1980; Rubin, 1979). Most of the women could focus more on their own

needs now. However, this transition was difficult, since they had to learn to challenge past cultural messages that require women to put others' needs first, to be self-caring in light of being considered "selfish." Four women expressed their resentment toward these messages of selfishness:

When I was younger, the very strong message that I got and probably gave myself was that it was my duty, my role in life, to take care of others. To take an afternoon off to just do something by myself was considered selfish. (excerpt from field interview, March, 1994)

It's kind of a bill of goods we've been sold for a long time and that's what women are suppose to do. They're suppose to look after other people, be the caregivers. You don't do things for yourself. That's being selfish and you don't operate that way. (excerpt from field interview, March, 1994)

Now I think my needs are important. If I want to be quiet, I don't make conversation. If I don't want to make love, I don't feel obligated anymore. But there's still that part that says, 'Tsk, tsk, tsk, tsk...this is not good! That's selfish!' (excerpt from field interview, June, 1995)

"Giving to me" gets classed as being in the "selfish category." And the church gives you a message every week from the pulpit, 'You should be doing more for other

people!' So it makes me angry, really angry. (excerpt from field interview, September, 1994)

As Bateson (1989) conceived it, if women were brought up to be more centered on themselves, many conflicts and discontinuities that disrupt their lives would be irrelevant and peripheral to the central definition of self. Underneath it all, through this time of transition, through wrestling with their changing definitions of caregiving, were messages conveyed by their mothers. One after another, the women gradually realized that some of their barriers against self-care were learned vicariously (Bandura, 1986) through the role modelling of their mothers and women of previous generations. It was their duty, they were told, to put others' needs first. Two women commented on midlife women's barriers toward autonomy and self-care as they spoke of this kind of modelling:

I received messages from the role model, my mother—how my mother lived her life—devoting it to us kids and her husband—and that's what other women my age were doing. There was nothing that countered that. There was nothing that said, 'Yes, you deserve a couple of hours to go to the Y by yourself, or go swimming by yourself,' or something like that. (excerpt from field interview, March, 1994)

I didn't have a role model for a woman who goes off and does things—from my childhood—who went off to Europe and traveled by herself. There was absolutely

nothing in my background that would say, 'That's okay for a woman to do that—for a woman who's got a family.' (excerpt from field interview, January, 1995)

Perhaps most significant, the women came to realize that as women, they have a responsibility to themselves to engage in self-care activities, with the implication that one values oneself enough to care for one's body and soul (Bateson, 1989). Judith confidently told me she had learned to take charge of things: "I value myself as a person. It's okay to say, 'No' and still feel good about it." The integrity of honouring one's body and self holds the deepest and perhaps longest-standing investment in respect to maintaining one's quality of life into old age (Bateson). In her ethnographic study of the lives of five successful midlife women, Bateson wrote that self-care is an investment in autonomy and reinforces one's self-esteem. The observations of Gadow (1986), who has written of the dialectic of frailty and strength in aging, are useful in this midlife context of cherishing oneself and one's body. Gadow asserted:

It is the opportunity—greater in aging than at any other time—to cultivate a conscious integrity of self and body, to cherish, not renounce, the body, to care for it as one would a beloved with whom one has laughed and danced and from whom one soon will be parted. (p. 241)

Indeed, as old age grew closer, most of the participants were learning to put extra time and precious effort into taking care of their bodies. Two participants, aware that they don't have the stamina they used to have, spoke of cherishing what energy they have left:

I'm definitely aware of cherishing my energy. In a way, when I was younger I could take it for granted. Now it's like this treasure that I have, that I cherish and I nurture. (excerpt from field interview, March, 1994)

What I have learned is how important it is to keep yourself healthy and to do your exercise, and to do your relaxation, whatever, just to take that time for yourself and make sure you get proper vitamins, because life doesn't get any easier and we have more stresses. (excerpt from field interview, May, 1995)

Gradually unburdened of their caregiving duties, most of the participants initiated a shift in their caregiving roles from caring for others to learning to receive care from others. But this shift in roles was not easy. Anne described her difficulty with this role reversal. Most of her life had been weighed heavily on the caregiving side. "It's been very, very hard for me to let people take care of me. Really hard. And I'm starting to really like it. It's the same kind of feeling as when I go for the massage therapy." Bateman (1989) asserted that when women receive care from others, they are taking care of and being responsible to themselves. This process of change, from giving to "allowing" care from others, is illustrated by Anne's use of a simile:

Letting that barrier down is an image of a river all flowing one way and letting down some kind of barrier, like some kind of dike in the river, and allowing the river to flow backwards. Allowing myself to accept and take in some caring rather than always being the one giving it out. (field interview, March, 1994)

Likewise, over the past few years, Beth had managed to ask for help but at first did not know where to begin:

I was a single parent and I was just used to handling everything and making my own decisions and when this [depression] happened to me and I suddenly lost myself. It was hard to ask for help because I didn't know what to ask for. You're so used to doing for other people, you don't know how to ask for it for yourself. And your mother was probably the same. (excerpt from field interview, May, 1995)

Nature was highly valued by most of the participants and an important part of their self-care, as if they knew now that it was the simplest of things in life that were meaningful, things like "the silence at the end of the day." For some of the women, shifting responsibilities and roles provided more free time to reflect upon and be a part of nature. As Mary commented: "I take time for my own interests—taking walks, sitting, looking at the tree outside my window." Indeed, the tranquillity of nature helped to bestow upon many of the women, strength and serenity which some could not recall having ever known. Lillian spoke with reverence of the tranquillity that comes when she can face what nature demands of her:

It's going out into nature and being able to deal with what she hands out, which sometimes is very cold and very demanding on the body. But when I can deal with that, it gives me a sense of strength, an inner strength...that sense of spirituality. (excerpt from field interview, March, 1994)

Indeed, the crises of change in life can be seen as spiritual, in which a woman may turn inward and trust the movement of life itself toward wholeness (Washbourne, 1977).

Perhaps Sandra's perception can help to explain this metamorphosis that occurred for some of the participants: "Maybe our bodies aren't holding out as well as we'd like them to, but we're going on into a deeper stage of our lives—more spiritual." Indeed, at midlife, with its turmoil and conflict, connecting with one's spirituality seemed to help tranquilize many of the women's concerns, as shown in the following excerpts from the field notes of four participants:

I'm much stronger I think spiritually, about what I think is important, of value, you know.

I've sort of come into my own.

I am able to be more, I think, spiritual. I can say, 'Thank you!' to the creator everyday.

I'm more aware of my spirituality. My spirituality is exploring all different ways of focusing on who I really am.

Jungian analyst, Hollis (1993), wrote that midlife is a time when a woman is faced with the opportunity to question her identity and examine the direction her life has taken in the past or decide on the direction she would like her life to take in the future. There are times in their life course when individuals are persuaded by circumstances, or may choose

to evaluate and become conscious of the direction of their lives (Kaufman, 1986). For most of the women, this stage of transition brought a reassessment of priorities and goals:

I still have a chance to pursue something. I don't know what. If I still had young children hanging around, it wouldn't be that easy. (excerpt from field interview, March, 1994)

I guess I feel there are doors opening and I think they have to open in our own minds first before they open elsewhere. We are the ones who make things happen for ourselves. (excerpt from field interview, October, 1994)

In the past couple of years, I started back to get my grade 12—once I got my status back. Then I applied to university and got accepted. And since I've been in university, I've been in many leadership roles for our people. (excerpt from field interview, October, 1994)

It seems that for the participants, the conflict and turmoil of the midlife transition provided an impetus to question and reflect upon cultural roles and expectations that no longer fit the women's caregiving function in life. The women reformulated their self-definition from that of caregiver to care receiver, from caring for others to caring more for oneself. This could be seen as a major developmental change in the women's lives.

This notion of midlife women's reformulation of self can be understood in terms of Spradley's (1979) "universal cultural themes," which influence individuals' behaviors and beliefs. Spradley advised that in their final analysis of the data, ethnographers should look for the appearance of universal cultural themes. One of these is the theme of "solving problems." Spradley suggested that individuals may apply their cultural knowledge to solve specific cultural problems. His formulation, applied to the theme "Learning to Care for Self," reveals the deeper cultural significance of this theme: that the women's midlife developmental process of redefining themselves in terms of caring for self, was one way to "solve the cultural problem" of living in a society that is ageist and sexist. It could be said that midlife women solve the problem of social invisibility, lack of support, ageism, and sexism by discarding the outer structures that devalue their experience and turn more to themselves for support.

Summary of Developmental Influences

The foregoing discussion of 11 women's developmental changes illustrates that for these women, midlife is an uncharted territory with little direction about what to expect. During this time of transition, the women sought new ways of defining themselves, through wrestling with the personal meaning of loss and changes in their role functions. A central change for the women was in their caregiving function which involved a shift in values from caring for others to caring more for themselves. Overall, the women's midlife developmental process is summed up by one of the participants: "I feel like I've become a more real person as I make a deeper commitment to my life and to the things that I'm committed to. I've become more really myself."

Chapter Summary

My aim in this chapter has been to broaden and deepen the understanding of 11 midlife women's perceptions of their changing bodies by explicating their stories, using feminist and developmental theories. The four themes that emerged through my interpretation are worthwhile in their own right. On a deeper level, another central factor emerged as a salient feature of the experience of these midlife women. This factor is the activity of interpretation, as used by the participants themselves. It seems that by interpreting for themselves the changes they experienced during midlife that the participants came to terms with these changes. The experiences of midlife prompted the women to question and challenge traditional cultural expectations about female roles and behaviors; and through questioning they reinterpreted their experiences and created new meaning from them. One participant defiantly declared her resistance to the cultural discourse of women's midlife experience, insisting, "I've questioned cultural messages. I can look at what's happening around me and say, 'Do I accept that?'" Interpretation of their own experiences of physical change provided a means by which the participants came to terms with the conflicts of midlife and forged a transition to a new, stronger, definition of self.

I described four general themes that related to beliefs commonly held by members of the culture and subsumed them into two major categories of influence: structural and developmental. Within the category of structural influences, the first theme, "A Felt Sense of Incongruence," I found the women experiencing confusion and tension due in part to

contradictory messages about their changing bodies. Experiences within this theme prompted the women to examine cultural “knowledge” about midlife women; and to begin to question this knowledge, which they found was commonly made up of misinformation, myths, and misconceptions based on sexist and ageist assumptions.

The second theme, “Having More Questions,” also within the category of structural influences, included experiences related to health. Such issues are very important to midlife women, yet are neglected or misunderstood by the culture at large, and even apparently a majority of health professionals. As the women sought out alternatives to the perceived inadequate forms of health assistance provided by the “mainstream,” they moved toward assuming responsibility for their own well-being, not only physically, but also mentally and spiritually.

The third theme, “A Felt Sense of Loss and Longing,” within the category of developmental influences, included those personal issues of loss that many midlife women face. Such issues not only require grieving, but also facilitate the individual to work toward redefining her identity, because these issues involve matters that are closely related to one’s sense of identity itself.

The fourth theme, “Learning to Care for Self,” also within the developmental category, demonstrates a resolution to the conflict between definitions of self that have been derived from cultural expectations of women. These definitions of self not only no longer apply, but are actually harmful to the individual in the sense that if they are accepted without question, they will lead to reduced self esteem and may hinder one’s ability to move developmentally forward in life. The theme focuses on the act of

reinterpreting what is important in life, and affirming the importance of oneself, and the importance, at this stage, of caring for oneself. Considering cultural stereotypes that define aging women's experience, one can't help but wonder whether the women's shift to caring more for themselves might be a way for them to solve the cultural problem (Spradley, 1979) of living in a sexist and ageist culture prevalent at this time in history.

Women's experiences of their changing bodies are inseparable from the cultural constructions of these experiences. Existing ideology of middle ageism strongly influenced the experiences of the participants in this study. For this participant group, this ideology seemed to override differences such as race and sexual orientation. Overall, the participants became aware of the existing ideology, then challenged social structures that devalue midlife women and began to make shifts in their own definitions of care, from caring for others to caring for themselves. Every participant experienced numerous changes, reappraising and reassessing her life's course. Commenting on the amount of change that occurs in midlife women's lives, Sandra believed that this stage of life "is a very positive thing, a time of ambiguity and questioning."

This text is intentionally multivoiced. I believe I have let the 11 midlife women speak and present themselves, to tell their own stories of their experiences of their changing bodies (Denzin, 1994) in their own way. My own interpretation, however, is present throughout, since it is only through interpretation that I could hope to turn what may seem like a "passing event, which exists only in its own moment of occurrence, into an account which exists in its inscriptions and can be reconsulted." (Geertz, 1973, p. 19) I now turn to a discussion of this study with implications for health and health-related practitioners, future directions for research, and conclusions.

Chapter 5

Discussion, Conclusions, and Recommendations

The purpose of this study was to document, from a developmental perspective, midlife women's perceptions of their changing bodies within the larger cultural context, and to use ethnographic research as a tool for researching midlife women. The central question guiding this analysis of midlife women's lives was: What are midlife women's perceptions of their changing bodies? The self-reported experiences of 11 midlife women (ages 40-55) were obtained and the data analyzed using Spradley's (1979) Developmental Research Sequence Method.

Data were collected by using individual and group interviews. Initially, a total of 23 one-hour individual interviews were conducted among the research participants to gather information that would be used later in the explication of their experiences of their changing bodies. Two consecutive interviews took place with each participant; one woman was interviewed three times. During the interviews, three kinds of ethnographic questions (descriptive, structural, and contrast) were used exhaustively to explore how each woman conceptualized her experiences. After the individual interviews were completed, three consecutive group interviews were conducted. An average of eight women attended each focus group. The group interviews provided a context for determining the women's shared meaning of their changing bodies at this pivotal time of their development. Each individual and group interview was subjected to analysis before the next interview was conducted. To solidify the credibility of this qualitative study, my

understandings were subjected to member checking and the application of content analysis.

Four general themes emerged from the analysis of the data. The first two themes—the media and medicine—involved aspects of the culture that most influenced the women’s interpretations of their changing bodies and were, therefore, structural in nature. The second two themes—loss, and redefining of self (including the development of self-care)—involved the more personal aspects of the women’s narratives such as reflected meanings and attitudes.

Seen as a developmental stage, midlife is a complex, dynamic period in a woman’s life and encompasses a broad spectrum of experience, full of contradiction and change (Levinson, 1996). Conducting research into women’s midlife development has been a large task, since it must account for many factors. Issues of loss, change in role functions, cultural influences that perpetuate ageism and sexism, ambivalence, strong emotional responses, lack of consistent information about menopause and sexuality, questioning, critical reflection, coping mechanisms, redefining self, self-care—all have played a central role in the women’s lives during this important time of transition. This chapter includes a discussion of the findings and conclusions of the research, a discussion of the implications of the findings for health practitioners and health education, and recommendations for future research.

Findings and Conclusions of the Research

Midlife is an important and multifaceted stage which brings about important transitions in the course of a woman's development. Women at midlife presently comprise one sixth of the Canadian population, according to demographic indicators. The proportion will increase over the next decade as the peak of baby boomers reaches the age of 50 years (Foot, 1996). Because of the importance of midlife and the increasing number of women experiencing midlife transitions, interest in midlife issues has grown, and will likely continue to grow, among the general population.

Demographically, socially, politically, and economically, the implications of being middle aged are changing. For our increasingly aging population, midlife is an uncharted territory with little direction, during these times of changing conditions within society. The popular press has been eager to cater to the needs of a growing segment of the population—midlife women—by producing information about women's midlife issues (i.e., menopause); but the research community has lagged behind, with little research into midlife women's development or into the experiences of the women themselves. This would be a serious omission in its own right; however, the demographic configuration of present-day society compounds even further the seriousness of the effects of this omission, because so many people are affected by the lack of trustworthy knowledge in this area. This research grew out of my awareness of the lack, and my belief that by researching this area, I could make an important contribution not only to academic knowledge and to those who use this knowledge, but also to the lives of midlife women themselves.

In the past, to further complicate the task of conducting research on women's midlife development, three forms of bias in theory and research led to incorrect and stereotyping views of midlife development of women. First, midlife studies that focused exclusively on men have ignored women's experience. Second, the emphasis on negative aspects of events in the lives of midlife women, such as menopause and "the empty nest," have portrayed a narrow perspective of women's midlife experience (Baruch & Brooks-Gunn, 1984). Finally, women's lives and experiences have not been adequately understood through traditional, quantitative scientific approaches. The methods that have provided a better understanding of women's lives and experiences—interpretative, qualitative methods—have been viewed as having less scientific value than traditional approaches.

Recently, conditions have been provided for midlife to be viewed in less negative and less stereotyping ways than in the past. Some recent advances in human development research take a life-span approach, studying the individual over time (Baltes, 1979). Life-span theories tend to deepen understandings of developmental stages and call attention to the potential for growth and change throughout the life course. In addition to advances in human development research, more women-centered researchers have attempted to provide some groundwork for the study of women's midlife period (for e.g., Baruch, Barnett, & Rivers, 1983; Bateson, 1990; Josselson, 1987; Rubin, 1979). However, differences such as race and sexual orientation have been overlooked in such studies. Furthermore, feminist researchers are challenging traditional quantitative scientific inquiry, by asserting as legitimate a range of research methods—acknowledging that qualitative and

quantitative methods may serve different purposes and may provide unique understandings and information (Worell & Etaugh, 1994).

The results of the recent studies have enabled researchers in the academic community to understand some of the realities of midlife. My interpretation of the data gathered in this study is in agreement with the findings of other researchers in this area in the following ways:

1. Women's experiences of their reproductive changes throughout their life cycle are central to their conceptualization of self (Daniluk, 1993). The present research concurred with this finding. The participants expressed many concerns about their changing bodies, particularly with relation to loss of reproductive capacities, indicating that these changes challenged their conceptualization of self.
2. Women's concern with bodily changes associated with aging are representative of the cultural concern with their reproductive role (Daniluk, 1993). The narratives of all of the participants revealed the strong influence of cultural symbols and traditional socialization processes that direct women to focus on their bodies, particularly as related to their reproductive capacities.
3. At midlife, women's traditional role for the care of the family affects their self conceptualization (Apter, 1995; Levinson, 1996; Rubin, 1989). As their children left home, most of the participants reported that the loss of their traditional role as family caregiver challenged their self conceptualizations.

4. Midlife women tend to experience substantial conflict, due in part to the lack of consistent information about midlife issues (Theisen, 1992). The women in this study expressed confusion and tension due in part to contradictory messages and the lack of consistent, accurate information about their changing bodies.

5. Midlife women also experience conflict when they question traditional roles and search for new ways of defining themselves (Levinson, 1996; Rubin, 1989; Sills Lang, 1988). Most of the participants in this study struggled with the negative impact on their self-esteem, as they addressed their loss of self esteem in the face of negative cultural attitudes about midlife women's aging bodies.

The ethnographic method used in this study extends knowledge in the areas listed above by providing a means to explore midlife women's perceptions of meanings of their physical changes within the present social and historical context. As well as corroborating the work of other researchers, the present study extends our knowledge about midlife women's lives beyond the areas listed above. The ethnographic method revealed, and may even have facilitated, a movement toward an individual resolution of these issues, within the participants. This occurred in the following way. In the face of such negative attitudes, the participants' anticipations and sense-making of their changing bodies were often expressed in the form of questions derived from an uncertainty about what to expect once physical and psychological changes associated with midlife became noticeable. The women's questions about their changing bodies arose as a result of incongruence between cultural stereotypes, which they themselves may have accepted as true, and their personal

experiences. Also contributing to their need to ask questions was simply their lack of knowledge, itself stemming from cultural avoidance of the issues facing midlife women. The lack of consistent information about their physical changes prompted the women to question and challenge traditional cultural constructions of their experiences, indicating their resistance to the negative impact of this larger cultural discourse on their self-conceptualizations. And in fact, this resistance to the cultural discourse was justified. For example, for many participants in this study, personal experience helped them challenge the myths of public discourse about midlife women's sexuality. Most of the participants discovered a new sense of sexual desire and fulfillment, despite the sociocultural belief that women deny their sexuality as they age. This is illustrated in the following excerpts from the field interviews of four participants:

I think sex is a great thing for menopausal women! It's a great cure-all!

Sex is very powerful!

It's communication between people.

You feel freer, more relaxed.

Through focusing on their experience itself, the women were able to challenge the misconceptions derived from the culture by which they had formerly interpreted their

experiences (in this case, sexual experiences). As a result, they were free to build a discourse based on their own female knowledge and wisdom.

This freedom was not confined to sexuality, but rather extended to many aspects of the women's lives, notably to health care. As one participant put it: "It's taking the lack of trust and doing something about it. I feel I'm being more proactive in my health care. I'm not assuming that the medical profession knows everything." As the women sought out alternatives to the perceived inadequate forms of health assistance provided by the "mainstream," they moved toward assuming responsibility for their own well-being, not only physically, but also mentally and spiritually.

It is noteworthy that developmentally, almost every participant experienced numerous changes, each providing an opportunity for her to challenge formerly accepted cultural stereotypes, and to reappraise and reassess her life's course. During this time of transition, developmental issues such as loss and changes in role functions, prompted each woman to work toward redefining her identity. In particular, it is apparent that an awareness of less time to live led the participants to make more self-enhancing life choices. For most of the participants, the conflict and turmoil of the midlife transition provided an impetus to question and reflect upon cultural roles and expectations that no longer fit their caregiving function in life. The women reformulated their self-definitions from that of caregiver to care receiver, from caring for others to caring more for oneself. This could be seen as a major developmental change in the women's lives, because through this process of facing the challenges of midlife, the women moved from self definitions that were based on negative cultural stereotypes to self definitions that were based on an

acknowledgment and affirmation of their ability to experience the events of their existence as autonomous individuals, less bound by stereotypes than they had been before. As one participant put it: “I think you get in touch with the deeper values within yourself, wherever those come from and you want to listen to those.”

Even though distinctions existed among members of the participant group, commonalities of experiences of their changing bodies far outweighed any differences in experience related to distinctions in race, sexual orientation, disability, or employment status.

To summarize, midlife women’s experiences of their changing bodies are strongly influenced by the cultural constructions of these experiences. Through experiencing midlife events, the participants started to question and challenge traditional cultural expectations about female roles and behavior; and in this way they reinterpreted their experiences and created new meaning from them. Through the lens of their own female wisdom and knowledge, the women reformulated their views of self in relation to their changing world.

The move in the development of midlife women toward resolution of the central conflicts in their lives has been invisible in many former studies, because other research methods, particularly those that are quantitative, will inherently reflect cultural biases in the predetermined categories that they measure, and events outside these categories will not be noticed. Only a research method (such as the ethnographic interview) that allows the participants to speak for themselves can evoke such new information, outside the

realm of cultural stereotypes, even stereotypes held tacitly by the researcher (Spradley, 1979).

Conclusions

The primary goal of this study was to examine midlife women's perceptions of their changing bodies. As a result of this study, the following conclusions were drawn from my understandings derived from the individual and group interviews:

1. The midlife experience of this study group was one of substantial conflict and confusion.
2. Social structural influences (the media and medicine) had a significant influence on the manner in which the participants interpreted their experiences of their changing bodies.
3. In response to societal devaluation of aging women's bodies, most of the participants were forced to reconceptualize their personal definitions of youthful attractiveness and vitality.
4. The women had many questions about their changing bodies due in part to the discrepancy between their expectations of menopause and sexuality, based on the dominant medical view, and their actual experiences.
5. The lack of consistent information about midlife women's physical changes was a pressing concern for most of the women.
6. Most of the participants discovered a new sense of sexual desire and fulfillment, despite the sociocultural belief that women deny their sexuality as they age.

7. Through experiencing the stressors of midlife, the women in this study reassessed their priorities and developed new definitions of themselves that related to caring for themselves.
8. For most of the participants, questioning societal definitions of their changing bodies helped them to plant the seeds of a political consciousness (e.g., fighting sexism and ageism in the media), to take action individually and collectively to enhance their lives (e.g., to engage in self-care).
9. Through interpreting for themselves the changes they experienced during midlife, most of the participants came to terms with their physical changes.

Keeping these conclusions in mind, it may be useful to place this research in context by returning to the literature to indicate the relevance of my findings to those of other investigators. I will briefly discuss essential understandings of women's development, as presented in the literature, and compare those respective understandings with my own.

In comparing my understandings with those of Levinson (1996), there is a similarity of our general understanding of the conflict experienced by women at midlife and of the marked changes in women's relationships with self. It would be reasonable to say that results from this study not only complement those of Levinson, but also expand on them. Thus, when Levinson described his participants' changes in relationships with self, he was describing what has been characterized in this study as a change from caring for others to caring more for self. This change in self appears to evolve from the women's questioning of traditional roles and from their gradual reconciliation with multiple changes and loss at

midlife. In addition to expanding on Levinson's understanding of women's change in relationship to self, I also have broadened his finding that midlife women question their traditional role of caring for the family by suggesting that questioning their roles and critically reflecting upon them helped them to reformulate a new definition of self. Most importantly, the present research supports his position that this change in self may be seen as a major developmental change that occurs in women during midlife.

My findings of the influence of structural factors on midlife women's perceptions of their changing bodies amplifies Levinson's (1996) argument that contemporary changes for the advancement of women have been undermined through new forms of restriction, and subordination (e.g., the increasing medical cultural definition of their changing bodies, advertisements that devalue aging women). From the understandings arrived at in the present study, the effects of ageist and sexist attitudes on women's feelings of vulnerability and powerlessness at this stage in their life course have been shown. I agree with Levinson's suggestion of the need to ensure equality for women through social and economic change.

Results from this study also agreed with those of Daniluk (1993) who stated that women's self-concepts are strongly affected by ideas about the female reproductive cycle. In her phenomenological study of women's experiences of their sexuality, Daniluk explained the significance of structural and institutional influences such as medicine, the media, religion, and sexual violence on women's perceptions of their sexuality. In spite of the use of a broader age range among participants (ages 30-66), her insights into the structural influences on women's experience of their bodies is remarkably congruent with

the ethnographically generated results from the present study. The understandings derived from this study most strongly agree with Daniluk's assertion that women's experiences of menopause and sexual expression were perceived as controlled by the medical profession, and that women's body images are related to pervasive socialization processes for women that represent cultural standards of beauty.

Another point of agreement is that women at midlife gradually come to terms with their aging bodies. Thus, when Daniluk (1993) identified the theme "The Experience of Integration and Wholeness" in the experiences of her midlife participants that centered on an acceptance of their bodies, she was describing in her own way an aspect of the theme in this present study labeled, "Learning to Care for Self." Daniluk described part of this acceptance in terms of her participants' awareness of societal devaluation of their aging bodies. Acceptance was central to the women's healthy sexual functioning. I can affirm her finding of the women's move toward accepting their aging bodies through the description of the participants' process of acknowledging ageist and sexist attitudes towards aging women. The role of the women's questioning and critically reflecting upon these negative attitudes in facilitating their acceptance of self and a shift in their self-definition must be emphasized, as well. Daniluk and I share a common ground in our appraisal of women's healthy sexuality by showing how it is related to a gradual acceptance and honouring of one's aging body.

Considering Dickson's (1990) feminist poststructuralist analysis of the language and underlying meaning of the midlife women's discourse of menopause, based on the data presented I concur with her suggestion that midlife women's own discourse of menopause

reflects the dominant medical and scientific discourse, and at the same time reveals the tension between this use of medical discourse and their personal discourse in talking about their experiences. However, Dickson's findings can be expanded by disclosing that through their questioning and critically reflecting upon the medical discourse, the participants created a new discourse of menopause and sexuality based on their own wisdom and knowledge. The importance of this understanding is that women themselves can reinterpret the dominant medical view through sharing their experiences with other midlife women and through their process of questioning and critically reflecting. Thus, where Dickson emphasized nurses' role to help midlife women transform the knowledge of menopause, I see this as an important implication for health-related practice and health education in addition to midlife women's own process of transformation of their perspective.

Limitations

A few cautionary notes on the limitations of this study are in order. This study is limited to the self-reported descriptions of experiences related to their changing bodies, provided by 11 women at midlife. This participant group was chosen deliberately to be a non-random sample of midlife women. Results of this study illuminate the developmental and structural influences on midlife women's experiences of their changing bodies for this specific participant group.

The understandings arrived at in this research were consistent enough, both internally and with other related research, that I can suggest some tentative implications that these

findings have for the health-related professions. These implications are presented in the following section. Further research will, of course, be necessary before encompassing recommendations can be made. The final section will explore some possible directions that future work could take. The results of this study raise at least as many questions as they answer. My belief (and hope) is that the questions will stimulate further discussion and research.

Implications for Health, Health-Related Practice and Health Education

At the conceptual level, this study has made several important contributions to the fields of psychology and health. First, and most importantly, our current understanding of the lived experience of midlife women is limited. This study contributes to our knowledge in this area by delineating the ways in which midlife women attempt to address experiences related to their changing bodies within a culture that devalues women in relation to these very changes.

Second, this study demonstrates the unique capabilities of the ethnographic method for conducting developmental research. The importance of this method is that it allows the researcher to remain faithful to the topic under inquiry and provides the means by which he or she may grasp the full significance of that topic within structural and developmental contexts of meaning. Third, through the use of the ethnographic method, this study discloses the experiential meaning of women's midlife development as more complex than has been made evident beforehand by previous researchers using other

methods, by bringing to light the multifaceted layers of social and historical influences on individuals' experiences of changes in their life course.

Fourth, this study explored the ways in which the interaction between women's perceptions of their changing bodies and developmental, sociocultural, and historical influences initiated changes in perception of self. Nearly all of the women reported significant change in their self-definitions as a result of the developmental phase of midlife. A factor that this study revealed to be a salient feature of the experience of the participants was their activity of questioning, critically reflecting, and reinterpreting. It was by questioning and critically reflecting upon the cultural construction of their realities and interpreting their midlife physical changes for themselves, that the participants started to come to terms with some of the changes.

In addition to the foregoing conceptual contributions, this study has illuminated several important practical applications as well. First, I suggest an approach that health professionals may adopt when dealing with midlife women clients. Health professionals can first attempt to examine some of their own biases and assumptions about midlife women that could influence their treatment of, and attitudes towards, these women. Health and health-related professionals can engage in critically questioning the underlying structural influences embedded in their own discourse and their taken-for-granted assumptions about midlife women. Further, by gaining more knowledge of midlife women's developmental issues within the cultural and historical context, helping professionals can view their clients' circumstances in a more informed manner. For example, by understanding how ageism adds to the stress of midlife women, health care

professionals can develop ways to help midlife women acknowledge and counteract the cultural stereotypes that contribute to their confusion and conflict and to their experiences of feeling powerless during this time of transition.

Second, results of this study can alert health and health-related professionals to the possibility of helping their midlife clients question and become critically aware of the social, historical, and political context that defines women's midlife experience, so that midlife women need not take for granted the established interpretation of their physical changes. Women can be helped to understand how social processes become women's problems in that women focus on changing themselves rather than using their energy to change the social system. By encouraging such critical reflection and questioning, health care professionals can help midlife women take action individually and collectively to enhance their lives (for example, by engaging in dialogue with other woman and sharing information of menopause and sexuality).

Third, health professionals can enable midlife women to come to terms with the multiple losses associated with this time of transition. For example, the loss of youthful appearance may disrupt the self-esteem of women who have defined themselves through their appearance and their sexuality. The personal meaning of this loss can be examined in the face of the women's internalization of cultural judgments about themselves. Furthermore, I suggest health care professionals employ strategies that encourage clients to articulate their personal meanings of loss at midlife and help them to develop ways of coping and creating new directions in their lives. Because there are no formal rites of passage into this time of transition in our culture, helping professionals can assist midlife

women to negotiate this transition through helping them acknowledge their multiple changes and to connect with their inner wisdom and strength.

Fourth, helping professionals need to stay abreast of educational programs and community resources that can help midlife women develop new skills and knowledge. Midlife women can be advised about the availability of resources in areas such as career planning, job training, volunteer opportunities, credit and non-credit adult education programs, and health promotion. As midlife women's focus changes from caregiving to caring for self, educational and skill training opportunities can help some find new meaning in their lives.

Fifth, health educators need to seriously consider implementing programs, workshops, seminars, and other educational opportunities for midlife women, so as to make available consistent and reliable information about the developmental changes and challenges associated with midlife women's physical changes. This type of information often remains within the realms of academia and is not available to ordinary women. Some of this information may appear in popular literature, but the information it provides is less rigorous than that of academic research literature with relation to women's developmental, health, and health-related issues. By disseminating the available knowledge, health care professionals can help midlife women to demystify midlife societal attitudes and beliefs about this developmental stage in their lives.

Sixth, the development of the potential inherent in members of this increasing segment of our population could be one of the critical issues emerging as we move into the next millennium. By learning about the developmental changes that affect midlife women,

health educators will be better able to help them use their inner resources for learning, so as to enhance their own lives and make intellectual and political contributions to society. For example, by becoming politically active, this population of women could challenge the structural influences that affect the lives of all women in our society.

A final practical application of this study was discovered during the research process itself. At the end of the first focus group, all of the participants found that sharing their perceptions of their changing bodies with other women provided them with invaluable information based on their own knowledge and wisdom. The value of the group format was revealed when at the end of the first meeting the women requested a second group meeting to discuss issues of midlife women's sexuality. Subsequently, they requested a third group meeting, during which they worked collectively to discuss ways that other women in the community could obtain a broader scope of information about emotional and physiological changes associated with their midlife physical changes. Health care professionals could provide opportunities for midlife women to share their experiences of physical change and their knowledge of various forms of treatments for their complaints, and they could facilitate the women's exploration of alternative forms of treatment for complaints associated with menopause (such as acupuncture, mineral and vitamin supplements). As one participant suggested: "We need to get to women's experience—just hearing what other women's experiences are. We're peers and we're all going through it, we have the same experience."

Directions for Future Research

Previous research of midlife women's lives (see Rossi, 1980) has indicated the importance of examining the cultural context in future studies of women at this developmental stage in the life course. One of the important features of the ethnographic method used in this study is its open-endedness which allows for themes to emerge that were not anticipated at the outset of the research. The themes that emerged during the course of this study not only provide new understandings of midlife women but also could provide a framework for further investigations into this pivotal stage of women's lives. Further studies of women's midlife experiences could offer more insights into the impact of social structural influences on midlife women's experiences and help us arrive at a broader and more comprehensive understanding of this stage of women's development. Topics to investigate could include: conflict and confusion associated with role changes and physical changes, vulnerability and ambivalence in the face of middle ageism and sexism, midlife women's critically reflecting and questioning their midlife experiences, and changes in self-definition. One participant put it succinctly: "What's important is getting women's experiences—not necessarily just statistical information, but just hearing what other women's experiences are and hearing the variety."

The study revealed that psychologists and health professionals lack knowledge and consistent information based on research on this important stage in women's lives. The paucity of research and information suggests a need for further research into midlife women's developmental issues and that the research be made available not only to the academic community but also to ordinary women. Because of the androcentric bias in

research and theories of women's psychology and health, it is important that these areas in women's lives be reexamined and understood from women's own point of view.

Qualitative research designs such as ethnography, phenomenology, and grounded theory, in which the lived reality of midlife women is the focus of inquiry, would be well suited for this intent.

There is a need for further interdisciplinary research of midlife women's developmental issues to provide a broader, more comprehensive and balanced understanding of this important time of transition in women's lives. There are many disciplines from which to choose: for example, nursing, psychology, anthropology, sociology, medicine, social work, and health education. To illustrate this point, an area which deserves further exploration that could build on the results of this study is the effect of social interaction on women's concerns at different developmental stages. The use of further sociological research and theory for the study of midlife women's development would help us broaden my findings that human development is socially produced, by illuminating the effects of social interaction on the midlife experience. As well, nursing research could create a discourse supportive of women and reflecting a holistic, health-promotion view, for examining midlife women's vulnerabilities and changes. This would provide an alternative to the illness-oriented medical models that rely on stereotypical images of midlife women such as their vulnerability to depression, anxiety, loss of sexual interest, and lack of confidence. A more comprehensive consideration of how midlife women function and perceive this time of transition is needed. To achieve this end, various disciplinary lenses may be used. The present research has revealed the scarcely-

acknowledged capability of women to address successfully the numerous and difficult transitions of midlife. A valuable avenue of future research could focus on discovering specific strengths and capabilities of such women, in dealing with the challenges of midlife, and developing the means by which members of the helping professions may assist other women to address these same problems, if not more effectively, then perhaps more efficiently, more knowledgeable, and less painfully. The immediate question is: Which combinations of disciplines and which research strategies may most effectively be used towards this end?

Another area of research which deserves attention relates to issues of women's empowerment and political consciousness at midlife. Through their own interpretation of their midlife experiences the participants challenged some of the ageist and sexist norms upon which their identities had been based. As women move through midlife, factors upon which they had based their self-definitions, or at least their self-esteem (such as youthful appearance), become less appropriate or even negative. As this occurs, it is appropriate for women to reassess the basis of their self definition, so as to challenge these now-negative factors. For example, most of the women in this study were making self-enhancing choices toward self-care yet the literature has not addressed this positive response. Further research of this proactive aspect of midlife women's self-definition could propagate new understandings of women's changes in self to the substantive field of self theories.

With regard to this specific inquiry and its participant group, it would be useful to develop a study that examines women's perceptions of physical change at other

developmental stages in their lives. I would recommend that such further research conform to the feminist research practice of recruiting participants divergent with relation to factors such as race, sexual orientation, and employment status, as this study did.. For example, Erikson (1968) recognized that changes in bodily shape and physiological functioning influence adolescents' identity. With the increasing emphasis on body image and the escalating proportion of anorexia nervosa and related conditions, further studies that explore female adolescents' perceptions of their changing bodies could build onto our knowledge of this age group and provide valuable insights for the psychology of women and for other health-related fields. A developmental model that accounts for the social and historical influences on women's perceptions of their physical changes at different developmental stages would prove useful for devising therapeutic interventions and health promoting activities.

Although more research has been conducted on midlife men's lives than on the lives of midlife women, to this researcher's knowledge, little research has examined the developmental and structural influences on men's perceptions of their physical change (for example, their gradual decline in physical strength, changes in their sexual responses, and changes in appearance). A study that examines developmental and structural influences on men's perceptions of their changing bodies could offer knowledge to health and health-related practitioners. A broader more contextually based understanding of midlife men's experiences of physical change might serve to enhance cross-gender understandings of ageism at this relatively unstable time in history.

Finally, I have some suggestions for further research based on my experience with focus groups. Social scientists and health researchers could utilize focus groups to investigate the collective developmental issues and concerns of groups of individuals that represent different developmental stages in the life course. The focus groups could be used to generate topics related to developmental changes at different stages of life that could be explored in more detail through subsequent focus groups, individual interviews, or both. As suggested by Daniluk (1993), using the group format for data collection with female participants is congruent with the manner in which women have been socialized to communicate and relate with others. The potential for using focus groups to generate shared experiences and collective action among participants is a valuable tool that could be utilized to help create social change.

These are some of the questions that still need to be answered to achieve a broader understanding of the experience of this pivotal time of transition in individuals' lives. The area of women's development is beginning to receive attention from researchers in several fields, but much further research is warranted.

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Appendices

Appendix A: Research Notice

WOMEN AT MIDLIFE: A RESEARCH STUDY

**VOLUNTEERS REQUIRED FOR A STUDY OF MIDLIFE WOMEN
(AGES 40-55)**

THE GOAL OF THE RESEARCH IS TO UNDERSTAND HOW WOMEN AT MIDLIFE DEFINE THEMSELVES IN TERMS OF PHYSICAL CHANGES—WHAT THE EXPERIENCE OF PHYSICAL CHANGE IS LIKE FROM EACH PARTICIPANT'S PERSPECTIVE.

RESULTS OF THE STUDY WILL BE USED TO INFORM HEALTH AND HEALTH-RELATED PRACTITIONERS OF MIDLIFE WOMEN'S PERCEPTIONS OF THEIR CHANGING BODIES.

WOULD YOU BE WILLING TO SHARE YOUR EXPERIENCE?

I WOULD BE VERY INTERESTED IN TALKING WITH YOU. I WILL BE INTERVIEWING WOMEN FOR AT LEAST 2 ONE HOUR CONSECUTIVE INTERVIEWS (APPROXIMATELY 2-3 WEEKS APART).

MY NAME IS ELIZABETH BANISTER. A MESSAGE MAY BE LEFT FOR ME AT THE DEPARTMENT OF PSYCHOLOGICAL FOUNDATIONS, UNIVERSITY OF VICTORIA. PHONE 721-7799. I WILL RETURN YOUR CALL.

ALL INTERVIEWS WILL BE CONFIDENTIAL AND YOU MAY WITHDRAW FROM THE STUDY AT ANY TIME. I LOOK FORWARD TO HEARING FROM YOU.

Appendix B: Letter of Consent

I hereby give consent for my participation in the study entitled: An ethnographic study of women at midlife: Reconceptualizations of self-definition given physical changes.

I understand that the persons responsible for this study are Dr. Beverly Timmons and Ms. Elizabeth Banister, University of Victoria, Psychological Foundations, Department of Education (telephone number, 721-7799). Ms. Banister has explained to me that this study has the following objective: to understand how women at midlife define themselves in terms of physical changes-- what this experience is like from each participant's perspective. It is hoped that the findings of the study will develop knowledge for counsellors and psychologists about the phenomenon of physical change for midlife women.

Ms. Banister has explained to me she will tape record and take notes of any interview she conducts with me. Precautions for confidentiality and anonymity will be taken by coding each interview tape numerically. The tapes will not be identified by name and will be kept in a locked file cabinet in a secured room at the University of Victoria. Only the researcher and supervisor will have access to the tapes. After the data analysis is completed, the audio tapes will be destroyed. During the research process, a fictitious name will be used to protect my identity on any written material throughout the analysis and with any discussions that occur between Ms. Banister and her supervisor.

I am aware that at any time I may withdraw from the study. I may also refuse to respond to any question during the interview. If I have any questions about the study I can ask Ms. Banister at the time of the interview or contact her or Dr. Timmons by phone (721-7799).

Your signature indicates that you are willing to participate, having read the above.

SIGNATURE

DATE

Appendix C: Demographic Information

You are invited to complete the following questions:

1. Age _____
2. Marital status
 - a. _____ married
 - b. _____ separated
 - c. _____ divorced
 - d. _____ widowed
 - e. _____ never married
 - f. _____ other (please specify) _____
3. Number of times married (if applicable) _____
4. Age at first marriage (if applicable) _____
5. Partners occupation (if applicable) _____
6. Number of children (if applicable) _____
7. Ages of Children (if applicable) _____
8. Number of children living at home (if applicable) _____
9. Ethnic origin _____
 - a. number of years living in Canada _____
 - b. languages spoken _____
10. Sexual orientation (please check)
 - a. heterosexual _____
 - b. lesbian _____
 - c. bisexual _____
11. Menstruation history

- a. age of first menstrual period _____
 - b. age of last menstrual period (if applicable) _____
12. Are you currently employed?
- a. _____ yes
 - b. _____ no
13. Number of years employed (if applicable) _____
14. Type of employment (please specify) _____
15. Education (please check highest level completed)
- a. grade school _____
 - b. high school _____
 - c. college _____
 - d. university _____ highest degree obtained _____
 - e. professional training (please specify) _____
 - f. technical training (please specify) _____