



Menopausal women's positive experience of growing older[☆]

Lotte Hvas*

General Practitioner, Institute of Public Health, University of Copenhagen, Department of General Practice,
Øster Farimagsgade 5 Q, Postboks 2099, DK-1014 Copenhagen K, Denmark

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Abstract

Objective: This paper aims to describe menopausal women's positive experience of growing older and becoming middle-aged.

Methods: Qualitative interviews with 24 menopausal women, selected on the basis of a questionnaire, covering a broad spectrum of Danish women in terms of experience of menopausal symptoms, treatment, contact with the health care system, and social background.

Results: The women expressed varied and many-faceted views on ageing and clearly connected the fact that they were menopausal to the ageing process. All, except one, mentioned positive aspects of growing older: 1. they had become more experienced and competent; 2. they had gained more freedom; 3. they perceived possibilities of personal development that made them able to hold on to their own opinions and better speak their minds. The described positive effects were the result of having lived a long life, of good and evil, not of the menopause itself. The women also mentioned negative aspects: 1. negative expectations; 2. negative experiences. Positive aspects, often of psychological or existential nature, seemed to outweigh the negative experiences which were mostly related to bodily changes or losses.

Conclusion: This paper discusses the importance of avoiding unnecessary negative expectations of ageing and menopause and of focusing, instead, on the positive aspects of growing older. Health professionals should reconsider the necessity to talk about future risks with healthy women, and instead support the women's agenda when they try to cope with real-life problems.

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1. Introduction

Menopause is not only a question of passing the last menstruation; it also marks a transition from one stage in life to another, as women grow older [1]. The

prevailing perception of ageing and the cultural images of elderly women therefore shape the interpretation and understanding of menopause [2–5]. Women living in cultures where old women enjoy a high status hence suffer fewer symptoms, if they notice menopause at all, than women in cultures where old people have less status [2].

Central to the late modern western society is the ideal of staying youthful. Youth and youthfulness are admired and longevity is promoted, whilst ageing and

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* Tel.: +45 55991959.

E-mail address: lotte.hvas@dadlnet.dk.

old people may be belittled and made invisible [6]. Menopause may in this way become a negative symbol of age where the last menstruation is considered a threat, a milestone on the way to an unwanted ageing process [5]. Decades ago, these often unconscious and culturally embedded conceptions paved the way for the medicalisation of menopause [7,8], captured for instance in the book from 1966 by Dr. Robert Wilson entitled “Feminine Forever” [9] which caused a boom in the sale of hormone therapy to menopausal women. The argument in this bestseller was basically that the use of hormones after menopause could prevent an inevitable loss of femininity. However, subsequent longitudinal studies have falsified most of the negative myths associated with the menopause [10,11], and the medical expertise no longer accepts the idea that hormones can cause “eternal youth” [12]. Today, hormones are mostly used for severe vasomotor symptoms, and only for a short time [13], and menopause is mostly considered a natural event in women’s lives.

Negative images are, however, still being produced, often in a new context of prevention, as when menopause has been seen as a risk factor in relation to old age disease, e.g. cardiovascular diseases, cancers, dementia and perhaps, first of all, osteoporosis [14]. These images persist even though the results from the Women’s Health Initiative have changed the predominant views of the benefit of medical therapy [15]. Brittle bones have for years been mentioned in the context of menopause as a risk factor that could be modified if middle-aged women were aware of the threat and changed lifestyle or started preventive medication [14,16–18]. In order to make women aware of this, pictures of hunchbacked crones or microscopic photos of porous skeletons have been widely disseminated and they are known by most menopausal women [19,20]; underlining that menopause, like ageing, is invariably the same as decline and decay.

Prevention that focuses primarily on risk factors in the individual may have unintended consequences [21], causing for instance uncertainty and worry [19,22]. Contemporary health promotion seeks not only to avoid diseases, but also to promote well-being and empowerment [23,24]. This shift in attention seeks a broader approach by incorporating other aspects when counselling patients, e.g. in general practice [25]. In the search for ways of counselling women without contributing to disempowerment and creation

of patient-hood, new research has disclosed that the negative aspects of menopause are not in agreement with women’s own experience [26–30]. Some studies highlight women’s perception of the positive aspects of growing older, like the possibility of personal growth and the freedom to concentrate on own requirements. However, research on attitudes towards ageing remains scarce. Using in-depth interviews, this paper aims to describe the nature of menopausal women’s positive experience of growing older and becoming middle-aged.

2. Material and methods

Twenty-four 52–53-year-old menopausal women from all over Denmark were in-depth interviewed by the author during 1999–2000. The sample was selected primarily on the basis of a preceding questionnaire survey about menopause [31] sent to 1261 Danish women selected at random and answered by 77%. The sample was checked to ensure that it covered a broad spectrum of Danish women with different experience of menopausal symptoms, treatment and contact with the health care system, as well as a broad variation according to social background factors (education, work and family). The women were then contacted by telephone and they all agreed to participate in a personal interview. The interviews lasted about one and a half hour and took place mostly in the women’s homes. The interviews were semi-structured and raised various aspects about menopause (course, symptoms and treatment). Questions were also asked to obtain a short social status (education, family relations and work) and to uncover the women’s experience and attitude to ageing and femininity. The women were invited to talk about age and ageing in a way that opened up for details and examples on what ageing meant to them personally.

All except one had many ideas about growing older. Everyone also included positive aspects, and the answers were abundant and many-faceted. The woman who did not have any comments on becoming old was a woman of very few words in other respects also.

3. Analysis

The qualitative interview data were analysed using Interpretative Phenomenological Analysis (IPA) [32].

Standards for qualitative research [33–36] served as guidelines and inspiration. The use of the IPA allowed us to identify themes mutually relevant to all participants at an early stage, even if the number of interviews conducted was relatively high, and the method was useful in retaining the women's language in the analysis.

First the interviews were tape recorded and transcribed verbatim. The transcripts, tapes and notes were read and listened to repeatedly to get an overall impression.

The initial coding process allowed identification of generally shared themes across participants' accounts, e.g. "contact with doctors", "hormone therapy", "menopausal symptoms" and "thoughts about ageing". The last theme was then explored in detail, and all text strings relating to the general theme were identified and analysed for emerging new themes and categories, e.g. "positive aspects of ageing", "coping strategies", "negative aspects of ageing", "changes in appearance", "physical changes", etc. This paper reports the result of the detailed analysis of "positive aspect of ageing", but it also briefly mentions findings from the other categories.

The generation of themes was negotiated thoroughly within a group of researchers at the department, not to obtain consensus, but to achieve a maximum of possible interpretations and relevant categories. Analysis was validated by producing a summary for each woman, specifying the details of her account in relation to the general themes. Analysis was performed according to editing analysis style, with categories mainly drawn from the empirical material rather than from the theoretical framework [34].

4. Results

The women clearly connected the fact that they were menopausal to the ageing process. The Danish word for menopause is best translated into "the transitional phase", and was most often perceived as a natural phase, a milestone marking the end of the child-bearing years. The dialogue quickly centred on questions of growing older and the inevitable fact of having had the last menstruation was mentioned side by side with other oncoming bodily changes, like becoming grey-haired, or the need for glasses when reading a paper. Women connected this aspect of their life with how they man-

aged other bodily changes. Thus, one woman stated: "I do not eat hormones, but I do not colour my hair either", connecting her menopausal experiences with the physical ageing process.

4.1. Positive aspects of growing older

The women gave many concrete and specific examples of positive aspects of becoming older relating to personal development and new possibilities, which will be further explored below. They also used many general expressions about ageing like "every age has its own charm" or the common statement that they did not want to switch place with the young ones. Last, but not least, many women found that life as a middle-aged introduced a new role: that of being a grandmother. Many had already experienced this, or were looking forward to it.

4.1.1. *Becoming more experienced and competent*

Becoming older was closely related to having developed new abilities and qualities. "More experienced and competent" was often mentioned, as was being mature, more independent, better at taking responsibility and better at solving conflicts. Some found that they had become better at listening to other people, some had become more attentive, others more tolerant. These new abilities were used in private as well as at work, but especially the employed women stressed how these qualities improved their working capacity, making them steady workers able to use their acquired abilities. A clerk at a municipal office even concluded:

"Something will be missing when women of my age are gone".

These positive expressions and views on their own working capacity contrasted with the fact that many of the women feared losing their job and not being able to get a new one because of their age.

4.1.2. *To stand up for oneself and to dare hold on to own views*

For many of the women, growing older implied personal development and they described themselves as becoming better at stating their own mind and at knowing what they wanted to say or to do. Quotations like: "I have become better at telling my mind" often came up, making this aspect essential. The women often referred

to a need to put a distance to being “nice and good girls”, which they have been in their younger years. They felt more courageous as they were better able to hold on to their opinion, were more assertive and able to make demands. Often the women commented on this development and the reactions from the surroundings when they became more assertive and less uncertain. An unskilled worker, who had learned to set limits in relation to her alcoholic husband, said with a laughter:

“I have become good at stating my mind, but my husband calls me hysterical!”

The women also experienced that they had become better at prioritising and at ignoring trifles and instead focus on the important things in life, viz. things that were crucial to themselves. Life could no longer be seen as eternal: one woman having suffered a stroke several years ago said:

“You have to stop and ask yourself: what do you really want from the rest of your life?”

4.1.3. *More freedom*

The word “freedom” surfaced on several occasions: Freedom from looking after the children, freedom from having to use contraception, freedom to do something on your own, etc. This feeling was often tied to relief over the termination of a long period of responsibility for bringing up children. The traditional focus on the role of the mother, occasionally referred to as the “empty nest syndrome”, was remarkably absent in these interviews where the women stressed freedom from responsibility, the possibility of concentrating on their own needs after the children had left home, and the joy of meeting the children as grown-ups. One woman, who just had retired from a job in a shop and whose children had moved far away stated:

“You get another relationship with your children when they are grown-up. It is lovely when they come to visit you, but it is also lovely when they leave again!”

This greater freedom was also linked directly to the cessation of menstruation; a freedom from using tampons and sanitary towels. Not fearing pregnancy was also perceived as a freedom, as was the absence of

mood swings and the freedom from having to think of periods during vacations.

Some of the women mentioned the freedom that came from having known their husband for so many years; this gave them a better sexual life owing to lesser uncertainty and fewer restraints than in their younger days.

Finally, some of the women mentioned that they had gained more economic freedom owing to higher salaries and fewer obligations.

4.2. *Negative aspects of growing older*

Positive aspects should be seen on the background of the negative ones, which therefore also need to be mentioned briefly here. Negative aspects could be divided into two rough categories: Negative expectations and negative experiences.

4.2.1. *Negative expectations*

The negative expectations of growing old provided a solid background for most of the talk about ageing. The women mentioned the possibility of diseases, immobility and helplessness upon ageing, as well as the negative cultural images of old ladies as sexually unattractive, invisible and less asked for as employees. Some had integrated these expectations as inevitable facts, thinking that this would become part of their own future, while others refused to entertain the ideas, even if they were aware that these expectations existed in society.

4.2.2. *Negative experiences*

While negative expectations were normative and unrooted in the women’s own experience, other aspects were. Women first of all mentioned losses: It could be loss of bodily functions because of disease like arthritis in a knee or hip or more serious disease like sclerosis, loss of beauty and skin elasticity or reduced quickness and staying power in daily activities, or it could be the loss of near relatives or friends. Rather than fighting negative expectations and culturally embedded images, the main strategy for coping with negative experience centred on acceptance of reality. One woman said:

“After all, you have to face it – ageing is a bit sad – you have to realise that when you are 20 years old, you have probably lived a quarter of your life, and at 30

more than a third. At 40 you have lived half of your life, but at 50 not even that much is left!”

4.3. *Ambivalence*

The interviews disclosed much ambivalence. In one part of the interview, a woman could use positive phrases about becoming more experienced or skilled, while another part contained traces of doubts about the future, e.g. in relation to work, or reflection on undesirable bodily changes. The interviews showed how women tried to balance negative experience and expectations with the positive aspects. A typical example could illustrate this:

Katherine, 53 years old, was working as an employee at a travel agency. She was married and had two daughters who had left home some years ago. Her economic situation was good, she lived in a beautiful house and her dress unveiled an expensive taste. She was aware of this and said she enjoyed having more money to spend than before. Her marriage was flourishing, and she accentuated how ageing had made her freer to do what she wanted, without anyone having to tell her what to do. During the interview she talked much about her situation at the travel agency and reflected on herself and others of her age: “We are steady workers, meeting every day, not having to stay home because of the children. We work hard, and we are experienced, knowing how to talk to people, and capable of giving a proper service.” Still, she feared what would happen when her boss retired in 1 year; if they could still use her at the agency; if she could live up to the increased demands, with her body giving signs: “Suddenly you notice the changes in your body, it is so irritating—a sudden pain in the back, your leg hurts, and I do not have the same strength”. But at last she comes to some sort of conclusion, where she assures herself that she and her colleagues are ok: “Well, even if we are not so fast at this new IT stuff, we sure are quicker at something else.”

5. Discussion

All the women except one told about positive aspects of growing older. Some statements were couched in general terms describing menopause as good, but they mostly quoted concrete examples and abilities, like

being more experienced and competent, gaining more freedom, and the possibility of personal development which made them able to hold on to their own opinions and to better speak their minds.

Naturally, the thoughts about becoming older did not only address positive aspects, even if they are the focus of this article. Women expressed varied and many-faceted views on ageing, where positive aspects, often of psychological or existential nature, seemed to outweigh more negative experience, which was mostly related to bodily changes and losses.

The semi-structured interviews turned out to be very useful in eliciting the particular kind of information I was looking for. However, the combined position as interviewer, researcher, doctor and middle-aged woman myself may have influenced the findings [37]. My profession was known to the women, which probably influenced the part of the interview where symptoms and treatment were discussed, and it may have fuelled talk about diseases and physical problems. In relation to ageing and positive aspects of ageing, my age seemed to be more important than my profession. Going through the interviews, it was often surprising how freely the women singled out their own strengths and positive qualities like being wiser, more experienced or having a good working capacity. I expected the women to be more reserved on these issues, but ascribe their frankness to the open and secure atmosphere of the interview where they could sense my interest in hearing about these things.

This study included healthy women from all parts of Denmark having a wide variety of menopausal experience according to symptoms and treatment. They can be seen as representative of the range of menopausal experience among Danish women and, probably, among women in other, comparable countries. It is noteworthy that different qualitative studies set up without knowledge of each other and carried out in different countries like Sweden [27,28], Denmark [3], Australia [1], England [30] and the USA [26] find similar results.

Women from other cultures were not included in the study and they may hold other views. Even so, cross-cultural studies of menopausal experience suggest that non-westernised cultures seem to have more positive views on menopause and ageing [38].

Unlike most other studies, I tried to distinguish between positive aspects of ageing and positive aspects

of menopause. Even if it is impossible to identify cause and effect, this study suggests that the described positive effects are the result of having lived a long life, of good and evil, not of menopause itself. Women told about things that had made a difference to them, and they often mentioned severe illness, divorce or important events earlier in life as crucial for the change, and not the fact of being menopausal. Only a smaller part of their experience seemed to be related to menopause itself, and it centred mainly on the cessation of menses. On the other hand, for many of the women menopause became a symbol of becoming older, and it made them think more about the meaning of life and their perspectives for the future. In this way, the perception of ageing, whether positive or negative, may shape the experience of menopause.

The results highlight the importance of the doctor's attitude when counselling menopausal women: It is essential that doctors do not take for granted that the menopausal woman will sooner or later suffer from deficiency symptoms, and that they will necessarily need help to manage this period of life. Instead, doctors counselling women are urged to remember that most of the middle-aged women are feeling strong and competent, and relieved by the cessation of menses, even if they may, for a period, need information or an examination.

The ambivalence about ageing shows that negative myths and expectations do have an impact. Instead of supporting these negative expectations by offering images of decline and decay, health professionals should reconsider the necessity to talk about future risks with healthy women, a talk which is predominantly introduced by the doctors themselves. Instead, they should support the women when they try to cope with experienced bodily changes or losses.

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