



This is the Author's version of the paper published as:

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Title: Women's experience of being well during peri-menopause: a phenomenological study

Year: 2007

Journal: Contemporary nurse

Volume: 25

Issue: May-June

Pages: 39-49

ISSN: 1037-6178

URL: www.contemporarynurse.com

Keywords: menopause

phenomenology

wellness

embodiment

continuity

containment

Abstract: A research study was conducted to investigate women's experience of being well during the peri-menopause because much of the research investigating the experience of menopause has concentrated on its problematic and pathological aspects. For the majority of western women the reproductive transition of menopause is not problematic, however, the nature of the unproblematic or healthy menopause has not been investigated. The aim in conducting this research was to enhance understanding of the experience of being healthy or well during menopause. In so doing, recognition of the diversity of menopausal experiences may be strengthened. The research was approached from the disciplinary perspective of nursing, and was grounded in the methodology of Heideggerian interpretive phenomenology. Data was collected via unstructured, in-depth interviews and analysis was conducted utilising the repetitive and circular process developed by van Manen. The phenomenon of being healthy or well during menopause was expressed in the form of three major themes. These were the continuity of menstrual experience, the embodiment of menopausal symptoms, and the containment of menopause and menopausal symptoms. The experience of health and well being during menopause can accommodate the experience of symptoms when the experience of symptoms does not disrupt embodied existence and the continuity of menstrual patterns. Menopause is widely studied, yet only partly understood. While much is now known about the nature and influence of ovarian hormones, the physiology of menopausal changes, and the treatment of menopausal symptoms, little is known and understood about the experience of menopause. Research that has investigated the experience of

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Women's experience of being well during peri-menopause: a phenomenological study

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Women's experience of being well during peri-menopause: a phenomenological study

ABSTRACT

A research study was conducted to investigate women's experience of being well during the peri-menopause because much of the research investigating the experience of menopause has concentrated on its problematic and pathological aspects. For the majority of western women the reproductive transition of menopause is not problematic, however, the nature of the unproblematic or healthy menopause has not been investigated. The aim in conducting this research was to enhance understanding of the experience of being healthy or well during menopause. In so doing, recognition of the diversity of menopausal experiences may be strengthened. The research was approached from the disciplinary perspective of nursing, and was grounded in the methodology of Heideggerian interpretive phenomenology. Data was collected via unstructured, in-depth interviews and analysis was conducted utilising the repetitive and circular process developed by van Manen. The phenomenon of being healthy or well during menopause was expressed in the form of three major themes. These were the continuity of menstrual experience, the embodiment of menopausal symptoms, and the containment of menopause and menopausal symptoms. The experience of health and well being during menopause can accommodate the experience of symptoms when the experience of symptoms does not disrupt embodied existence and the continuity of menstrual patterns.

Menopause is widely studied, yet only partly understood. While much is now known about the nature and influence of ovarian hormones, the physiology of menopausal changes, and the treatment of menopausal symptoms, little is known and understood about the experience of menopause. Research that has investigated the experience of menopause has largely focused on the problematic experiences. It is now known that the majority of women, regardless of cultural background, do not experience menopause in a problematic way (Utian 1977; Porter, Penney, Russell, Russell & Templeton 1996), however, the nature of such experience has not been revealed and it is not known whether this experience of a non-problematic menopause constitutes wellness at menopause.

The research reported here aimed to achieve greater understanding of the nature of this experience of menopause, through an investigation of women's everyday experience of wellness and wellbeing during menopause. Wellness, by its very nature, is an elusive state. It is elusive because it is a non-problematic state, thus difficult to mark out by measurement, events or experiences. In wellness, nothing 'stands out' to notice, observe or disrupt as it does in illness (van Manen 1990). Nevertheless, the term wellness describes a particular and recognisable state of being which, in this study, is revealed through interpretative analysis of post-menopausal women's descriptions of their experiences.

KEY WORDS: menopause; phenomenology; wellness; embodiment; continuity; containment

Background

Menopause has been shown to be a highly individualised experience. Qualitative research studies examining the experience of menopausal symptoms have shown that the experience of symptoms is subject to a variety of contextual and personal influences, and that menopausal changes are not differentiated from midlife changes (Arpanantikul 2004; Hvas 2006).

In Buck and Gottlieb's (1991) study examining the meaning women attached to the experience of menopause, the participants' experiences were dominated by changes in the structures of their lives, particularly their social roles and personal relationships and menopause appeared only as a background event in the midlife experience. Participants expected changes at midlife and they were more disturbed when expected changes did not occur on-time, than by the changes themselves. Buck and Gottlieb (1991) found that the expectation that the events of life would unfold 'on-time' was an important influence on the way menopause was experienced. In her research on menopause and psychological distress, Lennon (1982) found women whose menopause occurred earlier or later than expected showed more symptoms of distress than women whose menopause occurred on-time. Menopause which occurs too early, or off-time, especially if it is before the age of 40, has been shown to be strongly disruptive in women's lives (Boughton 1997).

In their qualitative study examining women's perceptions of and response to menopausal changes, Kittell, Mansfield and Voda (1998) found women responded to symptoms at menopause according to whether they saw them as a normal feature of menopause. Analysis revealed that when women

experienced changes they felt were normal for menopause, the changes were not perceived as disruptive. Symptoms were considered to be disruptive if they were unexpected or unusually intense – participants referred in particular to unexpected heavy bleeding, hot flushes and emotional outbursts.

In Choi's (1993) grounded theory study of women's choices regarding HRT, the extent to which menopausal changes were deemed disruptive was found to be significantly influenced by the coherence between expectations and actual experience, particularly physical experience. 'When a woman's body experience turned out to be more troublesome than she expected ... feelings of betrayal, inadequacy or even self-abnegation might occur' (Choi 1993: 89). Similarly, in her qualitative study of menopausal experience Walter (2000: 121) found that those women who reported the greatest uncertainty and sense of unfamiliarity regarding their bodies at the time of menopause reported feeling 'out of control or vulnerable in ways they had not experienced prior to menopause'.

In Capozzoli's (1990) phenomenological study menopause was characterised as a relief, both from menstruation and the possibility of pregnancy. Participants' experiences of menstrual irregularities, hot flushes, night sweats and dryness of the vagina were anticipated and understood as normal aspects of menopause. While these symptoms may have caused some discomfort for participants, they did not feel incapacitated by them. They viewed menopause as just one event within many occurring concurrently which had greater importance for them than did menopause, including illness of loved ones, death of a parent, return to the workforce and children leaving home.

In an Australian study Daly (1994: 34) described the positive menopausal experience of some participants as 'gliding through' menopause, because they only noticed they were menopausal when they stopped menstruating. Although they did experience some menopausal symptoms, they were not distressed or disturbed by them, and some women also described feelings of enhanced well-being following menopause.

The literature exploring the experience of menopause shows that women's experience of change which is unexpected, unfamiliar or unexplainable may be linked to the experience of greater distress at menopause. That is, if the symptoms experienced at menopause have a sense of familiarity or can be

explained and understood, they seem to be less disturbing and create less disruption in the life of the woman.

This is particularly so for the menstrual changes which commonly signal the advent of menopause. Although menopause is a previously unexperienced phenomenon, menstrual changes are not. The patterns and irregularities of menstrual cycles become increasingly familiar the longer a woman lives with them, so that by the time she reaches menopause the cycles of menstruation are embedded in the 'lived body' (Dickson 1994: 137). In this way, patterns of experience can be maintained through the changes of menopause which enable women to place their new experiences within the perspective of the familiar and normal.

Methodology

The interpretive phenomenology of Heidegger (1962) guided the overall approach to and conduct of the research, as it centralizes understanding of what it means to be, and this study sought to understand a particular state of being, namely being well at menopause. van Manen's (1990) phenomenological method structured the actual research process. This method involves utilizing six dynamic processes which direct the researcher to draw descriptions of the lived experience of the phenomenon from participants and to reflect on and write about these descriptions such that the researcher becomes quite immersed in the data. Data analysis involves going beyond the experiential description provided by the participants, and engaging in circular processes of reflection and writing which allow interpreting of the data and revelation of the essential themes.

Data collection

Purposive sampling was utilized to recruit participants who had experience of the phenomenon of interest, in order that a rich and dense text might be generated (van Manen 1990). Human Ethics Committee at The University of Sydney gave ethical approval to source participants in this way and to conduct the study as a whole. My ethical obligation to the participants was a serious consideration throughout the process of data collection and also in the way the data was treated and the findings reported.

Eighteen participants were selected who were post-menopausal (more than 12 months since last menstrual period) and who self-described as having experienced wellness at menopause. All participants had European origins, there were no women of African or Asian descent and no Indigenous Australians in the study. All but one participant had been married and borne children. There was considerable diversity in the socio-economic situations of the participants, both in the past and at the time of interview, and their educational backgrounds were vastly different, ranging from having left school at the age of thirteen to achievement of a doctoral degree.

The participants' descriptions of their experiences of menopause were revealed through a single unstructured, conversational-style interview format which began simply, with the question 'can you tell me about your experience of menopause?' Interviews were audio-taped and transcribed by the researcher. In all written material participant confidentiality was maintained through the use of pseudonyms. When excerpts from the transcripts appear in this article, the participants' words and any dialogue with the researcher appear in *italics*.

Findings

The findings are presented here in the form of three major themes – the continuity of menstrual experience, the embodiment of menopausal symptoms and the containment of menopause and menopausal symptoms. These themes have arisen from the data as a way of expressing the structures that constitute the phenomenon of being well at menopause. In this way, the themes go beyond the individual woman's experience, to reveal something of the phenomenon itself.

Continuity of menstrual experience

Women who go through menopause will inevitably experience some degree of change, even if simply the cessation of menstruation. The individual nature of women's experiences of menopause suggests that it is not change per se that is disruptive. The nature of menopausal change and the individual woman's response to this change determine the disruptive capacity of such a change event. This study reveals that, for the participants, the capacity to maintain a sense of continuity throughout the experience of change was a major contributing factor in their experience of being well at menopause.

According to Becker (1993), the sense of continuity is created and maintained through the repetitions in everyday life activities. Certainly the experience of menstruation throughout life provides the opportunity for repetition (Treloar, Boynton, Behn, & Brown, 1967). The word most commonly used by the participants to describe their pattern of menstruation throughout their life was *regular*: *[I was] always regular, yeah always much the same (Iris); I was fairly regular you know (Rosemary); I was pretty regular (Daphne)*. Ivy said, *[my periods] were the 28 days and the five days. Heavy for the first three days and then just eased off. I just didn't have any problems at all. I could put my foot down on the floor 28 days after I'd had the other [period], might have been seven o'clock in the morning! I mean, I might be exaggerating a bit, but usually it was just so regular. And the same with after I had the babies, once I started [menstruating again] I just went back to regular periods.*

When the participants experienced changes at menopause this confidence in menstrual regularity promoted a sense of continuity of experience, such that this change was not disruptive. *Flora* noticed gradual changes in her menses, over a number of years. *When I was maybe end of my 30s beginning of my 40s my periods slowed down a little bit, still got them regular once a month, only maybe they'd started slowing down. You'd have one heavy day and the rest would be not quite so bad. And then it got down to maybe when I was about 45, where it slowed down and I'd only have just, not even one heavy day. It would just be like as though it wasn't a finishing off one, but it wasn't as heavy. And that would go for a couple of days and then there'd just be very little. And then when I got into my 50s I started missing, and after that, when I was 51, it slowed right down and sometimes I wouldn't have to wear anything, I'd just get a bit of a mark you know. The first day I'd have to wear something but after that, and then when I turned 52 they just stopped. One month went by, nothing. The next month, nothing. And I said, oh good, it's all finished and over and done with!* The incremental nature of the changes *Flora* experienced allowed her to make sense of and accommodate these changes within her familiar pattern of menstruation.

Iris's experience was also of gradual change. She described her menstrual pattern as *regular, yes always much the same, fairly heavy, always fairly heavy. I often wonder what other people's are like you know, you never really know. Um heavy, I'd say is that you would probably have to use heavy pads for three days at least, and quite often it would be a flush, you know, it used to run away quite freely*. She noticed change as she approached menopausal age, but *it was a gradual thing, they just sort of got*

worse and worse and worse you know. It got to the point where if it was really bad I used to have to wear a heavy pad and I'd even wear something over the top of that again, and I used to wear plastic lined pants and things like that you know.

Despite noticing changes and having to make adjustments for these changes, the gradual and coherent nature of this change allowed *Iris* to fit these changes within existing patterns. Her periods had always been heavy and even flooding bleeds were part of the pattern of menstruation, so the gradual development of slightly heavier periods or more frequent episodes of flooding were accommodated within these patterns. *Iris* always had heavy periods and this prepared her for the heavier periods she experienced at menopause. Additionally, and importantly for her sense of continuity, the strategies she employed to manage the heavier bleeding were already in place, so she knew what to do when the heavier bleeding occurred.

Embodiment of menopausal symptoms

The changes to menstruation did not take place in isolation from the rest of the participants' lives, just as menstruation does not. They were embedded in the life that was already being lived, they were embodied. Thus they were given meaning particular to the personal and social situatedness of each woman.

The embodiment of menopausal changes in the lives of the women who participated in this study was expressed in the lack of disruption these changes provoked. A statement from *Jasmine* neatly captured the meaning of this sense of non-disruption. *Jasmine* maintained that the heavy bleeding and hot flushes she experienced during menopause were not disruptive because, *I never felt unwell and I never stopped doing the things that I wanted to do. I just thought it was a run of the mill sort of thing.*

The embodiment of menopause meant that although changes and symptoms of menopause were experienced, they were only one experience among many, and not the most outstanding. *Daphne* stated, *well actually, it didn't make a great deal of difference to my life.* What stands out in the participants' descriptions are the life events that they experienced. It is not menopause and its symptoms that stand in the foreground of their awareness and attention, but other events and their characteristics.

Menopausal changes were accorded less relative significance than other experiences and this contributed to keeping menopausal changes contained and non-problematic.

Lily said, *I had a thyroid problem when I was 50, so I was more concerned about my thyroid problem than I was about the menopause. Lily* also had other concerns at the time of menopause including the breakdown of her marriage, being alone and the need to go back to work after many years absence from the workforce.

When *Pansy* was going through menopause she remarried, to a man somewhat younger than herself with four children. While this was a positive event, *Pansy* also thought *it was quite stressful really because I took on a big family – we had a blended family and there were six children – a lot of changes. Sorrel's* relationship status also changed, but for her it was a less stressful development. *About six months before I approached menopause, I'd been, I'd been living as a single person for the past 15 years, or had at that stage, and then I met up with a person who was in fact my very first boyfriend and we developed a relationship. It was a very good relationship. It was a very healthy sexual relationship as well. And I've often wondered whether that had some kind of influence upon the fact that I didn't really go through any kind of emotional problems, and the physical ones just weren't there either. I'd become a grandmother, and I had a new relationship, and I was feeling, in fact, probably happier at the time, by the time I'd approached menopause, than I had been for probably many years prior to that.*

Rosemary also experienced major life changes at around the time of her last period. *Rosemary* took a promotion in her job and this required her to move with her family to a new town. *That was probably the most major change, I mean we'd lived in that town, well I'd lived in that town, for 25 years, so it was a fairly momentous change... I'd applied for the move and we'd sat down and worked out, you know, I think I put down 57 schools! So you know I was keen to move.* While changing jobs and moving away from one's home town are acknowledged as highly stressful life events, *Rosemary* was so keen to do both, and so involved in these events, that she did not notice menopause had occurred until some months after the last menstrual period. She said *I suddenly realised that, Oh God, I hadn't had a period for a while.*

For the participants this embodied experience of symptoms allowed the body to be experienced in a taken-for-granted, background way during menopause. In the following dialogue, *Erica* stresses her lack of interest in the nature or effect of the hot flushes she experienced at menopause.

Erica: they were never much bother

Interviewer: and how long would they have lasted back then?

Erica: um not many minutes, never any bother. I just felt this sort of heat in my face

Interviewer: and were you getting them every day at any point?

Erica: um [pause] I'm the sort of person doesn't take much notice of things. I find mostly, if I ignore things they go well. So whether I was getting them every day, probably, but they weren't any bother to me.

The experience of hot flushes did not disrupt or disturb *Erica's* existence, evidenced by the fact that she was able to ignore them. This may be why she never felt them to be *much bother*. This was a common theme throughout all the participants' descriptions. Hot flushes were not experienced as problematic because they did not disrupt the familiar patterns and activities of the individual woman's life.

Consider *Poppy's* experience of hot flushes. By her own account, she had hot flushes for nearly twenty years, and during the early years she had *quite a few a day*. She dealt with them by removing layers of clothing or bedding, and by *just sort of trying not to pay any attention to them*. That she responded to the hot flushes indicates that *Poppy* felt what was happening in her body at the time. Nevertheless, this experience of hot flushes did not deny her overall sense that *I never had any problems* at menopause. She said, *it was over before I realised I was having it. If I'd have started having signs and symptoms perhaps I would have [worried] but I just let things be*. Her experience of hot flushes was not sufficient to disrupt the taken-for-grantedness of her bodily experience.

The participants' descriptions of their experience of hot flushes reveal just how individualised and context dependent is this embodied experience. Even when the hot flush was felt as being so intense that *you felt you were going to go up in flames (Daisy)*, the experience was moderated by everything else that the woman was also living with at the time. It was embodied. Participants were not surprised by the experience of hot flushes, no matter how intense, perhaps because they expected hot flushes would

accompany menopause. Indeed, some women in this study who did not have hot flushes were surprised by their absence.

Containment of menopause and menopausal symptoms

Analysis of the participants' descriptions reveals the containment of menopause to the physical domain and to the experience of only two physical changes, these being menstrual pattern changes and hot flushes. While most of the participants reported experiencing some physical changes associated with menopause, not one of the participants described experiencing any of the psychosocial symptoms which commonly appear on menopause symptom checklists, such as irritability, nervousness, anxiety, moodiness, depression or sleeplessness (Greene 1976; Perz 1997). Psychosocial symptoms were absent from the participants' descriptions of their experience of menopause.

Jasmine differentiated her own well menopause from a problematic menopause on the basis of psychosocial distress. She considered an unhealthy menopause was one where women *lose the plot altogether and go a bit odd, and feel really unwell in yourself*. While she thought *lots of women sort of lose the plot [at menopause]*, this hadn't happened to her. *I couldn't have lost the plot too much because I worked and worked and worked and worked*. *Jasmine* had quite heavy periods all her life and during menopause she was bleeding enough to change a pad every hour. She also had hot flushes every day for three years. However, for *Jasmine* the experience of wellness at menopause was determined by her psychosocial health rather than her physical health state. Her past experience of actually losing the plot, in the form of a *nervous breakdown* at age 40, informed this position. For *Jasmine* it was the absence of symptoms, the fact that she did not *lose the plot*, that was the marker of her wellness state during menopause.

Because of her experience of post-natal depression following the birth of her second child, *Daisy* had been *absolutely terrified at the thought of menopause... I suppose with menopause, knowing the possibility of that coming on, I was never looking forward to it. And now I'm on the other side of it I'm so elated that I, yes, have come through it with flying colours, and to me, well, well, being well, because I really I hated the thought of going through what I went through before. So I really feel, yes, I'm well*. *Daisy* considered she had come through menopause *with flying colours* although she experienced daily

hot flushes for many years. Their presence was not significant in relation to the evaluation of her state of wellness. What was significant was the absence of the feared symptoms of depression.

Participants also made comparisons between their own experiences during menopause and the experiences of other women as a means to determine and contain their understanding of their own experience. Sisters' and mothers' experiences of menopause provided the chief source of comparison.

Flora remembered her sister used to get really, really, really bad headaches and she'd have to go and lay down. And my mum used to get bad, what she called a sick headache, and she'd have to go and lie down in a quiet room. I never had anything like that, I never had any, Oh I'd get a headache, but not enough to knock me down like that. Sorrel said, my older sister had flushes and a lot of emotional variance, she felt very depressed at times and had aches and pains. She went onto hormone replacement therapy.

Poppy said she remembered her mother having a nervous thing and not being well for a few years. Cherry was one of five sisters who talked freely among themselves about their experiences of menopause. From talking to them, and their experiences, some of them have had what I would consider fairly easy menopause, similar to me, so it might be a little bit of a hereditary thing. Others have had more difficult sorts of problems. I've got a younger sister who's two years younger than me, and she's having quite a lot of problems with extensive bleeding and things like that, which I never had and none of the other sisters appear to have had.

Mothers and sisters were not the only women with whom comparisons were made. *Olive heard that people have terrible times you know, with hot flushes and everything, but I can't remember anything that upset me. Erica said, I sailed through I think, compared to some of the stories I hear of other people. While I was still getting periods I was getting some of the hot flushes, but they weren't, they never woke me up in the night, I never had to change the sheets or any of that drama. Ivy said, I thought how lucky I was because I wasn't having all the flooding that some people have.*

Discussion

For the participants in this study, menstrual changes and hot flushes were recognised as signs that menopause was actually happening, but they were not experienced as problematic because they did not disrupt the familiar patterns and activities of the individual woman's life. It is dysfunction which recalls the body to awareness (Leder 1990; Cunningham-Burley & Backett-Milburn 1998) and nothing disruptive happened at menopause to bring the body into the foreground of awareness and attention. This is not to say that the body was absent to awareness or that it was not an experiencing body. Symptoms were experienced in the body but the experience of living with symptoms did not disrupt embodied existence.

This was partly due to the judgements they made about their experience in comparison to the experiences of other women. The participants judged their own experience of menopause to be different and less than the experiences of other women. This contributed to a personal understanding of menopause that emphasised this difference and lack. Diener and Lucas (2000, p.325) suggest that a person's sense of subjective well-being, defined by the authors as 'people's own evaluation of their lives', is partly determined by the comparisons a person makes between their own experiences and certain standards of experience. These standards are developed through the person selectively observing the people around them and noting both similarities and dissimilarities in common experiences.

In an Australian study examining the self-rated health of midlife women, Smith, Shelley & Dennerstein (1994) asked participants to compare their own health to that of women about the same age, and to rate it as better than most, about the same or worse than most. Nearly fifty percent of participants in the study rated their health as better than their peers, however, this was not evaluated in terms of having perfect or ideal health. Participants evaluated their own health as better than others' if they did not experience what they saw as typical health problems for their age. This sort of evaluative process is exemplified in many of the above comments from the participants in the current study. While they experienced symptoms of menopause, the participants distinguished qualitative as well as quantitative differences between their own and other women's experiences at menopause. This led them to evaluate their own experience as less problematic, and thus better than, most other women with whom they came in contact.

Through comparison with the menopausal experiences of other women, the participants developed a personal understanding of menopause in which the symptoms they did not actually have were highlighted. Their directedness toward menopause contained a view of absent symptoms rather than the symptoms that they actually experienced. This was important to their understanding of their own wellness at menopause, for it allowed the symptoms of menopause which they did experience to be experienced in the background of awareness.

Benner and Wrubel (1989: 9) have suggested that 'Symptoms become laden with meaning depending on what else is happening in the person's life'. In a quantitative study investigating menopausal experience (Bareford 1991) the number and frequency of menopausal symptoms reported by participants was found to be related to the woman's attitude toward menopause and also toward other life events or changes. If the woman had a positive attitude and felt she was managing these life changes satisfactorily, she reported fewer symptoms of menopause. Illness, marriage, divorce, changing towns or jobs were perceived by the participants in the current study to be more significant, or to have greater relative significance, than the events of menopause. Relative to menopausal changes, these other life events were in the foreground of the women's awareness and action.

This allocation of relative significance has been reported in other studies of menopause and midlife. Kahana, Kiyak and Liang (1980) examined the significance of menopause relative to other life events. Using a life-events rating scale, participants in their study were asked to assign a numerical value to each of 56 life events listed in the scale. Menopause was ranked lower in terms of disruptiveness and stress than most other events, including illness, changes in working situation, unfaithfulness of one's spouse and disputes with neighbours. In an Australian study two thirds of the midlife women did not nominate menopausal change as a concern to them (Richards, Seibold & Davis 1997). Of greater significance to these women during this time were changes associated with the family and home, such as children moving out and adjusting to their husband's retirement.

The containment of menopausal changes to menstrual changes and hot flushes was not something the participants aimed for and achieved, in the way of a health promotion outcome. It was not a coping strategy. Rather, it reflects their whole way of being-in-the-world. The concept of containment reflects the

phenomenological idea that involvement in-the-world is horizontal (Heidegger 1962; Gadamer 1975), that is, the person is situated in-the-world such that, at any time, they are directed and focused toward some things and not toward others. The situation of the participants in this study was such that they were not directed toward menopausal changes but towards other events with greater relative significance.

Containment is not specific to wellness, or to menopause. Indeed, there is ample literature which shows that containment of the symptoms and effects of illness is employed as a means to be able to live with, cope with or manage the experience of illness (see for instance, Sacks 1986; Frank 1991; Fassett and Gallagher 1998). However, the participants in this study used it to shape their experience of wellness at menopause. The containment of menopausal changes meant that the experience of these changes did not disrupt the position of the body in the background of awareness, and that the experience of change did not disrupt the participants' continuity of experience.

Implications of the study

The findings of this study add to what is known and understood of the phenomenon of wellness at menopause, and this has implications for nursing practice in the area of women's health and menopause. The containment of menopause and menopausal symptoms indicates that the presence of physical symptoms may simply be accepted and placed into the background of awareness. Women may not seek assistance for such symptoms, even when problematic. Women who consider themselves to be well are not focused on their state of health and thus may not engage in activities to change and improve their health as they age. This has implications for health promotion practice with older women.

In the broad field of health care the concept of wellness has itself been situated in the background of awareness and understanding while disease and pathology have held the position in the foreground. Menopause research and practice is a good example of this – menopause has been so thoroughly problematised that there are no descriptive parameters for what constitutes the normal, healthy or well experience of menopause. This research study, through its purposeful focus on wellness at menopause and through its situating of wellness in the foreground of the inquiry, has presented a useful counter perspective to the focus on the pathological aspects of menopause.

This study also shows the relevance of the phenomenological approach for nursing research. As this was a study which sought to achieve understanding through investigating the experience of menopause, the findings highlight the experiential and subjective; this is important for the discipline of nursing because the person's experience of wellness or illness, rather than wellness or illness itself, is the focus of nursing practice, yet such experience is not well understood or documented.

Limitations of the study

Both the nature of the methodology and the approach to sampling placed limitations on the generalisability of the research findings. The tools of data collection in phenomenological research are primarily interview and observation, both of which place practical limits on the researcher's capacity to collect and manage data. Hence, the sample size in this research study was necessarily small. The use of purposive sampling is also a feature of phenomenological research and this sampling technique precludes any possibility of random selection of participants. Instead it emphasizes the selection of participants for their experience of the phenomenon of interest, in order that a rich and dense text may be generated (Minichiello, Sullivan, Greenwood and Axford 2004). Additionally, the sample selected to reflect a lack of cultural diversity. Although not a methodological problem, this ought to be considered in future research on this topic. Further research is required to establish the applicability of the research findings.

Conclusion

This study has shown that living the experience of wellness at menopause can accommodate the experience of change or symptoms. It has shown that in wellness the experience of change is contained to the body and to specific symptoms, such that the body continues to be experienced in a taken-for-granted way. In this way the experience of menopausal change is not disruptive to the woman's continuity of experience, she continues to feel well and to do all the things she wants to do.

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