

# POSTMENOPAUSE: WOMEN'S EXPERIENCES

Supervisor: Dr Annie Carter MB BS Grad Dipl Occ Health, BA (Hons).

Co-Supervisor: Dr Melainie Cameron BAppSc (Ost), MHSc. Student:

Sally LP Walshe BAppSc (Ost)

Submitted for the degree of Masters of Health Science - Osteopathy

School of Health Sciences

20/4/05

## Table of Contents

<b>Abstract</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
<b>Method</b>	<b>7</b>
<i>Participants</i>	
<i>Data Collection</i>	
<i>Data Analysis</i>	
<b>Results and Discussion</b>	<b>10</b>
<b>Study Limitations</b>	<b>27</b>
<b>Conclusion</b>	<b>28</b>
<b>References</b>	<b>30</b>
<b>Acknowledgements</b>	<b>33</b>
<b>Appendices</b>	<b>34</b>

(c) 2004  
Victoria University

## Abstract

*Objective:* The specific aims were a) to increase knowledge and understanding of women's experiences of post-menopause and b) to identify common elements and themes women experience in this particular life phase.

*Design:* Data were collected via open-ended semi-structured interviews between 40 and 70 minutes, with post-menopausal women.

*Participants:* Twelve women, aged between 52 and 71 years of age, living in the Melbourne metropolitan area, volunteered to participate in this study.

*Data Analysis:* Audio recordings of the interviews were transcribed, and transcripts were analysed and interpreted, looking for any emerging patterns, differences, similarities, and common understandings that occurred in each woman's experience in post-menopause.

*Results:* Four common themes emerged: 1) Expectations of post-menopause, 2) Reality of post-menopause 3) Expectations and reality of ageing and 4) Overall, feeling better with greater freedom

## Post-menopause: Women's Experiences

Menopause is defined as the conclusion of a woman's final menstrual period, with the majority of women experiencing this between forty-eight and fifty-five years of age (O'Connor, 2001). Peri-menopause is defined as beginning when signs of the approaching menopause appear, such as irregular periods and hot flushes, and lasts approximately one year (WHO, 1999). One year after a woman's last menses is the beginning of post-menopause, which lasts for the rest of a woman's life. Since women are expected to live into their nineties, post-menopause occupies, on average, one-third of a woman's life. Aside from hormonal changes, a spectrum of complex factors and external influences, may have a substantial bearing on each woman's post-menopausal experience. Although, for some women, menopause is a turbulent period, studies have found the majority of post-menopausal women were the 'happiest and most fulfilled' they have ever been. These women, in general, found post-menopause had opened up a new chapter in their lives, and they referred to menopause as a 'life crisis laden with opportunities for self-fulfilment' (Defey, Storch, Cardozo, Diaz, & Fernandez, 1996, Utian, & Boggs, 1999)

### *Medical and Broader Perspectives:*

For much of the twentieth century the orthodox medical view has pathologised the menopausal transition, associating it with atrophy and degeneration, which in turn, negatively influenced women's opinions of menopause and ageing (Choi, 1995, Dennerstein, 1992. Greer, 1991). This attitude has overshadowed what is, in fact, a normal part of a woman's experience. Although post-menopause occupies a large portion of a woman's life very little research has considered woman's views and experiences of this time, instead choosing to focus on medical issues. In recent years

post-menopausal women have been the subject of a major medical controversy, with the linking of Hormone Replacement Therapy (HRT) to an increased incidence of cardiovascular disease and breast cancer (Pradhan, Manson, Rossouw, Siscovick, Mouton & Rifai, 2002). Where previously HRT was seen as the solution to maintaining good health, now it is increasingly clear the medical establishment does not have a conclusive response to post-menopause, and women are making their own decisions about HRT and other medical care (Stotland, 2002). In addition a growing number of health practitioners are advocating alternative strategies and a 'holistic perspective' for women going through the menopausal transition, approaching them individually, rather than applying a one fits all strategy (Choi, 1995).

*Cultural and Psychosocial Influence:*

It has been found that cultural factors, social learning, and personal knowledge have as much of an influence on post-menopausal women's experiences as physical change does (Dennerstein & Shelley, 1998). A study by Bromberger, Meyer, Kravitz, & Sommer (2001) found cultural influence affected opinions of ageing and status, as well as affected sensitivity to symptoms, diet and behaviours towards health. In Western society, such cultural factors have been found to negatively influence premenopausal women's attitudes towards menopause (Avis & McKinlay, 1991), with most women becoming more positive and overall improving their mood and well-being, once they were in post-menopause (Utian et al. 1999, Dennerstein, Lehert, Burger & Dudley, 1999, Dennerstein, Lehert, Dudley, & Guthrie, 2001). Therefore, negative stereotyping, and ageist beliefs, towards the menopausal transition, may initially influence pre-menopausal women to perceive menopause pessimistically. Once in post-menopause, however, positive changes were identified

as occurring in all aspects of the woman's life, including her social life, family life, personal achievements, relationships and friendships.

Further studies have highlighted that a woman's level of satisfaction is dependant on many psychosocial factors, including life events, number of stresses, social and marital status, and work status (Avis, Crawford, Stellato, & Longcope, 2001, Dennerstein, Dudley, Guthrie, & Barrett-Conner, 2000, Dennerstein, et al., 2001). Australian studies, by Dennerstein ( Dennerstein, Smith, & Morse, 1994, Dennerstein et al.,1999, Dennerstein, Lehert, & Guthrie, 2002), found that no direct relationship exists between hormonal levels, or menopausal status, with women's moods and well being at all. Therefore rather than attributing changes in post-menopause as biological, this suggests that many factors must be considered to fully understand a woman's experience of post-menopause. Such a wide variety of potential influences are difficult to account for in quantitative studies but there is a greater opportunity to access them in a qualitative study, where women are able to explore their own ideas about their experiences.

#### *Individual Responses and Perspectives:*

Research studies suggest that some women have an increased vulnerability to psychiatric distress (Becker, Lomranz, Pines, Shmotkin, Nitza, BennAmitay, 2001), and negative moods, especially when combined with other stressful life events (Dennerstein et al 1999). A study by Dennerstein et al. (2002) stated that prior experience of negative moods and negative feelings played a role in influencing the magnitude of negative perceptions experienced by menopausal women. This suggests that individual factors, such as coping abilities, may influence each woman.

Although there has been extensive quantitative, and some qualitative research undertaken on menopausal women, post-menopausal women have received far less

attention, particularly focussing on their individual views and opinions. This study, therefore, aimed to achieve a greater understanding of the postmenopausal period, particularly the individual perspectives of women from different social and cultural backgrounds. It also aimed to explore whether any distinctions between post-menopause and ageing were reported. As these two occur concurrently they are often intermingled. A qualitative perspective was the preferred approach as it focussed on insightful and full descriptions of the individuals' lived experiences and offered the researcher the opportunity to understand the complexities of post-menopause from an Australian woman's perspective (George, 2002).

## Method

### *Participants*

The twelve participants responded to a recruitment notice within Victoria University's global e-mail network system, and several local newspapers, advertising for volunteers. The advertisement was an invitation for interested women, who were aged fifty-five or older, to discuss, in a confidential setting, their personal perspectives and experiences in post-menopause. Respondents replied to the principal investigator via telephone. The number of women interviewed was chosen to provide the widest possible range of opinions about post-menopause within the constraint of the time available. The age range of participants varied, as it depended on volunteer response.

The inclusion criteria required subjects to have experienced natural menopause and had no natural menses for at least one year, to ensure the participants were postmenopausal. Women excluded were those who had: 1) undergone hysterectomy or bilateral oophorectomy, 2) reported previous psychiatric illness, 3) had a serious

medical condition that may have caused early menopause or dramatically affected their mental and physical health status. These factors may have predisposed participants to increased health issues and therefore have greatly influenced their reactions and experiences in post-menopause.

The interviews were semi-structured, with the main questions acting as general guidelines. Open-ended questions were employed through-out each interview, and were, in the first instance, based on questions used in a previous study by George (2001). There were only a few questions available from this research and none from other studies. So a pilot study was conducted with the first participant to help determine both the broad influences on each woman's experience in post-menopause and to provide some further prompts to avoid closed-ended responses. A series of questions was developed from this first interview (Appendix 1).

#### *Data Collection*

Prior to data collection the study was approved by Victoria University's Human Research Ethics Committee. Participants were given an 'Information to Participants' form, detailing aims and prerequisites for the study. After consent forms were signed most interviews were conducted in a quiet room agreeable to each interviewee. Due to geographical difficulties telephone interviews were conducted on two occasions. The interviews were open-ended and semi-structured, lasting forty-five to ninety minutes. The interviews were audio taped and then transcribed verbatim. Transcribed text was stored on a password protected computer hard drive and backed up by a 3.5 Inch floppy disc. All personal identifiers were securely placed at a separate location.

Each participant was posted or e-mailed a copy of her transcript and was asked to verify the contents. Two participants were invited to attend a second interview and several participants were invited to comment on areas introduced to other participants

and to clarify certain points, or comments, where their meaning was unclear. This ensured the phenomenon was accurately described and reflected the meaning of the lived experience for that participant.

Participants were free not to answer any questions if preferred and could terminate interviews at any time. They could withdraw from the study, at any stage, and could remove any statements made in the interview up to two weeks after receiving the interview transcript by notifying the researchers

### *Data Analysis*

The interpretive method was conducted in accordance to that used in George's study (2001). Each transcript was analysed and evaluated many times to allow for accurate identification and naming of themes. In identifying these themes the researcher looked for any emerging patterns, differences and similarities that may have occurred in each woman's experience of post-menopause. Once the common themes and concepts were categorised their sub-themes were then determined.

*Participants' summaries:* The twelve participants were aged between fifty-two and seventy-one years of age: six participants were aged 55 - 59, four aged 60 – 69, one aged 52 and one aged 71. Most participants reported experiencing menopause in their early fifties. Three women reported menopause occurring in their forties, with the 52 year old reporting onset at 41 years. All participants had been post-menopausal for at least two years. Six of the women were married, three were divorced and three were widows. Four women were full-time workers, four were part-time and four were retired. All the women were of European descent: eight women were born in Australia, two in England, two in Scotland.

## Results and Discussion

Four common themes, and a greater number of sub-themes, were identified during the analysis. They were as follows:

1. **Expectations of post-menopause:** Unconcerned. Main Influences: *Society and Mother.*
2. **Reality of post-menopause:** Little Difference. Physical Changes: *Hot Flushes, Weight Gain, Other Symptoms.* Feeling good. Mental Well-being. Medical and Complimentary Interventions: *HRT: Duration and reasons of use, Their Reactions to Information about HRT, Complementary Therapy.*
3. **Expectations and reality of ageing – blurring of distinctions:** Accepting Ageing. Some Fear/ Apprehension of Deterioration and Change in Appearance. Ageism/You Disappear. Loss of people/Bereavement: *Partners.* Change of Roles: *Decreased Caring for Children, Increased Caring for Parents, Support Roles.* Social Change: *Living Alone, Job/ Retirement Considerations, Cultural and Lifestyle Influences: Change of Circumstances, Luck.*
4. **Overall, feeling better with greater freedom:** Feeling Better, Happier, with Greater Freedom. Feeling Calmer, more Stable and Stronger.

### **Expectations of Post-menopause:**

#### Unconcerned

Six of the twelve research participants (A, C, E, J, K, N) mentioned feeling unconcerned, or were unsure, of their expectations of post -menopause. One of these

participants (N), however, also stated that she had “heard horrendous stories of women gone mad” after menopause and therefore expressed slight negative preconceptions towards post-menopausal life. On the other hand, a couple of participants (I, K) saw post-menopause simply as an opportunity for more time to do things they enjoyed i.e. reading. In general, the majority of women did not anticipate, or have any pre-conceived notions, about their future as post-menopausal women.

#### Main Influences:

##### *Society’s influence:*

Five of the twelve participants (B, E, F, K, N) referred to society as influencing their perceptions of post-menopause. One woman (F) saw society and the media as exaggerating the menopausal experience, whilst two other participants (E, N) believed society did not encourage people to talk openly about their symptoms and experiences. A couple of participants (B, K) spoke of the psychological “burden” of being a reproductive woman and how post-menopause relieved them from such social expectations. Although, the seven participants in the study did not comment on having any social impacts affecting their lives, it was the five women who indicated an awareness of certain social factors, which had influenced their perceptions, and expectations of themselves.

##### *Mother’s Influence:*

Three participants (B, C, K) mentioned their mother’s overall resilience as influencing their expectations of both menopause and post-menopause. Each of these three women all had very individual memories. Participant B’s mother, when questioned, had no recollection of any discomfort, whilst participant C anticipated menopause, as her mother had endured thirty years of hot flushes. The common thread amongst each woman’s account was how their mothers’ stoic attitudes and

approaches influenced them to believe there was “nothing to be anxious about” because “if she could do it...so can I” (K). The nine other participants made no reference to their mothers as significant influences on their post-menopausal experience.

### **Reality of Post-menopause:**

#### Little Difference:

Six of the twelve participants (B, C, D, F, J, M) were unaware of any differences in their lives, as post-menopausal women. Several of these women, however, had experienced an emotionally turbulent menopause (E, N), “upheaval’s” (N), and stressful events during post-menopause. One participant raised the concept that life was no different from previous life phases because she “hadn’t really divided it up” (K). Possibly, the gradual nature of the menopausal transition, made it difficult for participants to differentiate between certain pre-, peri- and post-menopausal experiences. Participant D’s comment: “post-menopause was something that happened whilst I was interested doing other things”, also indicates that many may have also been too busy to notice the changes.

#### Physical Changes

The women in the study, by and large, found the main indications they were post-menopausal were from minor physical changes such as hot flushes, weight gain, and “the odd physical symptom” (D).

#### *Hot flushes*

Seven of the twelve women (B, C, D, E, G, J, M) mentioned hot flushes were the most notable physical occurrences in post-menopause, as well as menopause. These

women reported experiencing them less frequently than in menopause and agreed that they were not bothered by the hot flushes.

#### *Weight Gain*

Six of the study's participants (B, C, D, E, G, K) mentioned increased weight gain as the most obvious change during this phase. Although it was generally described as "frustrating" (B) most women accepted it, and "wouldn't obsess over it" (C, E). One woman had jumped two dress sizes, but said, "I decided if I was overweight it doesn't mean letting go of elegance and chic" (B).

#### *Other Symptoms*

Feeling increased fatigue (B, C, E), and being "wrinklier" (D, G, J), was also commonly reported by women. Interestingly one participant (C) had suffered severe migraines through her life, which ceased in post-menopause, with a subsequent improvement in her quality of life.

The women, in general, reported that it was these minor physical symptoms, and changes, which indicated to them that they were post-menopausal, rather than any significant occurrence or difference in their lives.

#### Feeling Good:

Five of the twelve participants (B, G, J, M, N) referred to post-menopause as good/fine, mostly attributing this to not enduring troublesome physical symptoms. This may suggest that, in addition to mental well being, physical disturbances can also impact on a post-menopausal woman's overall life satisfaction levels. These findings are supported by Dennerstein et al (2001), who found physiological symptoms were large contributors to a woman's sense of well-being and contentment in life.

#### Mental Well-being:

Four (A, B, K, N) of the twelve participants noted that a mental component was a strong determinant in how they experienced post-menopause. One participant (K) reflected on her personal experience of meditation, which significantly reduced her hot flushes, and made her realise “there is more to it (post-menopause)” than just hormones. These women believed that the manifestation of their physical symptoms, as well as their overall well being, was strongly linked to their mental health.

Six participants (B, E, G, I, K, N) spoke of experiencing previous episodes of depression prior to post-menopause. Five of the women stated they occasionally may have “moments” (D), however, they no longer experienced depressive episodes. Participant I, however, reported suffering more depression in post-menopause, but associated this to both a strong genetic, as well as personal, history of depression and recent stressful life events. The combination of such factors has found to increase a woman’s vulnerability to depression during this time (Becker et al., 2001, Dennerstein et al., 1999). Therefore, although participant I’s depression had increased, the majority of the participants had improved their mental well-being, particularly in comparison to earlier times in their lives.

#### Medical and Complementary Interventions:

##### *Hormone Replacement Therapy:*

*Duration and Reasons of Use:* Eight of the study’s participants (A, C, D, E, I, J, K, N) had tried Hormone Replacement Therapy (HRT), with their usage varying from two to three months (A, N), to eight years (D). Three participants (C, E, K,) reported using hormone therapy mainly for their hot flushes, and participant D, K and N took it for disrupted sleeping patterns and other unspecified symptoms. Two, of the four, participants had not tried HRT as one had a history of Deep Vein Thrombosis (B),

and another was recommended not to take it by her doctor brother (F). Another participant had a prescription but didn't use it (G).

*Their reactions to information about HRT:* The recent media reports encouraged seven of the eight women (A, C, D, E, G, K, N), to cease taking HRT, after deciding the potential side effects, together with the lack of personal benefit, outweighed the benefits of taking HRT. Two women (E, K) spoke of their suspicion towards the medical establishment. Participant K stated, "our generation experimented with the pill and I believe the same is with HRT...the long-term effects are unknown." Participant E drew parallels between HRT and the drug thalidomide, which was marketed to prevent morning sickness, but had birth deforming effects

Amongst the women there were several other contributory reasons for stopping HRT. Participant N found it did not help, participant K could not remember to take it and found it put weight around her hips, and Participant D decided after taking HRT for 8 years it was probably time to stop. Participant J, however, remained the only participant still taking HRT. She stated, "I've never been off anything and wouldn't consider going off it because it's helpful and I've seen friends go off it and their skin gets wrinklier." This indicates a strong social influence, such as fear of an aged appearance, may influence a woman's choice. Regardless for the reason, the general consensus amongst the women was they would not re-consider taking HRT. As Participant D stated, "I'm almost through the post-poned menopause and I'm not going back."

#### *Complementary Medicine:*

Seven of the twelve women (B, C, D, E, G, I, K,) mentioned that they had tried a variety of complementary medicines in post-menopause, with varying degrees of success. For post-menopausal symptoms, three of these seven women (B, C, D) had

tried acupuncture, but with no long-term success, whilst participants B, K and N had changed their diets. Participant C found Chinese medicine more useful for her symptoms, than HRT, whilst participant N stated her homeopath influenced her to consider natural therapies as an alternative to hormone therapy. Other therapies the women tried included: Bach flowers, Iridology, odourless garlic (B), Fish oil, meditation (K), Liver tonic (I), chiropractic (B) and osteopathy (C). Although the other five participants (A, F, J, M, N) had not taken any other supplements or therapies, except for a few vitamins, the majority responses support previous research, which found post-menopausal women, in general, make health related lifestyle changes, as a way to improve their lives (Utain & Boggs, 1999).

### **Expectations and Reality of Ageing: Blurring of distinctions**

#### Accepting Ageing:

Six of the participants (D, E, F, G, K, N) were pragmatic and accepted the ageing process as “inevitable” (D). Three of these participants (E, G, K) indicated that they saw age as an arbitrary phenomena, and used statements such as “life is for learning: doesn’t matter what age you are”(E) to express this. Another participant proposed that all a person could do was go into old age “as gracefully as you can” (N). Overall, half of the study’s participants were indifferent to ageing, as they found it did not impeded or affected their life choices, but that it was an unavoidable reality.

#### Some Fear/ Apprehension of Deterioration and Appearance:

Although six women accepted ageing, four of the twelve participants (B, C, I, J) were apprehension towards ageing, and saw it in a negative light, strongly associating post-menopause with ‘looking old’ and negative social assumptions, rather than feeling old. Although presently well, these women feared becoming “old” (I, J)

because they associated it with losing their physical capabilities, and embodying a more altered and degenerative appearance (B, C, J). Participant B stated, “I don’t want to be post-menopausal. Fifty-five year old women are those sort of frumpy ladies in crimplene frocks that, you know, are over-weight and watch Blue Heelers.” These women’s negative perceptions of both ageing, and post-menopause, is congruent with previous studies findings, which has found social and medical influences had pathologised both the menopausal experience as well as the ageing female (Dennerstein et al., 1994, Choi, 1995, Greer, 1991). The majority of the study participants, however, expressed a positive attitude towards the future. “It’s not an illness” one participant stated, “...Enjoy the changes. Why be the same all our life?” (K).

#### Ageism: You Disappear

Five of the twelve women (A, B, C, D, K) were aware of ageism in public opinions towards post-menopausal women. Participants A and C also had pre-conceived notions that ending of menstruation meant becoming “old”, but on the contrary, they felt “quite youthful”(C). Three of the participants (B, D, K) found a shift of social attitude occurred when they reached the age of sixty, and they began “disappearing”, and as a consequence received poor service. Participant D referred to an occasion with a hair-dresser: “it was like she was saying ‘oh, silly old thing, I’ll give her a silly old haircut.” Participant K spoke of talking with her friends, who are older than sixty, and laughing about it. She said, “ I have a friend who thinks it’s a distinct advantage, because you can do naughty things...I haven’t found it an advantage.” Therefore, these women, in general, found that post-menopause and ageing also brought with it a social invisibility. Participant K retorted, “I’m not going

to be not noticed. I'm going to make sure my voice is heard...I mean grey power needs to be felt."

#### Loss of People: Bereavement.

Six of the twelve participants (C, D, F, I, J, N) mentioned their partners or parent's deaths as one of the most stressful events to occur in post-menopause. An additional three participants (B, C, K) spoke about anticipating and preparing themselves for the loss of those around them.

#### *Partners:*

Although, three participants (F, J, K) were all widowed, and found their partners death as extremely stressful, each had a different perspective on life and varied level of life satisfaction. Participant F considered her husband's death, 12 months prior, as the greatest upheaval in her life, whilst participant J described life as "dead boring" since her husband's death. Participant K, on the other hand, said "I've been there, done that, I'm not going to bother (with marriage) again". She indicated that the relationship had been volatile and traumatic and she was feeling a lot more stable now that she was single. Participants F and J's outlooks support research findings which found psychosocial factors, such as a loss of a partner, were major contributors to well being in post-menopause. (Dennerstein et al 2001, Avis et al 2001, Dennerstein et al 2000). Regardless of the differences in their outlooks, each of the three participants were pragmatic and relatively accepting of their situations, with comments such as "it is a fact of living-get on with life" (J), and "live life to the fullest" (K).

In total, nine of the twelve participants associated the death of loved ones as an inevitability of ageing. Despite many of the participant's comments, that post-menopause was 'no different' from other phases in life, half of the women had

experienced a social shift, such as from the death of a partner or parent, which impacted on their lives. This is an example of the blurring of distinction between experiences, which may be accepted as a part of ageing, rather than as an occurrence in post-menopause.

### Change of Roles:

#### *Decreased Caring for Children*

Three women (D, G, N) indicated that post-menopause, and aging, brought with it a feeling of relief that they were no longer the primary carers for their children. Participant D stated that she was apprehensive about her children leaving home, but once the children had left found “it was quite nice.” Participant N stated that it was an easier phase with the children gone, as it had given her time to think, “What do I want to do now?”

#### *Increased Caring for Parents*

For some participants, post-menopause brought with it a decreased responsibility in care giving, whilst four other participants (C, F, I, K) mentioned nursing their sick and widowed parents (mostly being mothers). Participants C and K were presently caring for their mothers and both expressed strong feelings of “responsibility” and “resentment” (C) for being the primary carers and, as a result, felt “on hold“ all the time (K). Participant K expressed this as a feeling of being “stuck with my feet in the mud.” This theme was also raised amongst two other participants (F, I) who had cared for their ill parents. The participants, who had siblings, felt resentful as sole carers, which subsequently caused tension between family members. Therefore, although women were experiencing less caring responsibilities for their children, in this phase of their lives, many had caring obligations towards their parents, which impacted on both on the way they lived their lives and with the relationship they had with those

around them. Overall, rather than care-giving being specifically a post-menopausal experience, this is probably more an indication of constraints on women within society.

#### *Support Roles:*

Eight of the twelve women (A, B, C, D, F, G, J, N) had found their female friends, rather than family members, the greatest emotional and psychological supports in post-menopause. In general these women felt at ease because they could discuss their post-menopausal experiences with other women their age. Two other participants (I, K) stated that they have neither family nor friends who were particularly supportive.

In addition, four women spoke of having supportive alternative therapists (A, B, C, N), and two had medical practitioners (B, D), and who had been helpful during post-menopause. Regardless of this, the participants found their peer group the greatest sources of support and advice during this phase of their lives.

#### Social Change:

##### *Living Alone, and other married women:*

Five of the twelve women (B, F, I, J, K) spoke of living independently, where previously they had been married, and how this had introduced both a financial and emotional instability into their lives. Three of the five women (F, J, K) were widows. All five participants, however, spoke of married women as having an easier post-menopause, because they believed these women received better support. Two of the women (I, K) mentioned having no husband, little family support and few close friends, which had left them feeling insecure and anxious, as though they've been "left in the wilderness"(K). Participant K, however, also mentioned her anxiousness had stemmed from a tumultuous married life. "I would have been much stronger", she

said, “if I had learnt to be alone in my life rather than shaken up in a marriage and come out of it and tried to find who I was again”. Participant B also saw the benefits of single life: she had terminated two marriages, and believed she was more self-sufficient and better prepared for old age than her married, more “dependent”, counterparts. She said “I love going home to my dogs, closing the door and thinking ‘I don’t have to live like that’”. These two representations challenge the stereotype of the older ‘widowed’ woman, and instead considers a social change, such as living alone, as a possible lifestyle choice. Although studies have indicated socio-demographic status as a major contributor to psychological status in post-menopausal women (Dennerstein, 2001), there is little to indicate whether these influences have been positive or negative. Nevertheless, although these single post-menopausal women identified having increased pressures, they largely accepted their solitude, and were happy with their lifestyles, responding, “if that’s the way it is, I’ll enjoy it” (K).

#### *Job/ Retirement Considerations*

*Money:* Five of the twelve women (B, D, E, I, J) found their financial status dictated their future retirement decisions. Two of the remaining seven participants (G, K) were aware of having no “financial worries” (K), which allowed them to live more comfortably. Two of the five women were retirees (I, J) stated that a poor economic situation meant they did not have “enough money to do things you want to do” (J). The three working participants (B, D, E) were considering changing from full-time to part-time work because of concerns such as remuneration from superannuation, divorce issues, and not having enough money were influencing their decisions to not completely retire. This indicates possible apprehension, and awareness, amongst the women, on the effect reduced economic situations may have on their overall life satisfaction, as found by Dennerstein (2001). Participant D

highlighted that although economic factors were prominent in influencing retirement decisions, there were other contributing factors. She said, it's "cruel to people... to stop work all-together".

*Activities:* Five of the twelve participants (E, F, G, K, N) spoke of retirement as a time to increase activities they enjoyed, whilst three women (B, D, F) saw it as a time to increase physical exercise. Activities included walking, tennis and riding (B, F), art and craft (E, N) and gardening (G). The majority of women in the study had increased, or intended to enhance, their activities in retirement, which is consistent with findings that found post-menopausal women made health related lifestyle changes to maintain their health (Utian & Boggs, 1999).

Two of the four full-time working women (B, D), also expressed anxieties over their expectations, and stereotyping of retirement, stating "retirees go on trips" (D) and "I'm not a group joiner..."(B). In relation to activities three participants (B, D, I) indicated there was a possible lack of information, and support, available for those women entering, or contemplating, retirement. Both Participant B and J also found there was not enough choices for retirees, particularly widows. This suggests that although, the women had generally increased their activities in post-menopause many believed their options were limited in retirement.

*Volunteering:* Five of the twelve women (B, D, F, I, J) saw retirement as a time when they could become volunteers and contribute back to society. Two of the five women (F, J) were currently involved in different organisations such as the church (F), and taking an older woman shopping (J). Another two participants (B, D) were thinking about their future volunteer options in retirement: hospital, meals on wheels, and looking after other people's children (B) and reading with children at a school

(D). This indicated that these women were viewing retirement as a promising period for new ideas and activities, particularly in community service.

*Reduced Mental Stimulation:* Four of the twelve participants (A, C, D, F) referred to work as mentally stimulating, because it “keeps the mind active...and alert” (D). Participant F was the only retiree of the four, and believed her mental alertness had reduced since ceasing work. The other three of the four participants were still employed, and two (A, C) indicated they were happy to stay employed, whether on a part-time or full-time basis, as they believed work promoted a “youthful state of mind” (C). This, again, indicated that working women were more likely to reduce their work loads, rather than retire, for multiple reasons, such as to keep the mind active and alert.

*More travel:* Seven participants (B, C, F, G, J, K, N) expressed strong desires for more interstate or overseas travel, with most seeing it as a good incentive for retirement. Four of the seven women (B, F, J, K) were single or widowed. Participants B and F were “going with the flow” (B), without making any definite plans, whilst participant N showed a strong desire to go without her husband. Participant F, however, had reservations about travelling solo, but believed there were many “young widows” who may accompany her. Participant J wanted to go anywhere that is different. Both she and participant I stated that the lack of money was stopping them.

*Down-sizing homes:* Three of the twelve women (B, K, N) wanted to downsize their homes, as a way to minimise their belongings and simplify their lives. Participant K spoke about having a complex life, with a pool and a servant, before menopause, but that since then she has enjoyed living a simpler existence. Both participant B and N spoke about living a more “quiet life”. Participant B spoke about

moving to the country whilst participant N would like to divide her time with living at the beach and up at the snow.

For most women retirement was the biggest controllable factor influencing their lives in post-menopause. The decision to retire was, in general, given considerable thought, with participants weighing up both the pros and cons of their decision. The women were aware that retirement could change their lifestyles considerably and therefore they expressed both apprehension and excitement over the potential impact of factors such as lack of money, decreased mental stimulation, activities, and housing, may have on them once they retire. By and large, the women viewed retirement optimistically; considering it a time to volunteer, increase activities, and giving them more time to do things that they enjoyed.

#### Cultural and Lifestyle Influences:

##### *Change of circumstance*

Five of the twelve participants (F, G, I, J, K) spoke about the blurring of distinctions between 'post-menopausal' changes, to those that had occurred due to ageing and a change of circumstances. Two of these five participants (E, K) attributed factors, such as: divorce, work and cultural shifts, as influencing their lives, and that "it was not because of menopause" (K). Participant I stated that the deterioration of a close friendship, caused her depression and that it too was "not linked to menopause". The women generally felt post-menopause was a less probable influence on them, and accounted most of their changes to individual occurrences and cultural impact. In previous studies these cultural factors were also found to largely influence the way a woman viewed herself (Dennerstein & Shelley, 1998).

### *Luck:*

Seven of the twelve participants (B, E, G, J, K, M, N) used the term 'lucky' in describing their experiences of post-menopause, generally associating this with life/work satisfaction levels. Four participants (B, D, E, F) expressed gratitude for their overall life circumstances, whilst four (E, G, J, N) also mentioned they felt fortunate because they had not "suffered" (J), or had any "serious repercussions" (F), during post-menopause. Two participants (K, N) referred to having luck in their experiences with ageing i.e. for looking younger (N), and for not experiencing any physical ailments (K). Previous studies by Dennerstein (1994) also suggested that a woman's physical state was highly influential on her life satisfaction levels. Her study found that compromising health related factors, and poor self rated health, were more likely to cause women to have a negative well being. A similar correlation was indicated here, where those women who reported a positive physical health, also rated having a good to high level of well-being. In total, nine women expressed gratitude for their experiences in post-menopause. This suggests that these women may have expected menopause and post-menopause to be somewhat problematic, and as it was not, they therefore felt 'lucky'.

### **Overall, feeling better with greater freedom:**

#### Feeling Better, Happier, with Greater Freedom:

Six of the twelve participants (A, B, C, E, G, N) felt better/happier in their lives after menopause, whilst five (B, E, F, G, K) mentioned feeling fabulous/wonderful. Three participants (C, F, K) attributed this to having a very good lifestyle and no longer worrying about periods/contraception.

Four of the twelve participants (E, F, G, K) indicated having strong feelings of increased freedom, whilst four women (B, D, K, N) mentioned having greater independence in post-menopause. The women believed their increased liberty was due to no longer worrying about monthly periods, and social changes; such as their children moving out, and a lack of concern for others opinions. Participant K mentioned feeling “the reins were off”. She believed she had done what society had told her to do. i.e. get married and have a child. But now she was aware of having a reduced impact on other peoples' lives, which had given her the ability “to do what you like...and wander around without a dead-line”. “Very selfish” she said, but “I think I deserve it really”. Participant C referred to post-menopause as being a “bit like a child- you have no cares.” These responses support Dennerstein’s research (1999, 2001), which suggested that women have an overall improvement in well being and mood in later midlife. The women, in general, indicated that reasons for their increased optimism were probably both due to both post-menopause and age related factors.

#### Feeling Calmer, more Stable and Stronger:

Four of the twelve participants (A, E, G, N) alleged they had established an emotional equilibrium and had greater mental stability after menopause. Three of the four participants (A, E, N) commented that post-menopause had brought a sense of calmness, stability and strength into their lives. Two women (G, M) stated they had easy-going personalities before post-menopause, but participant G admitted having fewer mood swings now that the “hormones have settled down”. Participant N found she had become “strong willed and independent” and had found post-menopause was a “new phase of life” for her. Overall, the study’s findings were incongruent with previous research findings, which indicated post-menopausal women were the

happiest and most fulfilled in this phase of their lives (Defey et al, 1996, Utian & Boggs, 1999).

### Study Limitations

The nature of the semi-structured interviews meant that some participants introduced themes and explored certain themes more fully than others. Therefore the number of participants presenting a certain belief or idea varied. Some women needed prompts, others did not, which affected the detail in individual's responses. Time of interviews and participants' enthusiasm varied considerably. Location of interviews and degree of interruptions also varied between individuals. Two interviews were done telephonically. So overall there was considerable variation in depth and content of the transcripts.

Participants may have responded to the negative connotations they perceived society associates with this time in a woman's life and attempted to redress this with comments such as 'I'm one of the lucky ones. 'A woman's experience will vary considerably throughout her post-menopausal period.

There was also some degree of terminological confusion with some participants confusing menopause and post-menopause.

The inexperience of the researcher, both in interviewing and analysis, many have resulted in limited exploration of certain ideas.

In future research a series of more open-ended interview questions may provide greater insights.

Women volunteered for participation and it was those women who responded first, and possibly who were more interested in presenting their ideas, who were included.

There was a limited cross cultural response, as most women were of Anglo-Saxon descent.

Overall the main difficulty was to ascertain whether an experience was a result of being post-menopausal, or, arose from the many other potential factors.

## Conclusion

Most women in the study described their post-menopausal experience, if they are constrained to thinking about only their changing hormonal status, as being nondescript apart from some minor physical changes. This may be one of the reasons why previous research literature has only sparingly documented post-menopause, as few changes in this period can solely be attributed to the actual hormonal status. Ageing and numerous other socio-economic factors, have been shown both here and in previous research, to be strong influences on women in this phase of their lives. This has created a blurring of possible distinction between a post-menopausal experience and an ageing one.

As with previous studies this research found that both social and medical opinions have a variety of implications for postmenopausal women. Many of the over sixty-five year olds were aware of a shift in public opinion towards them, largely finding themselves on the outside, looking in to a world that has forgotten them. The women responded strongly to issues relevant to them, such as HRT and retirement, and many had very well thought-out plans of the advantages and disadvantages of each of their options. The women were also less reliant on orthodox medical opinions and had sought out an array of complementary therapies to assist them symptomatically as well as mentally.

The majority of women identified that in post-menopause they felt greater emotional stability, freedom, and overall were more rational towards daily life, than

in previous periods of their lives. Many women adopted phrases such as “you just get on with life”, and indicated that they dealt with issues and hassles more easily, without allowing it to disrupt their equilibrium.

For most, post-menopause was something “that just happened whilst I was busy doing other things”(D), and many felt fortunate for not experiencing any negative changes, particularly physically. Many had not contemplated post-menopause and what would constitute their lives after the ‘storm’ of menopause. Nevertheless, the majority of women’s lives had changed, and many had experienced social shifts such as living alone, and dealing with the death of parents and partners. Regardless of the reasons for change, the women in this study were largely optimistic towards post-menopause, believing it to be a part of the normal aging process, and found it was accompanied by many positive aspects, such as feeling happier and calmer.

(c) 2004  
Victoria University

## References

- Avis, N., & McKinlay, S. (1991). A longitudinal analysis of women's attitudes toward the menopause: Results from the Massachusetts Women's Health Study. *Maturitas, 13*, 65–79.
- Avis, N.E., Crawford, S., Stellato, A., Longcope, C. (2001). Longitudinal study of hormone levels and depression among women transitioning through menopause. *Climacteric, 4*(3), 243-9.
- Becker, D., Lomranz, J., Pines, A., Shmotkin, D., Nitza, E., BennAmitay, G.(2001). Psychological distress around menopause. *Psychosomatics Journal, 42*(3), 252-7.
- Bromberger, J., Meyer, P., Kravitz, H., Sommer, B. (2001). Psychological distress and natural menopause: A multiethnic community study. *American Journal of public Health, 91*(9),1435-1442.
- Choi, M.W. (1995). The menopausal transition: change, loss, and adaptation. *Journal of Holistic Nursing Practitioners, 9*(3), 53-62.
- Defey, D., Storch, E., Cardozo, S., Diaz, O., Fernandez, G. (1996). The Menopause: women's psychology and health care. *Social Science Medicine, 42*(10),1447-56.
- Dennerstein, L., Smith, A.M., Morse, C., Burger, H., Green., A, Hopper, J., & Ryan, M.(1994). Menopausal symptoms in Australian women. *Medical Journal of Australia, 159*, 232-236.
- Dennerstein, L., Smith, A.M., & Morse, C. (1994). Psychological well-being, mid-life and the menopause. *Maturitus, 20*(1), 1-11.

- Dennerstein, L., & Shelley, J. (1998). Relationship of exogenous sex hormones to lipids and blood pressure in mid-aged women. *Annals of Epidemiology*, 8(1), 30-45.
- Dennerstein, L., Lehert, P., Burger, H., & Dudley, E. (1999). Mood and the menopausal transition. *The Journal of Nervous and Mental Disease*, 187 (11), 685-691.
- Dennerstein, L., Dudley, E., Guthrie, J., & Barrett-Conner E. (2000). Life satisfaction, symptoms, and the menopausal transition. *Medscape Womens Health Journal*. 5(4), E4.
- Dennerstein, L., Lehert, P., Dudley, E., & Guthrie, J. (2001). Factors contributing to positive mood during the menopausal transition. *The Journal of Nervous and Mental Disease*, 189(2), 849.
- Dennerstein, L., Lehert, P., & Guthrie, J. (2002). The effects of the menopausal transition and biopsychosocial factors on well-being. *Archives of Women's Mental Health*, 5, 15-22.
- George, S.A. (2002). The menopausal experience: a woman's perspective. *Journal of Obstetrics, Gynaecological and Neonatal Nursing*, 31(1), 77-85.
- Greer, G. (1991). The change: women, ageing and the menopause. London: Hamish Hamilton.
- O'Connor, V.M. (2001, January 10). Managing menopause. Part 1: an individual experience. *Medicine Today*, 14-23.
- Pradhan, A., Manson, J., Rossouw, J., Siscovick, D., Mouton, C., Rifai, N., et al. (2002). Inflammatory biomarkers, hormone replacement therapy, and incident coronary heart disease: Prospective analysis from the Women's Health

Initiative Observational Study. *Journal of the American Medical Association*, 288, 980-987.

Stotland, N.L. (2002). Menopause: Social expectations, women's realities. *Archives of Women's Mental Health*, 5, 3-5.

Utian, W., & Boggs, P. (1999). The North American Menopause Society 1998 Menopause Survey. Part I; Postmenopausal women's perceptions about menopause and midlife. *Menopause journal*, 692, 122-8.

World Health Organisation (1999). Research on menopause. W.H.O. Tech. Rep. Ser. No. 670. Geneva: author.

(c) 2004  
Victoria University

## Acknowledgements

Dr Annie Carter for her endless commitment and support, and Dr Lainie Cameron for her invaluable information. The research participants, who were open and honest, and allowed me into their lives.

(c) 2004  
Victoria University

Appendices

*Appendix A*

**Interview Questions Outline**

(c) 2004  
Victoria University

## **Victoria University of Technology**

### **CONSENT FORM**

#### **CERTIFICATION BY PARTICIPANT**

I,  
of

certify that I am voluntarily giving my consent to participate in the study entitled: "Post-menopause: Women's Perspectives" being conducted at Victoria University by xxxxxxxx as part of her Masters in Health Science (Osteopathy) research project.

#### **Aims:**

1. To increase knowledge and understanding of women's experiences of post-menopause.
2. To identify common elements and themes women experience in this particular life phase as experienced by women attending VU Osteopathic Medical Clinic.

#### **Procedures:**

This study will involve a semi-structured interview, lasting thirty to forty-five minutes. The location will be at Victoria University Osteopathic Medical Clinic, Flinders lane Campus. If there are geographical difficulties a telephone interview may be conducted. The interview will be audio taped and then transcribed. A copy of the transcript will be sent out by mail or e-mail requiring verification of contents. A letter asking for clarification of certain points or comments, where the meaning was unclear, may be sent out. An invitation may also be sent, requesting a follow-up interview to comment on areas introduced to other participants or to further explore certain ideas that were mentioned in the first interview.

Data will be analysed using a hermeneutics (interpretive) application to identify common themes and concepts, which are categorised and then further developed through more analysis.

#### **Nature:**

To examine the reality of post-menopause as experienced by Australian women. The data obtained will be used to provide a deeper understanding and greater knowledge of the complexities of a woman's experience in post-menopause.

#### **Potential Risks:**

The potential psychological risk in this study is the unlikely event of a participant becoming distressed at disclosing information. The risk is minimised by appropriate debriefing and provision of psychological support. A Victorian University psychologist, Dr Bernadette Hood, is aware of the research aims and methods and will be available to discuss any issues raised during the interview.

It is not expected that any participant will become distressed during the interview. However, to minimise the risk of this occurring the researcher will verbally explain, prior to commencing the interview, the nature of issues to be discussed during the interview, the strict confidentiality of the response, and that there is no correct or incorrect answer.

A breach of confidentiality is a small, but possible, risk. To minimise this occurrence all personal identifiers mentioned in the interview will be coded in the interview transcripts, analysis documents and final documents (i.e. participant A). During the transcription process all text files will be password protected. All personal contact details, interview tapes, compact discs, documents will be stored under locked conditions at Victoria University.

Participation in this study is voluntary and therefore any question may not be answered if preferable and withdrawal from the study/interview can occur at any time. Statements made during the interview may also be withdrawn, via notification, within two weeks after receiving the transcript.

I certify that the objectives of the research, together with any risks to me associated with the procedures to be carried out in the research, have been fully explained to me by Sally LP Walshe and that I freely consent to participation involving the use on me of these procedures.

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this experiment at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed: ..... }

Witness other than the experimenter: } **Date:** .....

.....}

<p>Any queries about your participation in this project may be directed to the researcher (Name: Dr Annie Carter, ph. 9248-1081). If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, PO Box 14428 MC, Melbourne, 8001 (telephone no: 03-9688 4710).</p>
---

## ***Information to Participants***

Dear \_\_\_\_\_,

Thank-you for responding to my research project 'Post-menopause: Women's Perspectives'. Please read the information below before agreeing to participate in the research study.

### **Aims of the project:**

1. To increase knowledge and understanding of women's experiences of post-menopause.
2. To identify common elements and themes women experience in this particular life phase as experienced by women attending VU Osteopathic Medicine Clinic.

To participate in this study you must:

- Have experienced a natural menopause and had no natural menses for at least one year.
- Be aged fifty-five years and older.

You will not be eligible if you have:

- undergone hysterectomy or bilateral oophorectomy.
- prior history of any psychiatric illness.
- had a serious medical illness, which may/may not have contributed to an early menopause.

The study involves descriptive data, rather than statistical analysis, and therefore a qualitative research methodology is the appropriate choice. Being apart of this study will involve a semi-structured, thirty to forty-five minute interview held at a time convenient for you. The location will be at Victoria University Osteopathic Medicine Clinic, Flinders lane Campus. If this can not be arranged due to geographical difficulties a telephone interview can be arranged. With your permission, the interview will be audio taped and then later transcribed. You will later receive a copy of your interview by post or e-mail. You may also be sent a letter to clarify certain points, where the meaning was unclear. With your permission I will contact you by telephone and asked you to verify your comments. You may also be sent a letter if additional comments or clarification is needed. You may be invited to attend a follow-up interview to comment on further points raised by other participants, or on ideas that were mentioned in the first interview.

### **Potential Risks:**

The potential psychological risk in this study is the unlikely event of a participant becoming distressed at disclosing information. It is not expected that any participant will become distressed during the interview. However, to minimise the risk of this occurring the researcher will verbally explain, prior to commencing the interview, the

nature of issues to be discussed during the interview, the strict confidentiality of the response, and that there is no correct or incorrect answer. Psychological risks are minimised by appropriate debriefing and provision of psychological support. A VU psychologist is aware of the research aims and methods and will be available to speak to any participant who wishes to discuss any issues raised during the interview.

A breach of confidentiality is a small, but possible, risk. To minimise this occurrence all personal identifiers mentioned in the interview will be coded in the interview transcripts, analysis documents and final documents (i.e. participant A). During the transcription process all text files will be password protected. All participants' contact details, interview tapes, compact discs, documents will be stored under locked conditions at Victoria University.

Participation in this study is voluntary and therefore you are free to not answer any questions if preferable and may withdraw from the study/interview at any time. You may also withdraw any statements made during the interview, by notifying me two weeks after receiving the transcript.

Sincerely

**Any queries about your participation in this project may be directed to the Principal Investigator (Name: Dr Annie Carter, ph. 9248-1081). If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, PO Box 14428 MC, Melbourne, 8001 (telephone no: 03-9688 4710).**