

Midlife Metamorphosis

Patricia Evans

Waterloo, Ontario, Canada

The study was conducted in response to the need for an increased understanding of the aging experiences of women transitioning midlife. The purpose of the research was to explore the personal understanding of the changes that occur during the midlife period. A qualitative case study was implemented to ascertain how women of the Latter-day Saint (LDS) faith experience the midlife transition. The narratives of 10 LDS women ages 35 to 65 were obtained through personal interviews. The data were analyzed from a feminist, social constructionist, and narrative perspective using Chenail's Qualitative Matrix as a formal coding system to guide the process of analysis and reporting (Cole, 1994). The findings indicate that the younger cohort had inner conflicts; those in the middle age cohort experienced role confusion; and the oldest cohort experienced generativity. These findings may suggest that a positive metamorphosis takes place in women during the midlife transition. Key Words: Midlife and Transition Qualitative Research

Background Context

Midlife transition is a complex developmental stage that presents changes and challenges for women; yet, the experience remains a relatively unexplored life phenomenon (Levinson, 1996). Male researchers (e.g., Erickson, 1982; Jung 1933/1983; Levinson; Yin, 2003) have been the primary investigators of women's midlife transition. Although systematic research related to the midlife transition began around 1985 (Shek, 1996), the research community has "lagged behind with little research into midlife women's psychological, physical, or spiritual development" (Banister, 1999, p. 520). Despite the increasing numbers of aging women, quality research on the midlife transition is scant (Quinn & Walsh, 1995). The available literature regarding midlife women may contain ageist, sexist, and biased perspectives. Some studies provide "inconsistent, inaccurate, even contradictory, information" (Banister, 2000, p. 746). The investigative focus has been on its negative aspects, such as menopausal physical symptoms or midlife psychological effects (Lippert, 1997). Others have not been of much value in understanding the midlife passage of women because of methodological problems as well as the diminutive scientific base (Huffman & Meyers, 1999; Lippert; Woods & Mitchell, 1997).

Social Problem

Women in the midst of the midlife transition comprise a significant segment of the North American population. The Baby Boomers (i.e., people born in the 10-year span

following World War II) have expanded the age structure of the population and changed the age distribution of the female structure of the population (Morgan, 1998). Huston and Lanka (1997) suggested that the Boomer cohorts are “entering and completing their transitional years at the rate of two million women per year” (p. 5). Banister (1999) anticipated a further increase of midlife women as the “peak number of baby boomers reaches the age of 50” (p. 520). Not only is the growing numbers of baby boom women in the midlife transition a social phenomenon (Morgan), but also as women’s life span increases, the midlife passage is extending congruously (Sheehy, 1995). Subsequently, the midlife years constitute a bonus stage to the life cycle. Therefore, contemporary women are pioneers in a new passage of time. They have no past generations of women as role models. As a result, the midlife transition of women remains uncharted territory.

Midlife Transition

Midlife is a stage that brings transitions in the course of a woman’s development (Banister, 2000). Transitions include menopausal change, physical aging, and role changes such as children leaving home and dependent elderly parents. Midlife women may also be at risk for life events such as separation and divorce. Until recently, midlife transition was considered a time of crisis (Banister, 2000). The term *midlife crisis* has its roots in work by Jaques (65) who found that perspective of time changes to “time left to live” as individuals reach midlife (Shek, 1996). While theorists determined significant changes that may present a crisis as people transcend midlife (Jung & Storr, 1983; Levinson, 1996; Sheehy, 1995), others downplay the idea of a midlife (Shek; Germain, 1994). Suggested tasks related to midlife crisis include reevaluation and reorientation (Klohn, Vandewater, & Young, 1996); a life review (Stewart & Vandewater, 1999); coming to terms with the loss of youthful appearance (Sheehy, 1995); and the development of generativity or the desire to leave a legacy (Erickson, 1982). Recent research emphasizes psychological well-being, positive growth, and development such as life purpose and self-acceptance (McQuaide, 1998; Mitchell & Helson, 1990).

Methodology

The large numbers of women transcending midlife, in addition to the lack of quality studies regarding aging women, suggested the need for further research. A review of the literature highlighted a dearth of research as it relates to LDS women and aging. To date, none of the existing literature focuses on this population of women. Thus, it was important to give voice to the experiences of these women. My professional, personal, and religious experiences influenced my interest in the aging experiences of women. As a social worker, who meets mostly with middle-aged clientele and with women of the LDS faith, I wanted to further understand the challenges that women experience at midlife to assist me to work more effectively with these women. As a woman transcending midlife, I also had a vested interest in gaining more knowledge to assist me during this stage of my life. As a convert to the LDS faith, I was curious to know how other women of my faith experienced midlife aging.

The purpose of the study was to gain a perspective of how women between the ages of 35 and 65 experience the midlife transition. The interviewees were classified into three age cohorts. Those ages 34 to 45 were classified as the beginning or perimenopause stage (National Women's Health Information Center, 2002); those ages 45 to 54 the middle, or menopause, stage (Perls & Fretts, 2001); and those ages 54 to 65 in the final, or postmenopausal, stage (Cobb, 1993).

A case study approach provided topical knowledge and understanding (Yin, 2003), and facilitated the collection of qualitative data (Creswell, 1998). The descriptive case study was conceptualized through a social constructionist, feminist, and narrative lens. Qualitative research was deemed the most appropriate to gain insight into women's midlife experience because of the personal nature of the research question (Creswell), and the ability of the approach to gain an understanding through language and communication (Tetnowski & Franklin, 2003). From a social constructionist viewpoint, the meaning of midlife is constructed culturally. Ray (2000) commented that social and interpersonal reality is "constructed through interaction with other human beings and human institutions" (p. 1). Subsequently, personal stories are a social product "shaped by the cultural environment" (Ray, p. 2). Historically, established scripts of the midlife transition have exposed women to cultural myths, stereotypes, and negative perceptions of the midlife passage (Thornton, 2002). As such, negative social constructed typecasts may influence women's midlife experiences. The metaphor of social construction provided a framework for understanding the midlife transition experiences of the respondents.

McQuaide (1998) suggested that middle-aged women's voices are missing in a "culture that does not believe that midlife has a narrative" (p. 41). Freedman and Combs (1996) argued that "those who are silenced, for whatever reason, should have a voice" (p. 7). In light of the fact that the experiences of midlife women have been silenced, the feminist aim of the study was to "connect both the invisibility and distortion of female experience [and to] lift the voices of aging women" (Creswell, 1998, p. 78).

The interpretations and findings of the study were authenticated through the personal narratives of the respondents. The narrative approach attended to language to capture "personal and human dimensions that cannot be quantified into dry facts and numerical data" (Clandinin & Connelly, 2000, p. xiii). Accordingly, the responses of the women were written in a "story-like manner" (Dilollo & Wolter, 2004, p. 5).

Sample Procedure and Participant Selection

Women of the LDS faith were chosen to participate in this study because they and their midlife experiences have been neglected in the literature on aging. Purposive sampling was deemed the most suitable, since the goal of qualitative purposive sampling is to select information rich cases for study in depth, and the selection process is based upon informational rather than statistical importance (Babbie, 2001). Convenience purposive sampling is the process of preselecting participants based on their availability to the researcher. According to Babbie, nonrandom sampling is an appropriate method on the "basis of knowledge of a population and the purpose of the study" (p. 179).

In this study, it was important to have a diverse and varied sample of LDS women in which to gain different viewpoints and perspectives during the interview process. Notices, letters, and word of mouth informed women of the study. A number of women were selected for their willingness to participate in the study, their representation of the LDS culture, and their “potential to reveal significant data on the topic of inquiry” (Banister, 2000, p. 749). Only those who were members of the LDS faith for more than five years were selected, to ensure they were immersed in the faith and represented the LDS culture. An equal number of individuals who were converts and those born and raised in the LDS faith were selected. Next, women between the ages of 35 and 64 were chosen to comprise of women in the early, middle, and final stages of the midlife cycle (The Younger Cohort: 35-44; Middle Cohort: 45-54; Older Cohort: 55-65). Finally, I chose diverse LDS women with variances in educational attainment, marital status, family composition, ethnic background, and employment to enhance the research (Bowling, 2002). Recruitment ended when the selection process obtained 10 women at different stages of the midlife cycle.

Data Collection

Approval for the study was given by the Walden University Committee on Ethical Standards. To ensure acceptable ethical standards, the study conformed to the Institutional Review Board Code of Ethics of confidentiality, anonymity, and deception/disclosure. Additionally, on Pitney’s (2004) recommendations, strategies to ascertain credibility included (a) triangulation of methods, (b) member checks, and (c) peer review by a qualified external researcher.

The interviewees chose the interview location. Seven of the interviews took place in the women’s homes; the others were completed in the interviewer’s office. While, the home interviews provided the opportunity to view the women within their personal space and provided a relaxed atmosphere, office interviews felt somewhat clinical and formal. Participants signed a consent form and were assured that any disclosures would remain confidential. Each respondent was interviewed for a total of 3 hours. The initial interviews lasted approximately 2 hours, and the follow-up interviews were approximately 1 hour. Open-ended questions provided an unrestricted process and permitted entry into the personal experiences of the women and encouraged the discussion and telling of stories.

The personal nature of the interview questions had the potential to incite emotional concerns (Creswell, 1998; de Marrais & Tisdale, 2002). In this study, the participants benefited from sharing their feelings and expressed gratitude for the opportunity to discuss midlife and menopause. However, the research role conflicted with my professional social work role and presented an ethical dilemma. As a researcher I could not respond therapeutically. A predetermined plan was formulated to deal with concerns that required therapeutic intervention. For example, one interviewee, who appeared to have clinical depression, was referred to a local counseling agency. In addition, issues of self-disclosure by the researcher arose when interviewees asked questions during the interview process. As a feminist researcher, I had predetermined to answer each question honestly.

Following the initial interview, I elaborated, clarified, focused attention, and made notes of key points and potential future questions (Rubin & Rubin, 1995). The second interview was warranted to explore a particular concept, reflect on the participants' experiences, expand on their answers, and add to their previous responses. I had the opportunity to clarify what the respondents said to ensure the accuracy of their responses.

The specific area of investigation ascertained how the LDS women experienced midlife physical, emotional, and role changes. Questions included:

1. How do you cope with midlife changes (e.g., physical, emotional, and role changes)?
2. What resources do you use to assist you in your midlife journey?

The questions were taken from an interview schedule (Hoepfl, 1997). Interview questions and interview schedule were established in advance. A pilot study was implemented to recognize potential difficulties and to avoid poor interview techniques or a weak flow of questions. In keeping with the flexible qualitative nature of qualitative research, the questions were modified when necessary and appropriate. A laddered questioning technique was used to obtain richer data and to eliminate three classic research concerns: (a) researcher power, (b) sustaining the interview, and (c) the respondent's feeling of being interrogated (Price, 2002). To probe ethically, research questions were formulated to present less invasive questions first and laddered up to deeper questions. During the laddering process, body language was read to search for signals that indicated the readiness of the respondent to accept more intrusive questions. The respondents were reassured that there were no predetermined expectations of the interview process to avoid the possibility of the respondents pleasing the researcher (Price). To prevent directing and to sustain the interview, a notebook was used to keep track of possible leads for inquiry and the formulation of later questions. The interview sessions were audiotaped and transcribed.

Data Storage

A storage and retrieval system was created (Denzin & Lincoln, 1998). Field notes, memos, and interview tapes were labeled and stored. The data collection was documented chronologically. Transcripts were filed and copies of transcribed interviews were printed, numbered, dated, and placed in a binder.

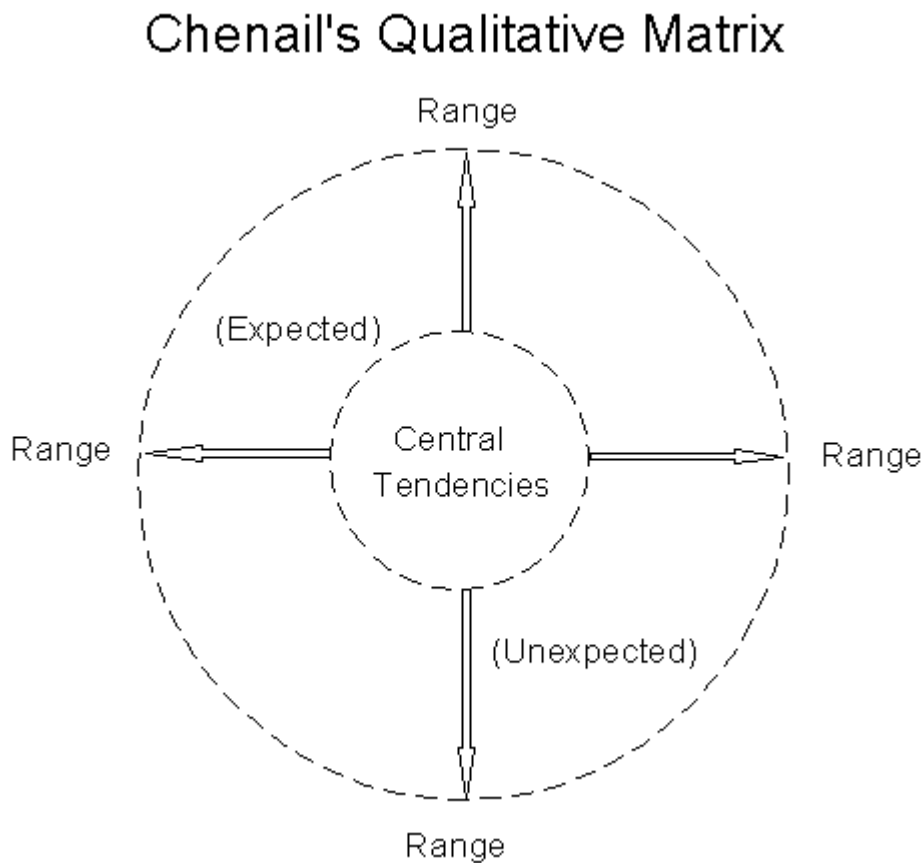
Data Analysis and Interpretation

To analyze the data, the following procedure was implemented:

1. Taped interviews were played once to get a sense of the total interview in an interactive way and to make corrections to the typed manuscripts, again to hear the first person voice and to search for answers to the specific interview questions.
2. Based on suggestions made by Oka and Shaw (2003) the main ideas and themes were highlighted, prevalent metaphors sketched out, relationships among concepts identified, and correspondent exemplars chosen.

3. Data was coded for themes, ideas, concepts, stages, and steps (Glasser & Strauss, 1967).
4. Coded data were assembled into themes such as description and behavior.
5. Similar ideas were grouped.
6. Phrases were bracketed and underlined to fit the assigned codes and new categories.
7. Themes were categorized as expected and not expected based on the literature search. The Chenail's Qualitative Matrix (Cole, 1994) connected the relationship between data presentation, data analysis and the literature review. See figure 1.
8. Data was searched for confirming or disconfirming evidence.

Figure 1. *Chenail's qualitative matrix* (Cole, 1994, p. 2).



Chenail's Qualitative Matrix guided the data analysis and reporting to "ensure a relationship between data presentation, data analysis, and the literature review" (Cole, 1994, p. 3). Expected findings referred to the interview data which confirmed current research. Unexpected findings were interview data which departed from current research. Common themes were grouped under central tendencies. As a formal coding system Chenail's Qualitative Matrix provided a conceptual frame and permitted the organization of patterns. Central tendencies described how interview data formed into themes and patterns. Ranges allowed for disparity within these themes and permitted the exploration

of differences within each category and analysis of the expected and unexpected data prior to reducing the data.

Establishing Trustworthiness

Field research has a potential problem with reliability since measurements are often personal (Babbie, 2000. p. 299). To address this issue, a peer examined the interview transcripts and data analysis to assist in developing themes and categories, and to determine potential research bias. In addition, peers reviewed the case study report (Yin, 2003).

Transferability was established through the analysis of the data; dependability was secured through an audit trail of schedules, a personal diary, and notes to provide a means to replicate the study.

Reflexivity means that the researcher is “part and parcel of the setting, context, and culture, he or she is trying to understand and represent” (Denzin & Lincoln, 1998, p. 285). To address the ethical dilemma of reflexivity, a reflex process was followed throughout the various stages of analysis.

As a member of the LDS faith, I was familiar with and known personally by all of the interviewees. It was important that I considered the “insider/outsider” conundrum. As an “insider,” I did not have to contend with outsider limitations (Damaris, 2001). Rather, I shared a common perspective with the LDS women. To separate the insider/participant and the outsider/research voice, I emphasized the attitudes and behaviors familiar to the LDS culture.

As an aging woman, I could identify with the interviewees in terms of similar experiences with gender and age. To protect objectivity, a description of personal thoughts and feelings as they related to the study was kept. I made a conscious effort to keep personal interpretations and the raw data separate in an effort to address any subjective biases.

The ethical dilemma of determining ownership of the participants’ narratives during the analysis and presentation of the data (Smythe & Murray, 2000) was addressed by carefully interpreting the implicit meanings behind the participant’s words. According to Millen (1997), feminist research may actually disempower nonfeminist women by undermining their immediate coping strategies. Because LDS women are traditionally nonfeminist, I followed Millen’s proposal that nonfeminist women have the right to the construction and meaning of their experiences and to their own experiences.

To speak to the problem of construct validity in case study research, multiple sources of evidence and evidence chains were employed. External validity was left to the subjectivity and discretion of the reader of the study.

Limitations

The qualitative case study approach provided opportunity to obtain rich data on the topic of women’s midlife transition experiences. However, the study was restricted to a small sample of participants because of the vast amount of time involved in conducting the in-depth interviews. As such, the study was limited to the beliefs, experiences, and values of the selected LDS women.

Findings

A major theme overarched the findings: older LDS women appeared more positive than those in the younger categories. The women in the younger and middle cohorts reported stress regarding physical change and dissatisfaction in their role as mothers. More specifically, the younger cohort (35-44) suffered from perimenopausal symptoms and emotional swings, were concerned about losing their youthful appearance, felt unfulfilled in their familial roles, and were in the early stages of finding themselves. The middle cohort (45-54) experienced physical symptoms, but fewer emotional swings than what they had experienced in the past. This cohort of women also had some role confusion, and they were equally concerned about their appearance (i.e., comparing present and past physical states) and struggled to accept the changes that were taking place. The women in the older cohort (54-65) reported contentment with their appearance, enjoyment in their role in life, and self-acceptance. They enjoyed good health and did not complain about mood swings or changes in their physical appearance. They had embraced the midlife transition and expressed greater self-esteem and self-acceptance.

Physical Symptoms

Women in the midlife transition often suffer from physical symptoms associated with menopause (Huston & Lanka, 1997). This experience was true of the LDS women.

Younger cohort (35-44)

When discussing midlife change, Christine, a beautiful mother of two children, noticed physical changes.

I guess the more personal things are the menopausal changes. Things like that. Some women notice earlier than others. I have noticed changes in my cycle that aren't the same as they were before. When you are young, it is more painful each month than it is now, although it is heavier now than it was then. Something the body is doing is changing.

She noted changes in her eyesight. "Physically, I really noticed I need my glasses now, too. Where last year, I could have gotten away without them, but this year, I can't see." Christine was concerned about changes in her energy level and weight.

I have noticed that my body does not burn fat as quickly. Like, I cannot eat whatever I want anymore, and maybe I need to be a little smarter about how much sleep I get because I can't really pull off the amount of energy that maybe I could previously. I take more vitamins now, or at least I make sure I take them now, whereas before, I might take them here or there. Now I know that if I don't, I know what is going to happen to me.

She was also experiencing changes in her physical strength.

I don't feel as strong either, I don't know if that is iron or aging. Not having the physical strength that I used to have. I have some real energy issues. I mostly need to take iron, or I get physically exhausted or fatigued.

In addition to low energy, Christine was concerned about her memory.

It affects my mental state. I guess my mental state is something that has aged, that I sound ridiculous. I forget things. Sleepy. I remember my mom doing things like that. Sitting down [and] falling asleep. I would think that maybe because you are old enough to get away with it, or whatever. That happens to me now. The psyche is lower than what it used to be. Instead of fighting it, I guess some women fight it. I am just sort of going, "Well, OK. That is how it is."

Laura a quiet, introverted, devoted mother of two small children ran a busy household in addition to holding down a full-time, labor-intensive job. In the past, Laura had put everyone first. Now that she was seeing changes to her health Laura was taking small steps to take responsibility for her health. She recognized the danger of her fast-paced life and had taken steps to make more time for herself and to slow down.

I think it is because I do take time for myself and I can say, "OK, I need to stop and slow down." I do recognize when I am going helter-skelter every which way, because if you just keeping doing this, you don't really notice, at least I didn't.

Laura compared her former selfless personality with the new woman she was becoming. "In the past I would have kept going. I wouldn't even take a break. I wouldn't have probably recognized that I was busy and stressed."

Tamaris was getting on track with her health. She was a young and slim woman who had been athletic and fit throughout her life. Now, as a separated woman with two children, Tamaris struggled to schedule regular exercise or to find time to participate in a gym. When discussing physical health, Tamaris' face clouded over as she expressed frustration that the children were taking up her time and energy, and how the children's needs had always come before her own. She emphasized the importance of taking the time for physical exercise, and she was determined that she was getting on track again by,

Trying to stay more active and more energetic. Instead of running in the morning, I am going for power walks. I am trying to boost up my energy and feel better about myself. I am trying to get more in shape and better without having to join a gym.

Middle cohort (45-54)

HT, a flamboyant, divorced woman, lamented,

Physical changes. Yes, again there is the consciousness of “the sagging everything.” There is the physical, like the night sweats. I have had a hot flash or two, probably more than that. I notice that I sweat more. In the past, I was hot and damp. Now I find if I work hard, there is actually sweat running down my face. I have periods of dizziness.

HT suggested that hot flashes were a normal part of midlife aging. “The hot flashes, well, I know everybody goes through similar things. Not everybody has them, but I find that my stress level is high. I have more.”

HT’s main concern was her lack of energy. She recognized that part of her fatigue was because she was a single mother and kept a busy pace of life. “I have even started to cut out dinner or lunch with friends because I am tired. I will run home from work and have a nap, knowing I have to work to 9:00 or 9:30 that night.”

Anne was a single, well-traveled, independent woman and led a comfortable life style surrounded by favorite books and music. In contemplating changes in her physical health, Anne elaborated that she was jolted into reexamining her present life style after receiving a diagnosis of high blood pressure.

Well, I hadn’t really noticed anything up until the last few months, but I do feel that I am getting older. Being stiff when I get up out of a chair or whatever from not moving around. I am just feeling that I am slowing down and doing things a lot slower than I used to. I was just told yesterday that I have to start taking high blood pressure medication, and I haven’t really been on anything before.

A well-informed woman, Elizabeth had noticed changes in her physical body. She was taking every opportunity to learn about menopause and was knowledgeable about natural approaches to menopausal health.

I am trying to take care of my physical body more than I may have in the past. Reading as much as I can about the different levels of change, and things like menopause, and changes when your kids are at different stages. Not always easy when things come up to cope with them.

Elizabeth was progressive and searched for accurate information in which to make informed decisions about her health. She was working hard to maintain her health and was willing to try anything that would give her better health.

I look after myself more. I probably eat better. I’m becoming more aware of our diet and what we are putting into us. I use the naturopathic field of help, such as chiropractic, herbs, and things. I detox once in a while, I have done some purifications to help my body cleanse. I know everyone is getting cancer. As you get older, you get gallbladder problems and those kinds of things. I try to clean out once in a while, so I have a better body to work with. I keep trying new things so that I don’t lose my memory.

Older cohort (55-65)

Mackenzie, the oldest of the respondents, was a grandmother. She was postmenopausal and indicated that she experienced good health and had lots of energy. She commented, "The only thing I really have is that I don't sleep the whole night. I wake up a few times but then go back to sleep. Other than that, I haven't really had anything."

Jean had a charismatic personality, a career in the health field, and was knowledgeable about menopausal symptoms. Until the menopausal symptoms started, she had experienced good health. Jean showed signs of stress, as she discussed the beginning stages of perimenopause.

But then the hot flashes started. I had a hard time coping with them and went back, and he [her physician] gave me estrogen. Then I started reading information about estrogen. It said if you had gallbladder or thyroid, you shouldn't be taking estrogen, and I have had both of them, so I stopped taking them. So I went to a health food store and got what they call Women's Support. I think they are helping. I am still having hot flashes, but not as often. I think the hot flashes are also because of stress. I think stress has a lot to do them.

Although all of the interviewees reported physical change, their symptoms differed. The women's attitude toward midlife aging varied. While the youngest interviewees were reluctant to admit to being in midlife; the others were more accepting. Regardless, the women showed no hesitation in discussing physical change or to provide specific examples of menopausal symptoms.

Emotional Symptoms

Mood changes are often associated with women experiencing the midlife transition (Huston & Lanka, 1997). The younger and middle cohorts of LDS women alluded to mood changes. Those in the older cohort, who were postmenopausal, did not report emotional symptoms.

Younger cohort (35-44)

Christine noted changes in her disposition and complained about moodiness. She once considered herself easygoing, but was now prone to overreact to situations.

I guess the other mental thing is that I get more stressed, more anxious, but then when I have a rational discussion with myself, I think I have been there before and that is life kind of thing. Instead of gradual, it is more up and down. Maybe I am moodier.

Christine indicated that she overreacted quicker than she used to in the past.

In the past, I would wait and blow up, who knows how long later. Now, I sort of know that this is how I feel right now. If I am upset, I will probably say something about it quicker than I would have when I was younger!

Kathy was the mother of both young and teenage children. She spent a lot of time alone, since her husband worked away from home. She had not noticed changes until she agreed to participate in the research study. "It was from reading the top of the paper *Midlife Changes*, I am thinking that I am not in midlife and I don't have other changes." Kathy admitted, "I am getting a bit moodier. I have noticed in the last couple of months that I am getting moodier at that time of the month."

Middle cohort (45-54)

HT recognized that she had been moodier in the earlier midlife years. Her moods were now more even.

I guess probably 12 years ago, I was running around still experiencing what it was like to be a teenager, and I was emotional, and I was impulsive. I wanted to do and try everything. I was far more passionate in the sense of ups and downs. I made stuff happen, but I was a little erratic. I now feel very solid. I think it was a maturity process from having to try everything because it was all new to me.

Older cohort (55-65)

The older women did not report emotional swings. Sarah stated, "You would have to ask my husband for sure, but I haven't noticed. I am not weepy, or overly tired, I am not losing sleep." Sarah added that the researcher might have to ask her husband if she had changed emotionally. When asked why, she said, "Well, if he thought I was going off the wall a little more often, he would tell you. But I don't think I do."

Role Satisfaction

The women discussed midlife role change. The younger LDS women reported a lack of fulfillment.

Younger cohort (35-44)

The women in this cohort were discontent and complained about a lack of available time. Tamara, a single mother with two children, expressed her frustration.

There is not a lot of time for me or my energy. All my energy is focused on the children. They are getting older, and they are all having their own problems, like trying to deal with their schooling and their temper tantrums, and so I don't have time for me after that.

There really isn't anytime to put energy on things other than the kids. You work, you come home and have the kids, and you work. There is not a heck of a lot of time to do much else. I was in the book club for a little while I guess. I was trying to do things for myself.

Additionally, the younger women appeared dissatisfied with life and were searching for more meaning. Kathy's husband was absent a lot of the time because he was traveling on business. She felt imprisoned by the children.

I am not feeling fulfilled in my work or even at home. Cleaning toilets is not for me. By this, I am not fulfilled; it doesn't do anything for me. I would like to have a clean house, but cleaning up after all the kids, you might as well... I don't know, I want the rain to stop falling I guess, I don't know, it doesn't work. Yes, I want something to talk about to people. I want to have an intelligent conversation with people about something instead of what laundry soap or who has sales this week on pork chops. There has to be something more. Colleagues to talk to; have a relationship with others than the small circle I have right now. I am looking forward to my kids growing up and gone. That will be nice.... I have one in university, and I have to say, it's a relief knowing one is out of the nest. Yes, I don't think I am going to have the empty nest syndrome. It may be at the end when the last one leaves, but right now, I can't see that happening.

The younger women were unsure of their role in life. Tamara, a mother of two young children, expressed it this way,

The biggest role change is, I think, is being a mother and being a single parent and being with my parents and being. . . continuing having my mother. . . she tries to... when I go to her house, she is the mother of me and my kids. She continues to take on the role, not the grandmother, but the mother hen.

Middle cohort (45-54)

Women in the middle cohort were also frustrated. Elizabeth, a well-read and intelligent woman, was aware that she had grown intellectually, and had much to offer others.

I feel like the things I am studying people are not ready to hear, but I have that knowledge. I feel frustrated in some ways. I also feel like I have done that and I know this. How can I help you? I don't feel old inside, but I feel frustrated at my inability to be able to talk and share. It is hard to hold it all in. I don't want to burst on everybody. I want everyone to have what I have. There is great stuff; there are so many remarkable things.

Older cohort (55-65)

The older women reported satisfaction and contentment. Sarah was happy at this stage of her life. She believed that women get better with age.

I think we get better with age...the whole wisdom thing and the appreciating. You put a seed in the ground, and it grows. Of course, you are going to get a carrot when you put a carrot seed in the ground, but now as an adult, you see the magic in it, and it makes me glad for it.

The older women were concerned with generativity. Mackenzie was taking care of her grandchild.

Well right now, starting in September, ----- had to go back to school, and she had to go back to work for a while, and so I offered to look after her little boy who is just over a year now. She never asked me because she thought it was too much to ask me to do that everyday, but I offered to because I didn't want him in day care, there is no way. So that has been great. I really enjoy that. He is really a good baby.

In discussing her relationship with all of her grandchildren, she commented, "We enjoy it. I enjoy being a grandma." Mackenzie also discussed her care-taking role with her elderly mother. "My mother is still alive. That role of [mine is] taking care of her." When asked what that was like for her to take care of her mother, Mackenzie expressed,

She is good, and she is a great help. She gets lonely, so I have her over here, but she will do my ironing and my wash and do a little bit of cleaning. She loves to help with baking, so during the canning season, I had her help me a lot. That makes her feel good.

Assertiveness*Young cohort (35-44)*

The younger women experienced conflict in doing what others expected of them, or choosing to do what was best for them. Laura was pleased that she was becoming more assertive.

I have just learned in the last year that I have to say no to some things because I just can't do everything all the time. I think people view me as a person who is committed to doing what they say they are going to do. So, quite often, people like that get asked to do lots of things because they know they will get done. I think that is good. I am glad people have that opinion of me, but it is OK to say, "I am sorry. I would love to help, but I

am busy and don't have the time." I think in the last year, I have learned that it is OK to say that.

I feel like I have to sometimes (say no) like a self-preservation mode kicks in or something. I have also heard of other people that I know and respect who have been feeling that way as well. I don't think anything bad of her because she said I am sorry I can't help with that. So people probably wouldn't think that of me and if they did, oh well, I can only do what I can do, and if other people don't like that, then I am sorry but I can handle what I feel like I can handle. I don't have to explain my whole life situation. I can just say, "I am sorry. I don't have the time for that right now."

Middle cohort (45-54)

The women in the middle cohort were making strides in asserting themselves and learning to say no. Christine commented,

I am less likely to take crap from somebody. I stand up for myself more because I don't feel like I have to play along with much any more. I am finally at the point been the youngster enough, where I can play my own game. I am more confident. I feel like I am an adult now versus a child.

She gave examples of how she was assertive.

If I want to return something, I am darn well going to get my money back kind of thing or have the result I wish to achieve out of whatever I am doing. More forceful, I guess. At work, too, I am less likely to feel like a servant to the employer or empowered. I am becoming more assertive. Where I might except something and do whatever I am told in the past, now I will throw out my own suggestions and maybe offer why I feel I don't want to accept whatever the status quo is. I am putting myself out there more.

Older cohort (55-65)

The women were comfortable in expressing themselves and had no trouble making their wishes known to others. Sarah, a stately, soft-spoken woman, was proud when she said, "It feels good (being assertive). I feel like I have less to lose. I don't need to please people anymore." She recognized that this change had happened during her midlife years.

I like being the age I am since I was about 38. I have always liked being my age, but I like how my life started to change at 38 because I realized I could say no. When people would call me to play volleyball, I could say

no and nobody would challenge me. Up until that point, they would say, “come on,” and make you feel bad. Now they don’t, and that is life.

She enjoyed her assertive behavior and the fact that people respected her for it.

Because I am being honest with what I think and I am telling them what I think, so that they don’t have to wonder about it . . . That it is the best thing you can do for yourself. Because that is who you really are, and you can’t hide you really are. Yes, and be honored for it (saying no) and not to be coerced into it after the fact I said no.

Physical Appearance

Younger cohort (35-44)

Women in the younger and middle cohorts were concerned about changes in their physical appearance. Elizabeth recognized that she was beginning to look older.

I have a lot of guys still hitting on me, which feels great to me. I think I have a youthful appearance, so it is hard to let go of your beauty. So when all your gray hair’s come, it gets expensive to upkeep, but I think I look healthy, and I think I look good for my age, so I am not putting down how I look.

She lamented over the financial cost to keep herself looking young.

I don’t like how I can’t apply eye shadow because my eyelids are drooping. I don’t like that my hair is turning gray and it is costing \$ 60 to \$100 per month because I hate the gray hair, and I don’t like how my appearance is changing. I am fighting everything!

Middle cohort (45-54)

Anne was painfully aware of her aging looks. “I seem to think a lot more about getting older and things I wasn’t bothered by before” (Interview 1, December 2, 2004, p. 1). Anne rubbed her eyes and head as she confessed,

I remember waking up one day, and the first thing that came to my head was that I am 50 years old! I had never thought about my age. I just woke up and that was my first thought, and it really scared me! I just thought, “Where did the last twenty years go?”

H. T. was specific when she discussed her changing appearance.

Mentally, you know you are on the fading edge. You are now starting to fade; it is not going to get better from here. The fading beauty, it is no

longer the tight skin, it is no longer...you start to see the little Jell-O things happening. You keeping looking in the mirror and pulling your cheekbones up so you have cheekbones. You know, my face is basically changing from a heart-shaped high cheekbones to a round face because the fat is moving southward. It is the same person inside and, in some ways, better. But, you know visually, when people see you, they are not going to say, "Wow she's hot." They are going to go, "There is a middle aged woman."

She compared herself to younger women.

You start seeing the wrinkles. You know [that] you cannot compete with a 32-year-old. You want to look perfect. Your mind is still thinking of yourself as 20 years younger. You still don't view yourself as an adult sometimes from inside, depending what is going on around you. I still feel like a kid sometimes in my head, but my body is not reflecting that.

H.T. further discussed her concerns of aging.

Worrying, standing in the mirror, wishing I looked better. I feel like apologizing, "I am sorry I am not younger; I am sorry I have lines." What is going to happen when I get married and here is a naked person, and they are going to go, "Oh, that is a mistake." There is a fear of rejection because I cannot do anything about the outside. I have a lot to offer as a person, but I cannot change the outside. Do I want a breast augmentation? ...whatever... Do I want a face-lift?...sure...I would take that if somebody offered it to me. I can't afford it, but, I guess I still put some value on how I look, and I assume what the men out there will expect. I think what we view ourselves as and how people actually see us are two different things.

She reinforced her attractiveness.

I do have a tendency on certain days to look younger than I look. I am still slim, and I still dress well. I love clothing. That is my artistic outlook. So, I have a fairly keen sense of fashion, not in the way that the world looks at fashion, but in my old fashion sense. I am comfortable with my fashion sense. So I can sit here, I don't feel frumpy and dumpy. I won't wear polyester in the sense of something loose and swinging and sensible shoes. That will never be me. So, I feel in that sense that I am comfortable. If I paint myself up when I look in the mirror, I think, "Wow, you look great!" I got the eyes going, I got the lipstick going, the hair is right, and everything else. I smile when I look in the mirror, and the lights are right. But what is someone else really seeing? They are seeing a middle-aged, 45-year-old woman who is trying really hard. That is a little embarrassing.

Maybe that is the word; it is a little embarrassing to know that I might look like. I am 45 and middle aged and not as attractive as I think I was.

Once again, H.T compared her present looks to her past beauty.

That somebody is going to look at me thinking, "Wow, she is trying hard, isn't she?" It doesn't come naturally anymore; you have to work at it. You have to make the transition into middle age, where you don't wear your jeans and you don't wear your boots or you do. You are not going to look from the back like you are 23 or 27, you are just not going to, and you want to because you still have to sell it. We assume the guys still want the perfect Barbie doll, I assume. You know, I fit that picture in my mind when I paint up that I still paint up OK, but I know that I am on the fading beauty edge of it now.

Older cohort (55-65)

The older LDS women were content with their appearance. They had come to terms with their aging looks. Mackenzie smiled as she said,

I feel better as I get older. I'm near 60. I mean 40 was fine, and 50 was fine, but when you hit the 60, it seems a bit older, but then inside, I still feel the same. I don't feel it makes any difference. My husband still loves me and still finds me attractive, so I don't see any difference. I think when I get older, I feel better about myself.

Sarah was gracious and at ease with herself. She smiled gently as she discussed the changes in her appearance. "I don't think there is anything wrong with aging. Sometimes, I look in the mirror and see a little line or two and think, 'Darn!' I think it is all right. You just take it as it comes" (Interview 8, December 17, 2004, p. 12).

In contrast to the younger women, who were experiencing a crisis over their physical changes, the older women reported taking the changes in their stride. They had resigned themselves to the fact that they looked older and were accepting of that reality.

Discussion

In the study, some findings contrasted those of various modern studies. Jacques (1965) suggested a crisis related to midlife aging. LDS women are traditionally defined by their mothering role. However, there was no indication that changes in role involvement affected the women. The LDS women who participated in this study did not indicate a crisis related to role change, such as children leaving home. Rather, in deference to the empty nest syndrome, the younger cohort looked forward to their children leaving home. In fact, a few of the interviewees expressed frustration at the responsibilities associated with dependent children. The older cohorts were grateful for independent children and the concomitant freedom.

Carter and McGoldrick (1989) suggested that midlife is the most problematic transition due to the greatest number of exits and entries. This did not appear to be true for all of the cohorts. The majority of the respondents were eager to move on to another phase of their life or to a different time and season. Huffman and Myers (1999) noted that the worth of women is based on sexuality, attractiveness, and youth. As such, older women are seldom valued and feel ashamed. In contrast, all of the LDS women, regardless of age, felt valued and respected for their wisdom and experience. Because specific roles are extended to LDS women, this may provide additional confirmation that female midlife malaise is greater in patriarchal cultures that do not bestow meaningful roles to older women (Gilligan, 1996; Huffman & Myers).

The researcher did not find that LDS women in midlife transition experienced identity confusion (McQuaide, 1998). Instead, women in all cohorts knew what they wanted out of life and seemed comfortable with who they were. As mentioned previously, they looked forward to completing missionary work, genealogy, and temple work.

In this study, I set out to investigate how LDS women experience the midlife transition. The research provided an opportunity to better understand the experiences of aging women and to assist in providing education and resource material. The study also provided some answers regarding midlife transition and shed some light as to how a few women of the LDS faith experience midlife aging. Conceptually, the study demonstrates the capabilities of qualitative inquiry. The qualitative method disclosed in-depth insight into the women's experiences.

Recommendations

We live in an ageing world. Large numbers of women are transcending midlife, a complex time for many, particularly those women in the earlier stage who may struggle with physical and emotional change and in finding role satisfaction. Motivation for women to seek assistance may develop from midlife issues. The dearth of middle-aged women's voices and the lack of evidence-based information about the midlife transition may present a multitiered problem to meeting the needs of this social cohort on a policy and practice level (Morgan 1998). It is crucial that helping professions respond to this growing phenomenon. To meet their needs, it is paramount that women be given reliable information to understand the changes that occur, and be provided with adequate and timely resources and tools to cope with the potential stress engendered by the changes that occur. Social work practitioners, health care providers, and others can provide the necessary resources such as support groups and educational opportunities to emphasize the positive aspects of aging and assist women in successfully navigating the midlife passage. Further research is required to address the issues of midlife aging. Building on this study, it would be important to explore the experiences of the younger LDS participants, as they enter the later stages of adulthood, to determine if they too experience a positive metamorphosis. Similar studies, with women of other faiths or research which explores ethnic differences during midlife transition, would be valuable.

Conclusion

Midlife women are experiencing a stage of life that has many changes and challenges. Despite this, the midlife transition is an opportunity for growth. Older women are embracing their midlife in ways previously unheralded. Age is only a number. It does not and should not define women or restrict their life choices. We must spread the good news that women feel better about whom they are as they get older. Let us encourage women to look inward to beauty and worth. The midlife transition is a doorway to a wonderfully liberating and exciting new part of life. It is important that women to embrace it fully!

References

- Babbie, E. (2001). *The practice of social research* (9th ed.). Belmont, CA: Wadsworth.
- Banister, E. M. (1999). Women's midlife experience of their changing bodies. *Qualitative Health Research*, 9(4), 520-538.
- Banister, E. M. (2000). Women's midlife confusion: "Why am I feeling this way?" *Mental Health Nursing*, 21, 745-764.
- Bowling, A. (2002). *Research methods in health: Investigating health and health services* (2nd ed.). Philadelphia: Open University Press.
- Carter, B., & McGoldrick, M. (Eds.). (1989). *The changing family life cycle: A framework for family therapy*. Needham Heights, MA: Allyn & Bacon.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey-Bass.
- Cobb, J. O. (1993). *Understanding menopause*. Toronto, Ontario: Key Porter.
- Cole, P. M. (1994). Finding a path through the research maze. *Qualitative Report*, 2(1). Retrieved March 19, 2004, from <http://www.nova.edu/ssss/QR/BackIssues/QR2-1/cole.html>
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among the five traditions*. Thousand Oaks, CA: Sage.
- Damaris, R. D. (2001). *Revisiting feminist research methodologies. Status of women*. Retrieved February 19, 2004, from http://www.swc~cfc.gc.ca/pubs/revisiting_5_e.html
- de Marrais, K., & Tisdale, K. (2002). What happens when researchers inquire into difficult emotions?: Reflections on studying women's anger through qualitative interviews. *Educational Psychologist*, 37(2), 115-123.
- Denzin, N. K., & Lincoln, Y. S. (1998). *Collecting and interpreting qualitative materials*. Thousand Oaks, CA: Sage.
- DiLollo, A., & Wolter, J. (2004, June 8). Qualitative research in communication disorders. *The ASHA Leader*, 4-5, 16-17.
- Erickson, E. H. (1982). *Identity and the life cycle*. New York: Norton.
- Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York: Norton.
- Germain, C. (1994). Emerging conceptions of family development over the life course. *Families in Society*, 123, n.p.

- Gilligan, C. (1996). *In a different voice: Psychological theory and women's development*. Boston: Harvard University.
- Glasser, B. G., & Strauss, A. (1967). *The discovery of grounded theory*. Chicago: Aldine.
- Hoepfl, M. C. (1997). Choosing qualitative research: A primer for technology education research. *Journal of Technology Education*, 9(1), Retrieved February 19, 2004, from <http://scholar.lib.vt.edu/ejournals/JTE/jte-v9n1/hoepfl.html>
- Huffman, S. B., & Myers, J. E. (1999). Counseling women in midlife: An integrative approach to menopause. *Journal of Counseling and Development*, 77(3), 258-266.
- Huston, L. D., & Lanka, J. E. (1997). *Perimenopause: Changes in women's health after 35*. Oakland, CA: New Harbinger.
- Jung, C. G., & Storr, A. (1983). *The essential Jung: A compilation*. NJ: Princeton University.
- Jacques, E. (1965). Death and the midlife crisis. *International Journal of Psychoanalysis*, 46, 502-514.
- Klohnen, E. C., Vandewater, E. A., & Young, A. (1996). Negotiating the middle years: Ego resilience and successful midlife adjustment in women. *Psychology and Aging*, 11(3), 431-442.
- Levinson, D. J. (1996). *The seasons of a woman's life*. New York: Knopf.
- Lippert, L. (1997). Women at midlife: Implications for theories of adult development. *Journal of Counseling and Development*, 76(1), 16-22.
- McQuaide, S. (1998). Opening space for alternative images and narratives of midlife women. *Clinical Social Work Journal*, 26(1), 39-53.
- Millen, D. (1997). Some methodological and epistemological issues raised by doing feminist research on non-feminist women. *Social Research Online*, 2(3). Retrieved February 19, 2004, from <http://www.socresonline.org.uk/socresonline/2/3/3.html>
- Mitchell, V., & Helson, R. (1990). Women's prime of life: Is it the 50s? *Psychology of Women Quarterly*, 14, 451-470.
- Morgan, D. L. (1998). Facts and figures about the baby boom. *Generations*, 22(1), 10-16.
- National Women's Health Information Center. (2002). Retrieved August 1, 2002, from <http://www.4woman.gov>
- Oka, T., & Shaw, I. (2003). *Qualitative research in social work*. Retrieved February 14, 2004, from <http://www.nova.edu/ssss/QR/index.html>
- Perls, T. T., & Fretts, R. C. (2001). The evolution of menopause and human life span. *Journal of Human Biology*, 28(3), 327-245.
- Pitney, W. A. (2004). Strategies for establishing trustworthiness in qualitative research. *Human Kinetics*, 19(1), 26-28.
- Price, B. (2002). Laddered questions and qualitative data research interviews. *Journal of Advanced Nursing*, 37(3), 273-281.
- Quinn, P., & Walsh, S. K. (1995). Midlife with disabilities: Another challenge for social work. *Affilia: Journal of Women and Social Work*, 10(3), 235-255.
- Ray, R. (2000). Social influences on the older woman's life story. *Generations*, 23(4), 56-63.
- Rubin, H. J., & Rubin, I. S. (1995). *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA: Sage.

- Sheehy, G. (1995). *New passages: Mapping your life across time*. Toronto, Ontario: Random House.
- Shek, D. T. L. (1996). Midlife crisis in Chinese men and women. *Journal of Psychology*, *130*(1), 109-110.
- Smythe, W. E., & Murray, M. J. (2000). Owning the story: Ethical considerations in narrative research. *Ethics and Behavior*, *10*(4), 311-337.
- Stewart, A. J., & Vandewater, E. A. (1999). "If I had it to do over again." Midlife review, mid-course corrections, and women's well being in midlife. *Journal of Personality and Social Psychology*, *76*(2), 270-283.
- Tetnowski, J. A., & Franklin, T. C. (2003). Implications for description and assessment. *American Journal of Speech Language Psychology*, *12*, 155-164.
- Thornton, J. E. (2002). Myths of aging or ageist stereotypes. *Educational Gerontology*, *28*, 301-312.
- Woods, N. F., & Mitchell, E. S. (1997). Women's images of midlife: Observations from the Seattle Midlife Women's Health Study. *Health Care for Women International*, *18*, 349-453.
- Yin, R. K. (2003). *Applications of case study research: Applied social research methods* (2nd ed.). Thousand Oaks, CA: Sage.
-

Author Note

Patricia Evans is a licensed social worker in private practice in Waterloo, Ontario. She specializes in separation and divorce and women's midlife transition. Patricia Evans is a private practitioner in Waterloo, Ontario, Canada. The author can be contacted at Patricia Evans, MSW, RSW, PhD at 319 Coleridge Drive, Waterloo, ON N2L 2V5; Email: pat.evans@on.aibn.com

This article was based on the findings from my doctoral research at Walden University. I am grateful to the church leaders who encouraged the research to take place within the LDS stake, and to those brave and generous women who shared their personal experiences with me. I also owe a debt of gratitude to Dr. Marie Caputi and my dissertation committee members at Walden University.

Copyright 2008: Patricia Evans and Nova Southeastern University

Article Citation

Evans, P. (2008). Midlife metamorphosis. *The Qualitative Report*, *13*(1), 78-99. Retrieved from <http://www.nova.edu/ssss/QR/QR13-1/evans.pdf>
