



GROUNDING THEORY REVIEW

An international journal

Keeping My Ways of Being: Middle-aged women dealing with the passage through menopause

Helene Ekstrom, Ph.D., M.D.; Johanna Esseveld, Ph.D. & Birgitta Hovelius, Ph.D., M.D.

November 2005

Grounded Theory Review, Vol 5 (Issue #1), 21-54

The online version of this article can be found at:

<https://groundedtheoryreview.org>

Originally published by Sociology Press

<https://sociologypress.com/>

Archived by the Institute for Research and Theory Methodologies

<https://www.mentoringresearchers.org/>

Keeping My Ways of Being: Middle-aged women dealing with the passage through menopause

By Helene Ekström, Johanna Esseveld and Birgitta Hovelius

Abstract

The meanings given to menopause by women themselves are often left aside. In this grounded theory study, based on interviews and on open-ended questions in questionnaires answered by middle-aged women, the authors found that not being able to know what would happen and what influence menopause would have were sources of uncertainty for the women. The process, *Keeping My Ways of Being*, emerged in the analysis as the pattern of behavior through which the women endeavored to resolve their uncertainty. The intensity of the process and the use of its three different stages, those of *Preserving* present ways of being, *Limiting* changes and *Reappraising*, were considered to be dependent upon the central *Personal Calculation Process*, in which the women used their individual explanatory beliefs and evaluations of need. The theory, used as a model of thinking in consultations with middle-aged women, might show a high degree of workability in explaining what is going on.

Key words: Grounded theory, menopause, hormone therapy, ways of being, personal calculation

Background

Midlife is not a clearly demarcated period and it was the last segment of the life-span to be discovered (Lock, 1998). It tends to be characterized more by key events than by a particular age period, although this depends on what cohort, culture or context is of primary concern (Lachman & James, 1997). In Sweden, the terms "climacteric" or "transition-age" are commonly used for the years before and after the final menstrual period. In common parlance the terms are used for a wide range of symptoms and circumstances during these years, and thus

The Grounded Theory Review (2005), vol.5, no.1

similar to the content often given to the term "menopause" (Ballard, Kuh, & Wadsworth, 2001).

Menopause is a physiological event occurring universally in women who reach midlife. In the medical literature, midlife or middle-age is often redefined for women in terms of menopause (Esseveld & Eldén, 2002). This redefinition implies an emphasis on the loss of fertility and on estrogen deficiency, followed by a focus on problems, symptoms and risks of various diseases (Esseveld & Eldén, 2002; Lock, 2002; Murtagh & Hepworth, 2003). Menopause has been promoted as a critical point of choice in women's lives. The choices they then make influence their lives and health into old age (Murtagh & Hepworth, 2003).

This approach to menopause and the promotion of hormone therapy (HT) have been the subject of intense debate among social scientists, feminists and medical professionals (Guillemin, 1999; Hemminki, 2004; Lock, 1998; Murtagh & Hepworth, 2003). Medical practice in the form of HT has been widely advocated as a remedy for relieving such symptoms as hot flushes, cold sweats and vaginal dryness as well as for the prevention of public health problems such as heart disease and osteoporosis (Hemminki, 2004; Murtagh & Hepworth, 2003). However, in the late 1990s and in the early years of the 21st century, results from randomized controlled studies such as the Heart and Estrogen/Progestin Replacement Study (HERS) and Women's Health Initiative (WHI), has turned medical counseling on HT upside down. Today, HT is recommended for the treatment of menopausal symptoms only (EMEA, 2003). In Sweden, general practitioners as well as gynecologists prescribe HT. In general, no referrals are needed and women's choice of physician does not carry with it a major difference in costs for them.

In contrast to the bio-medical conception of menopause, social scientists and feminists but also some medical professionals have emphasized its social construction and have promoted an alternative vision of menopause as being a time for growth and development (Ballard et al., 2001; Busch, Barth-Olofsson, Rosenhagen,

The Grounded Theory Review (2005), vol.5, no.1

Collins, 2003; Guillemin, 1999; Lock, 1998). Approaches of this sort have been criticized for making menopause an ideological construction and neglecting issues regarding the meaning assigned to menopause by women themselves (Guillemin, 1999; Lock, 1998). In the different discourses, women are often reduced to a uniform mass or defined as "the menopausal woman", irrespective of how they conceive of themselves or how they experience or reflect upon their lives (Ballard et al., 2001; Busch et al., 2003; Esseveld & Eldén, 2002; Jones, 1997; Lock, 1998).

The present study was conceived when differences between the first author's daily medical practice as a general practitioner, her encounters with women of middle-age and different perspectives on menopause in the literature had aroused her curiosity. In an earlier quantitative study by Ekström & Hovelius (2000) we found that quality of life (QoL) ratings were lower in women with experience of HT than in those without such experience but that QoL was not negatively affected by menopause or ageing.

The present study is part of a research program aimed at investigating, from a gender-sensitive perspective, middle-aged women's QoL, health and sense of well-being in relation to such factors as age and ageing, menopause and the adopting of HT. In its design, the research program combines both quantitative (questionnaires, 2000-2004) (Ekström, Esseveld, & Hovelius, 2003; Ekström, 2005) and qualitative methods (open-ended questions included in the questionnaires, in-depth interviews).

While our earlier studies took their starting point in a biomedical model, in the present study women's experiences and concerns were placed at the centre. The research question that guided the study was: How do middle-aged women deal with menopause and with issues of HT?

Method

Grounded theory (GT), as developed by Glaser (1978, 1998), was selected as the method for conducting the

The Grounded Theory Review (2005), vol.5, no.1

study and analyzing the data. It is a method for conceptualizing patterns of behavior people are engaged in. GT is based on the belief that common patterns of behavior can be discovered while starting from the personal perspectives of the individuals that belong to a particular group. In the present study, the patterns of behavior are those middle-aged women engage in during the menopause passage. Thus, in GT it is not people but behaviors that are categorized (Glaser, 2001). The rigorous steps that GT involves allow categories and their properties to be derived from data and to be integrated into hypotheses that result in a theory. The theory generated is a conceptual probability statement explaining the preponderance of behavior that accounts for the resolving of a main concern for the participants (Glaser, 2003).

Data Collection

The study-population consisted of all women in two primary health care districts who in the years 2000, 2001 or 2002 were aged 45, 50, 55 or 60. The geographical area involved, consisting of villages in the countryside in the County of Kronoberg in Sweden, has approximately 15000 inhabitants. During these years, 30 to 35 % of the women participating in the quantitative study had ever used HT. Levels of HT use in our area and changes in it; described by us in two other studies, accord with the pattern of total purchases of HT in Sweden (Ekström & Hovellius, 2000; Ekström, 2005). In-depth interviews, conducted in Swedish by the main author, and answers to open-ended questions in questionnaires (2000-2002) were the two sources of data for the qualitative analysis presented in this article. The study was approved by the Regional Ethics Committee at Lund University and interviews were conducted with informed consent from participants.

In the year 2000, the questionnaire that was sent to women who, in that particular year were either 45, 50, 55 or 60 years old, included an invitation to participate in an interview study. Of the 253 women returning the questionnaire, a total of 53 indicated their interest in participating in the interviews. Information regarding these women was limited; only information about their age and in

The Grounded Theory Review (2005), vol.5, no.1

some cases their occupation being available, since the questionnaire was anonymous and the women sent their applications to participate separately.

Participants were at first randomly selected among these 53 women. Later, making use of the principles of GT, the concurrent analysis directed what data to collect next and in which age-group it was likely to be found (Glaser, 1998). Recruitment of participants ended when the analysis reached theoretical satisfaction implying that no new information emerged or was theoretically needed.

The open-ended questions providing further data were "Can you describe how it is to be in your age?" and "What does menopause imply for you?" in the 2000-2002 questionnaires (850 participants) and the question "Can you describe how you think about using or not using hormone therapy?" in the 2002 questionnaire (280 participants). The answers provided were selected and used as data, according to the theoretical needs of the ongoing analysis.

A total of 24 women were interviewed, 45-60 years of age at the time. The interviews ranged from 45 minutes to just over 2 hours in length. The interviews were unstructured in the sense that no interview guide was employed and that the focus of the interviews depended on what the women wished to tell and which phase the analysis was in. Certain themes that corresponded with the open-ended questions were covered in most of the interviews nevertheless. All the interviews were audio-taped and transcribed verbatim.

When all the interviews had been conducted the participants were found to encompass both native- and foreign-born women of differing marital status, with and without children and of differing employment status and occupation. Both post- and pre-menopausal women as well as those who were unsure of their menopausal status were represented although the majority had experienced cold sweats, hot flushes or bleeding irregularities. All kinds of

The Grounded Theory Review (2005), vol.5, no.1

histories of HT use as well as use of natural remedies were represented.

Data Analysis

Analysis of the data began immediately after the first interview and continued throughout the study. From the start of the analysis, emerging patterns of behavior were named in English. The illustrating quotations are translated from Swedish by a professional translator.

The first part of the analysis, open coding, involved coding an interview line-by-line in every way possible. The cyclic process of collecting and coding data, which happened concurrent with comparing incidents identified in the data with each other and with emerging concepts, ended after the first ten interviews. Analysis of the data had by then moved from descriptive concepts, such as looking for an explanation and observing others' symptoms, to broader concepts such as searching for knowledge. The prospect for a theory about patterns of behavior that resolved a main concern the women had in passing menopause could be perceived. A tentative core variable was found, termed *Keeping My Ways of Being*.

Through selective coding, a delimitation of categories was achieved, primary categories related in some way to the core variable were selected and their properties established. This selective coding phase involved going over the first group of interviews again, collecting further data through interviewing more women and through obtaining answers to the open-ended questions. A constant comparing of incidents, concepts and categories was going on all the time to establish the patterns named by categories and the sub-patterns, which were their properties. In this way, searching for knowledge was established as one dimension of the subcategory *augmenting know-how*.

In the last stage of analysis the elements of time, place and individuals were left behind, while linkages and relationships between the core variable and the various categories were being sought. At this stage, a sorting of ideas (analytical memos) rather than of data took place

The Grounded Theory Review (2005), vol.5, no.1

(Figure 1). During this phase of integration and further delimitation of the theory the three conceptual patterns of behavior represented by the main categories of *Limiting*, *Preserving* and *Reappraising* emerged as stages or strategies of the process *Keeping My Ways of Being*. Following the example we have used to illustrate the process of analysis, *augmenting know-how* was at this stage found to be one dimension of *mastering*, a property of *limiting*, and thus its linkage to the core variable was established. The category *Personal Calculation* was at this time theoretically established as a process of its own. It was at the same time found to constitute the hub in the process *Keeping My Ways of Being*. Following grounded theory principles a literature review was first carried out after the theory had been formulated.

The Theory

Learning as a woman that one has passed menopause is only possible retrospectively since postmenopausal status is defined medically by the occurrence of the last menstrual period 12 months ago (Kaufert et al., 1986). The analysis revealed that not being able to know just what would happen and the influence of menopause on them as individuals were sources of uncertainty for the women. One of the women expressed this in saying:

I don't really know how it ought to feel...I try to take stock each day of how it feels...How should it feel?

This unpredictability of menopause refers to the fact that both the beginning and the end of menopause are blurred and to the impossibility of knowing whether, when and what symptoms will occur. Uncertainty was also apparent in the women's expressed difficulties in disentangling menopause from ageing and from other events affecting their lives and themselves when trying to understand whether the symptoms they had were due to illness, stress, menopause or to something else:

Disturbing! Things happen with my body that I don't understand, that I don't like and that no one wants to talk about.

The Grounded Theory Review (2005), vol.5, no.1

Other sources of uncertainty expressed by the women were having the issue of HT, good or bad; frequently thrust upon them, as well as that changes such as the development of osteoporosis, breast-cancer, or sleeping problems, could occur or were already affecting their sense of personhood or impairing their way of life. The women also expressed uncertainty about how to conceive of themselves, both in terms of the medical definition of their menopausal state and their assessments of themselves when reminded of being of that "age" by people around them, by the media and by health-care personnel. Uncertainty was thus identified in the analysis as one main concern for the women during their passage through menopause.

The process *Keeping My Ways of Being* emerged in the analysis as the pattern of behavior through which the women endeavored to resolve their uncertainty. My ways of being was defined in the study by the way the women spoke of themselves in expressing both their own sense of self and the way they lived or wanted to live their lives:

That's not the way I wanted things to be. I didn't like it and I wanted to do something about it. There are limits to everything but I am the way I am.

The individual clearly plays an important role here," the menopausal ageing woman" considered as an object becoming "the woman I am", a subject.

Whether something is judged as uncertainty or not stems from the *Personal Calculation Process*, which represents the hub in the process *Keeping My Ways of Being* (Figure 1 and 2). In the calculation the women's attitudes towards menopause, ageing and HT are crucial for whether a change, a symptom or a suggestion from others is assessed as producing uncertainty at a personal level. *Keeping My Ways of Being*, as a process resolving uncertainty, handles any degree of uncertainty and is also basically unaffected by whatever is the source of uncertainty on the part of the women.

The Grounded Theory Review (2005), vol.5, no.1

Keeping My Ways of Being involves three different stages or strategies, those of *Preserving*, *Limiting* and *Reappraising*. These can be used separately, sequentially or simultaneously (Figure 1 and 2). The *Preserving* and *Limiting* stages are closely interrelated and are often used by the women simultaneously but to differing degrees at different times. When *Preserving* and *Limiting* are not sufficient to handle a woman's uncertainty, she moves on to the *Reappraising* stage and both the creation and the keeping of a new way of being begin.

The Personal Calculation Process

Personal calculation is the basic and vital process in *Keeping My Ways of Being* (Figures 1 and 3). In their personal calculations the women compared any experienced change, symptom or suggestion given with their explanatory narratives and their evaluations of need fulfillment:

By and large I feel that insofar as possible one should go along with what nature has decided upon, ...which I feel is my view of other things as well...and I don't experience my complaints as being so disturbing. You can make use of remedies that are available, but you shouldn't use them necessarily...I thought that with use of natural remedies it might be possible to reduce certain problems a little bit.

The women seemed to balance both their experienced need and the probability of benefit with a certain measure against their own beliefs and values. The calculation thus encompassed both an evaluation and a more mathematical assessment of the situation, such as:

I'm not a risk-taking person. I suppose this thing with estrogen is my first risk-taking so far. But then you have to check your breasts and uterus somewhat more frequently than I did before.

The degree of accordance with a given narrative and the degree of need fulfillment achieved determine the outcome of the calculation and thus the intensity of

The Grounded Theory Review (2005), vol.5, no.1

Keeping My Ways of Being (Figure 3). If a change is assessed as being in accordance with the explanatory narrative and the needs are fulfilled, there is no sense of uncertainty in the present way of being. When disagreement with a narrative or non-fulfillment of needs increases, uncertainty increases and *Preserving* then becomes more intense and *Limiting* is used increasingly (Figures 1 and 3) *Reappraising* begins when fulfilling needs of importance is impossible with available strategies or when strategies in use are in contradiction to narratives involved.

The explanatory narratives and evaluations of need, representing the basis of the calculation, are personal and closely intertwined with what the women preserve, and constitute central aspects of *Keeping My Ways of Being*. An explanatory narrative is conceived in the study as an individual woman's theory of "how things are, should be or will be". The women's attitudes towards and reception of ageing, menopause and HT, were expressed by means of these narratives. Also, needs were individually defined and could be anything that the women sensed they wanted to maintain or achieve or felt they were at risk of losing such as having a strong skeleton or their level of well-being.

Throughout the personal Calculation Process, there is a continuous weighing of different needs, beliefs, core values and the like in terms of priority and a gauging of the gains and losses different strategies might involve. This could imply for example weighing life-style against health:

I'm not attending mammography-screening if it's on my day off. However I'm well aware of there being a lot of cancer in my family so perhaps I should.

Preserving

Preserving plays a central role in the process of *Keeping My Ways of Being* and can be regarded as the stage where securing parts of one's ways of being as a basis for the future is accomplished by use of the well-known, both as regards the measures taken and the expected results or side-effects. The statement "You know

The Grounded Theory Review (2005), vol.5, no.1

what you have but not what you'll get" could be seen as applicable here:

...so I think sometimes that one shouldn't go and swallow those tablets, but then every morning I take one of those little pills. What I think is that if I stop doing that there'll be something else I'll have to worry about instead".

Preserving involves a shielding of core beliefs and of personhood as well as a constant maintaining of what has been attained.

Shielding

The building of a shield around the individual set of core beliefs and values, personhood and body-image emerged as being crucial for *Keeping My Ways of Being*. The women built shields through focusing on themselves, using their own lives as frames of reference and feeling confident in their own abilities and knowledge. This meant talking in terms of "I am such a person", "This is my opinion" or "My body is strong" or as expressed in:

My menstruation stopped abruptly. Since then I haven't had any bleeding, only occasional hot flushes. My life style is not one of being fixated on problems and I don't have any either.

No shield was evident when the level of uncertainty was low. The shield surfaced when the women were confronted with intrusive suggestions and unwanted questions concerning, for example, their evaluation of symptoms:

I have my own conception of what I like and what my body likes and the signals I get are what I pay attention to.

By talking in such a definite way about themselves, their opinions or their bodies, the women were able to fend off suggestions and questions.

The Grounded Theory Review (2005), vol.5, no.1

Even if the women's expressed beliefs and opinions, and their descriptions of personhood and of the body seemed contradictory, these were nevertheless shielded and held together as a unit. It was thus possible, for instance, to maintain a view of oneself as being a healthy person and at the same time struggle with a chronic disease or to describe menopause as a positive experience despite having tried numerous hormone treatments with various side-effects.

Maintaining

Maintaining is a strategy of reducing uncertainty through continually working at *Preserving* that which has already been attained, the current ways of being such as degree of well-being or freedom. In so doing, the women made use of their usual behaviors and strategies, doing this either by employing certain strategies over and over again or by increasing the intensiveness with which they were used. If a woman was accustomed to solving her problems either by use of medication or by life-style adaptations, she could try to solve a new problem in the same way without much consideration:

What I do to avoid getting brittle bones is to get a lot of exercise...so I don't have to think about that so much...and coronary heart disease - yes I think I can prevent that too by choosing a lifestyle that's appropriate .

If a particular type of medication was used it was possible to increase the number of tablets being taken or add some other medication:

Any kind of medicine that's taken in the right way and in the right dosage and that improves your quality of life is okay.

The women were also able to maintain their ways of being by adhering to their goals and defending their rights and ability at self-determination:

No, I said to myself...when the doctor said to me that I should start taking estrogen...What I'm

The Grounded Theory Review (2005), vol.5, no.1

taking now is enough...Estrogen is nothing I want to take. It would not be my first choice at all.

Limiting

Limiting is a strategy of confining the impact of increasing uncertainty on the ways of being when *Preserving* fails. The women moved towards *Limiting* when they needed new and counteracting approaches for resolving a problem at hand and a recapturing of their ways of being was regarded as possible.

The selection of approaches and of when to use them was dependent upon the personal calculations and the preserved frameworks (Figures 2 and 3). The explanatory narrative currently being used could involve, for example, a positive attitude towards health care and when the needs were not fulfilled a greater willingness of the women to consult a doctor could be seen. *Limiting* is achieved through mastering, modifying or avoiding uncertainty and its impact upon the ways of being.

Mastering

Limiting by *mastering* involves trying to surmount uncertainty and requires some *augmenting of know-how* and making investments (Figure 2). The women improved their skills and knowledge and obtained access to new tools or solutions by *augmenting their know-how* and *investing* in a more or a less organized way and with varying degree of intensity.

The women searched for knowledge or advice both actively and purposefully as well as seizing upon possibilities that caught their attention:

I wrote to that newspaper and was able to buy copies of those articles...I read them with great interest... .

The women also augmented their know-how through use of models and by trial and error. The role model used was often a woman's own mother or some near relative

The Grounded Theory Review (2005), vol.5, no.1

and the models involved provided them with both positive and negative examples:

At one time I thought I could just as well have my uterus removed. What's the point of having it?...My sister had hers removed when she was 45. She had a myoma. Having it removed was the best thing she had done.

Mastering by *investing*, using either themselves as the means or some external means, often needed to be organized to some extent and required both time and stamina to be successful. The women made investments in their health and bodies such as losing weight or enhancing fitness in order to regain their well-being. Through such investments the women handled some of their present problems but also aimed at preventing possible future impairments that represented sources of uncertainty, osteoporosis being one:

I want to have strong bones so I can go on running through the forests even if I have to push a walker in front of me. No, of course that wouldn't work, but nevertheless....

Investing in external resources such as health care or drugs was an active choice on the part of the women, as exemplified by such expressions as "I measured my bone density" or "I added the hormones". Other persons too, such as medical professionals, massage therapists or trainers were used as means:

Then I made the decision to go to that doctor and get a prescription for those hormones .

Whatever outcome *mastering* had, the new and counteracting approaches obtained or used could either strengthen that which were currently preserved or imply that improvements or alterations were needed, leading towards reappraisal (Figure 1).

Modifying

The Grounded Theory Review (2005), vol.5, no.1

Modifying involves making minor adjustments of core values, personhood or body-image and of what to maintain as well as the priority given them. The women made modifications of varying sorts in efforts to reduce disagreements with their explanatory narratives and with what they wished to maintain or shield:

I don't say to myself - You can't do that because you're so old - but rather the things one did earlier...don't seem as fun anymore, so one doesn't do them...they don't interest one particularly .

Such modifications represented a way of sneaking around having to deal more actively with the uncertainty at hand.

Although *modifying* enables one to a certain extent to keep one's ways of being, *Reappraising* is needed if uncertainty becomes too pronounced. For example, when a woman was asked about her use of estrogens, when consulting a doctor about her breasts, she started to re-evaluate her present view of risk with the medication and later on her need of it.

Avoiding

When will, time, strength or adequate possibilities of solving uncertainty in a new way is lacking, *avoiding* an uncertainty is a way to slow down the process of *Keeping My Ways of Being*, and preventing a turn directly towards *Reappraising* (Figure 1).

The women avoided uncertainty differently at different points of time and with varying degrees of control using a variety of strategies. When the women sensed that the impact to their ways of being was not a problem of particular significance, but that it may indeed develop into one they strived to wait and see, a sort of active expectancy. Carrying on as usual was thus possible for the time being.

Through downsizing uncertainty or not becoming involved with it, the same result could be achieved but with less control:

The Grounded Theory Review (2005), vol.5, no.1

I'm very uncertain about hormones... are they good or bad?...I don't feel I can judge myself what's best, but I think I ought to do that...and I can get cancer anyway...then one begins to look at things in another way. Then I say to myself: No, I won't bother about it. Things probably are all right the way they are.

"This was not the doctor I wanted. I'll ask another doctor the next time" exemplifies the way the women postponed *Limiting* the uncertainty at hand to a more appropriate time when the tools and skills needed were assumed to be available. A problem could also be moved aside, but often with a loss in control over its solution. The women moved problems through detaching from themselves the uncertainty they sensed, blaming others or letting others make decisions:

...the doctor should have told me about that from the start. It's his responsibility to do so.

Through avoidance, the women could move back to *Preserving* and strengthen their explanatory narratives (Figure 1). Uncertainty was thus reduced for the time being and *Reappraising* was delayed. There is also the possibility that as time passes problems could "solve themselves".

Reappraising

Reappraising the current ways of being is needed when *Keeping My Ways of Being* through the foremost used strategies of *Preserving* and *Limiting* are not sufficient to handle the uncertainty experienced (Figure 1). The rapidity of shifting to *Reappraising* and the extent of the reappraisal involved differs. A reappraisal could thus be both instantaneous and far-reaching when the women's preserved maintaining strategies or shielded beliefs and values were being questioned and abandoned after an event.

Vindicating and Facing of Facts

The *Reappraising* process often seemed to start with attempts to vindicate one's own behaviors or feelings and

The Grounded Theory Review (2005), vol.5, no.1

with a facing of facts. The following citation illustrates the intertwining of the two categories:

I stopped taking hormones a month and a half ago...someone I know got breast cancer...I thought, it's not so bad being faced with cold sweats again...I've asked myself how long I should continue taking things like that and it was the push I needed...to learn of something like that which could happen. But back then when I started (with estrogens) I felt free

When the women vindicated themselves, it involved convincing both themselves and others through statements such as that one had started to modify one's present maintaining behavior or explanatory narratives prior to the event or, in contrast to one's beliefs that it was all right to feel relieved when one's uterus was removed. The facing of facts involved the women finding in their personal calculations that there were no possibilities at all, or only limited ones, for fulfilling their needs or remaining true to their narratives. The women's facing of facts involved aspects of enduring, obeying or "learning one's lesson". The women, for example, endured heavy bleedings when they failed to accept hysterectomy or had to deal with a doctor they didn't like as ways of delaying having to give up some core beliefs or maintain something given a high priority.

Reconciling

Gradually, depending on the degree of acceptance of the *Reappraising* that has begun, there was found to be a movement towards reconciling. Through the use of compromising or through a forgiving of oneself, the women moved on:

One needs to work on things oneself, too...you have to either accept things as they are or go a step further".

The Grounded Theory Review (2005), vol.5, no.1

Looking forward or hoping for the best represents ways of leaving the uncertainty and the former ways of being behind:

Now it's me! Where am I then? You have to consider who you are and what you want when things have changed.

Through the *Reappraising* process, the ways of being are changed. The new ways of being may be only partially different or differ totally and can involve either cutting back or making manifest improvements as compared with one's earlier ways of being, even though this may be difficult to perceive when looking back:

Nowadays I fall asleep in the evening but I'm still awake several times during the night. It doesn't bother me much any more but I'm very happy when I don't wake up until the next morning.

Discussion

Since life inevitably moves forward, the menopause becomes a part of women's lives. In this GT of how middle-aged women deal with menopause and with the issue of the use or non-use of HT, we found that the uncertainties involved were of importance to the women. They dealt with these uncertainties through keeping their ways of being. It should be emphasized that this pattern of behavior, *Keeping My Ways of Being*, is one of many patterns of behavior the women were engaged in and it does not represent the women's entire being or doing. As such, our focus on concerns in relation to menopause and our talking to women who wished to be interviewed may be limitations of the study. As illustrated both in Ballard et al. (2001) and in an earlier study we conducted (Ekström et al., 2003), menopause is only a part of the multiplicity of changes and conditions that coexist and that can impact on women's lives and what they do during midlife.

Uncertainty and the Ways of Being

The Grounded Theory Review (2005), vol.5, no.1

Uncertainty, a well-known stressor, was identified in our study as one prime mover for the actions the women took during the menopause. Uncertainty has been found in several other studies to be a major concern of women during menopause (Bannister, 1999; George, 2002; Jones, 1997; Kittell & Mansfield, 2000; Liao, Hunter, & White, 1994; Lupton, 1996). The sources of uncertainty emerging in our study were also identified in those studies through such topics as not knowing whether one is menopausal, whether one's symptoms are related to menopause or to aging, the uneven nature of menopause, the feeling of being out of control, and ambivalence towards HT and the outcomes associated with it.

The properties of status passages, as presented by Glaser & Strauss (1971), can explain some of the degree of uncertainty the women expressed and its origin. The status passage of menopause is thus characterized by it being inevitable, whereas the status passage properties of temporality and clarity of signs of passage varied among the women studied. It has been found that even though all women (must) go through this passage, they are often unaware of each other's situation and have to discover the shaping of the passage by themselves (Kittell, Mansfield, & Voda, 1998). The desirability and the centrality, two other properties of status passages, depended for the women involved in our study on how they constructed their ways of being, both properties being reflected in the women's explanatory narratives and evaluations of need.

"The person I am" and "my ways of being" emerged as important both foundations and goals for the behaviors involved in *Keeping My Ways of Being*. The concept of my ways of being used in this study is closely related to self-identity as constituted by a reflexive ordering of life-narratives in Giddens' theory (1991) as well as to the personal paradigm involving the individual's structuring of beliefs, values, feelings and knowledge, as described by O'Connor & Wolfe (1991). In these theories, people are regarded as active, thinking beings who act according to the meaning things have for them.

The Grounded Theory Review (2005), vol.5, no.1

The personal ways of being is not thoroughly explored here, as it's not the focus of the study instead it's the women's keeping of it that is the study's main focus. Furthermore, the overall process of *Keeping My Ways of Being* is not necessarily conscious nor are the agendas behind it readily accessible. *Keeping My Ways of Being* represents the common pattern of behavior we discovered while interviewing and asking open-ended questions to individuals, belonging to cohorts of middle-aged women, when they comprehend the menopause from a personal perspective.

The Process

The pattern of behavior, *Keeping My Ways of Being*, represents a process of dealing with uncertainty by trying to control what measures to take and to pace these. This process has certain similarity to coping, when coping is considered as a process as described by Lazarus & Folkman (1984). The process of coping depends on and changes in accordance with the cognitive appraisals made by the persons involved. In *Keeping My Ways of Being* it is the *Personal Calculation Process* which is the means used for evaluating the situation.

The evaluations of need and the narratives, the basis of the calculation, provided a framework for the actions and decisions the women took. A number of studies support this type of framework as being important for women's decision-making during menopause (Bravata, Rastegar, & Horwitz, 2002; Griffiths, 1999; Jones, 1999; Kittell & Mansfield, 2000; Walter & Britten, 2002). In our study, the personal calculation is closer to "primary appraisal", aimed at evaluating a situation in terms of threat, impending loss and need for change, than to "secondary appraisal", which deals with personal possibilities for handling the current situation, as described by Lazarus & Folkman (1984).

The assessments made by the women in our study went beyond the realm of menopause to encompass broader aspects of life, as has also been found in other studies (Ballard et al., 2001; Bravata et al., 2002). A considerable diversity of preferences and views towards

The Grounded Theory Review (2005), vol.5, no.1

menopause, ageing and HT was identified in the women's accounts.

The emergent latent pattern of assessments among the women in our study, the *Personal Calculation Process*, works, fits and has relevance in resolving whether or not there is an uncertainty, whatever attitudes and preferences the women based their calculation on, since the explanatory narratives and evaluations involved are individual, as is also the outcome of the calculation. The calculation can be seen as representing the practical reasoning behind whether or not uncertainty is there, which is its outcome (Widdershoven-Heerding, 1987). The immediate action that follows is the women's individual way of getting, doing or securing what they want in order to reduce uncertainty.

The theory, *Keeping My Ways of Being*, represents a hypothesis of a general uncertainty-resolving pattern of behavior, yet it is totally individual. Accordingly, the theory does not involve judgments of whether it is a good, bad or appropriate way to handle uncertainty during menopause. This contrasts with studies in which these judgments were found in the evaluation of women's decision-making and behavioral strategies during the menopausal transition (Fox-Young, Sheehan, O'Connor, Cragg, & Del Mar, 1999; Lewin, Sinclair, & Bond, 2003), a matter which has been subjected to criticism (Guillemin, 1999; Lupton, 1996).

A comparison with how menopause is conceived of and dealt with in the field of medicine shows that there is little acknowledgement there of general problem-solving behaviors similar to that of *Keeping My Ways of Being*. In a study by Kittell et al. (1998), fear of possible embarrassment because of heavy bleeding or hot flushes was dealt with by keeping up appearances through concealing and controlling changes. Both strategies share many properties with our strategies of *Preserving* and *Limiting*, in particular *avoiding*, *maintaining* and *investing* activities.

Persistence in striving towards certain goals (Wrosch, Heckhausen, & Lachman, 2000), defending the right of

The Grounded Theory Review (2005), vol.5, no.1

self-determination (Griffiths, 1999; Jones, 1999) and the clarification and protection of personal values (Howell, 2001) are strategies described as important for the preservation of well-being in middle-aged women. These strategies also emerged as properties of the *Preserving* category in the present study. *Preserving*, as a maintenance strategy also resembles a change of the first order, "more of the same", that Watzlawick, Weakland, & Fisch (1974) refer to as involving the repeated use of old, well-known strategies for solving problems at hand.

In several other studies, activities have been described which are similar to the strategies of *modifying*, *investing*, *augmenting know-how*, *avoiding*, *maintaining* and *shielding* that we conceptualized (George, 2002; Griffiths, 1999; Howell, 2001; Jones, 1997, 1999). *Mastering*, *modifying* and *avoiding*, the properties of the *Limiting* category, have also been described as coping strategies by Lazarus & Folkman (1984). The *Preserving* and *Limiting* categories can be interpreted as representing either automatized behavior or coping depending on the degree of effort involved. *Limiting* involves use of strategies representing a more active form of dealing with uncertainty than *Preserving* does. *Limiting* can also be interpreted as the beginning of a change of the second order (Watzlawick et al. 1974) requiring new ways of thinking and of solving problems. In the process, it comes to its full expression during the reappraisal and when new ways of being are created.

In studies by George (2002), Jones (1997), Bannister (1999), Howell (2001) and Busch et al. (2003) the behaviors of adjusting behaviors and beliefs, shifting of focus, redefining self, facing the changes and looking forward, were identified among women passing through menopause and discussed in terms of development. In our study, *modifying* or *Reappraising* as ways of resolving increasing incongruence with explanatory beliefs or evaluations of need often resulted in reconceptualizations of the self, although this was not necessarily the case. A new way of being represented just a different way,

The Grounded Theory Review (2005), vol.5, no.1

independent of whether any personal development was involved.

However, a GT is never complete. It should always be open to new data when they emerge. By emergent fitting, the categories of our theory can be used, modified and adjusted through the process of constant comparison of our data with new data from studies on important life-transitions and changes inside and outside the medical field (Wuest, 2000).

Implications

The GT of *Keeping My Ways of Being* developed here can be useful in the daily practice of physicians when consulted by middle-aged women. The theory provides a framework for understanding the reasons and aims of women in seeking medical consultation.

The physician and the woman alike enter the consultation room with their individual ways of being and their own explanatory narratives concerning menopause. If these differ greatly, and the physician is not ready to take a close look at her/his own tendency to adhere to a particular set of ideas (Hvas, 2004; Murtagh & Hepworth, 2003) and to listen to and respect the consulting woman's sets of ideas, this may imply her leaving with feelings of being misunderstood or of being forced to choose a particular treatment. A fruitful approach would be to ask for whom, under which conditions and in what respects an uncertainty is present (Esseveld & Eldén, 2002; Lachman & James, 1997).

The behavior, seeking medical consultation, can from time to time be understood as representing either *Preserving* or *Limiting*. It can be, for example, a consultation about investment in HT, *augmenting* one's know-how or an attempt to detach oneself from responsibility for the present health situation, but it can also involve seeking reassurance or renewing a prescription as a more or less automatized behavior preserving the present ways of being.

The Grounded Theory Review (2005), vol.5, no.1

Interactions between women and medical personnel are important here as is also the contexts in which the women act and the kind of knowledge, information or tools available for dealing with their concerns. The outcomes of their keeping their ways of being can thus be quite different, depending on the agendas involved (Hemminki, 2004; Murtagh & Hepworth, 2003).

This approach, in which centrality is given to subjective and individual experiences of menopause, may also reveal the power-relations involved and the ownership of knowledge in the consultations. This would make women visible as subjects who can present themselves and have the power of managing their lives. Thus, using this perspective, the changed indications for HT use after the publications of some randomized controlled trials e.g. Women's Health Initiative (WHI) (EMEA, 2003) can have reduced some women's uncertainty and strengthened their skeptical attitudes towards HT, while other women's uncertainty might have increased implying a need for reappraisal of their use of HT, and still others may not have paid any interest to the matter as it is of no importance in their ways of being.

Conclusion

Grounded theory (as a method of conducting the study and analyzing the data) proved to be well suited to the aims of the study, allowing both what concerned the women here and their resolving behaviors to emerge through listening to the women's own narratives and interpretations. The middle-aged women who were studied dealt with uncertainties during the status passage of menopause by means of the process of *Keeping My Ways of Being*. The intensity of this process and the use of its different stages, *Preserving*, *Limiting* and *Reappraising*, depended on the central and important *Personal Calculation Process* in which the women used their individual explanatory beliefs and evaluations of need.

A GT is expected to fit, have relevance and work while also be readily modifiable. We thus conclude that, although *Keeping My Ways of Being* emerged from data on the

The Grounded Theory Review (2005), vol.5, no.1

menopausal transition that was collected from an exclusively female population, the theory might be expanded in its application beyond the realm of menopause and contribute to an understanding of how people, men and women alike, deal with more or less inevitable passages or changes in which they are concerned with the uncertainties that are present.

Acknowledgements

This study was funded by the Swedish Research Council, the Unit of Research and Development Kronoberg County Council and the Faculty of Medicine, Lund University. We would like to thank all participants for their time and their willingness to share their experiences with us. We also gratefully acknowledge the advice and support received from Dr. Barney Glaser at seminars held in London and Malmö in 2003 and 2004.

Authors

Helene Ekström (*corresponding author*)
Unit of Research and Development, Kronoberg County Council, Box 1223, SE-351 12 Växjö, Sweden
Department of Family Medicine, Clinical Sciences, Lund University, SE-221 85 Lund, Sweden

Corresponding address:
Unit of Research and Development, Kronoberg County Council, Box 1223, SE-351 12 Växjö, Sweden
Work: Fax +46 470 586455
Tel.: +46 470 586278 or +46 470 588000
E-mail address: helene.ekstrom@ltkronoberg.se

Helene Ekström, Ph.D., M.D., is a general practitioner at the Unit of Research and Development, Kronoberg County Council, and Department of Family Medicine, Clinical Sciences, Lund University.

Johanna Esseveld

The Grounded Theory Review (2005), vol.5, no.1

*Department of Sociology, Lund University, Box 114,
SE-221 00 Lund, Sweden*

Work: Tel.: +46 46 2229570 or +46 40 6657730

E-mail address: Johanna.Esseveld@soc.lu.se

*Johanna Esseveld, Ph.D., is professor of sociology,
Department of Sociology, Lund University.*

Birgitta Hovelius

*Department of Family Medicine, Clinical Sciences,
Lund, Lund University, SE-221 85 Lund, Sweden*

Work: Tel.: +46 46 175953 or +46 46 171010 Home:

Tel.: +46 46 123007 or +46 705 333636

E-mail address: Birgitta.Hovelius@med.lu.se

*Birgitta Hovelius, Ph.D., M.D., is professor of family
medicine, Department of Family Medicine, Clinical
Sciences, Lund University.*

Figure 1

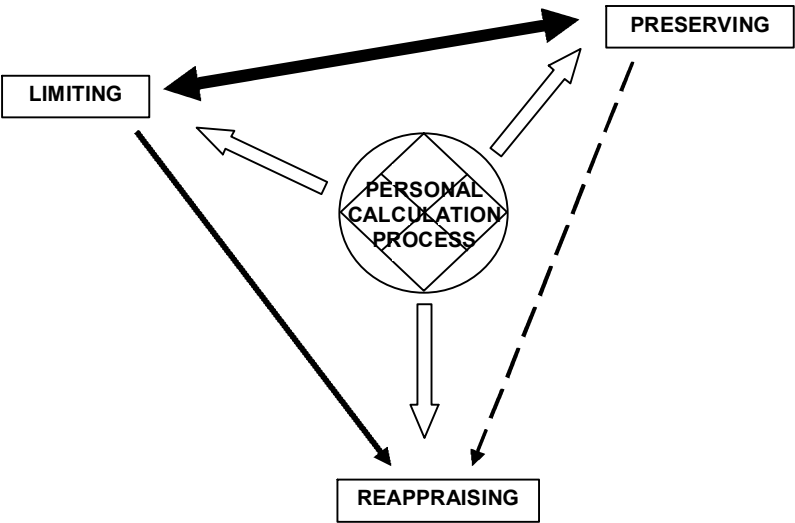


Figure 2




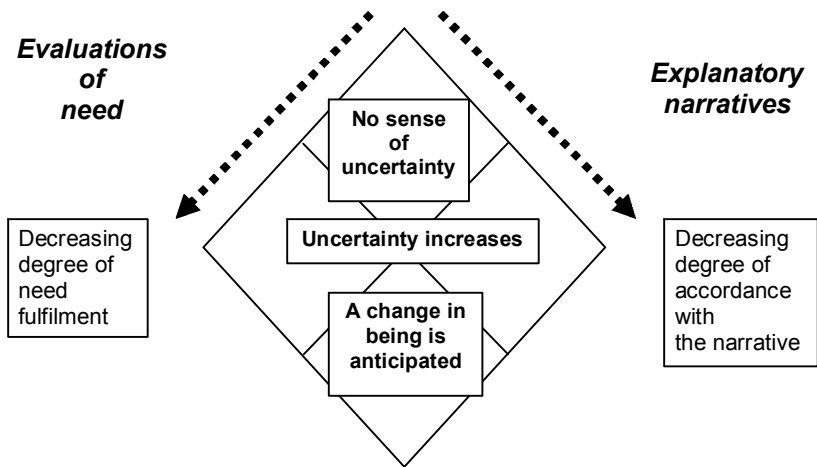
KEEPING MY WAYS OF BEING					
Personal calculation using explanatory narratives and evaluations of need			Preserving	<i>Shielding</i> of core beliefs and personhood	
				<i>Maintaining</i> the attained with well-known solutions and strategies	
Limiting	<i>Mastering</i> by augmenting know-how and investing			Personal calculation using explanatory narratives and evaluations of need	
	<i>Modifying</i> by adjustments of core beliefs, personhood and ranking of priority focus				
	<i>Avoiding</i> by "wait and see", downsizing, postponing and detaching				
Personal calculation using explanatory narratives and evaluations of need			Reappraising	<i>Vindicating</i> behaviours or feelings	
				<i>Facing of facts</i> by enduring, obeying or "learning the lesson"	
				<i>Reconciling</i> by compromising, forgiving oneself, hoping for the best, and looking forward	

Figure 3



References

- Ballard, K.D., Kuh, D.J., & Wadsworth, M.E.J. (2001). The role of the menopause in women's experiences of "the change of life". *Social Health Illness*, 23(4), 397-424.
- Bannister, E.M. (1999). Women's midlife experience of their changing bodies. *Qualitative Health Research*, 9(4), 520-537.
- Bravata, D.M., Rastegar, A., & Horwitz, R.I. (2002). How do women make decisions about hormone replacement therapy? *Am J Med*, 113(1), 22-29.
- Busch, H., Barth-Olofsson, A.S., Rosenhagen, S., & Collins, A. (2003). Menopausal transition and psychological development. *Menopause*, 10(2), 179-187.
- Ekström, H., & Hovelius, B. (2000). Quality of life and hormone therapy in women before and after menopause. *Scand J Prim Health Care*, 18(2), 115-121.
- Ekström, H., Esseveld, J., & Hovelius, B. (2003). Associations between attitudes toward hormone therapy and current use of it in middle-aged women. *Maturitas*, 46, 45-57.
- Ekström, H. (2005). Trends in middle-aged women's reports of symptoms, use of hormone therapy and attitudes towards it. *Maturitas*, 52, 154-164.
- EMA (2003). EMA (The European Agency for the Evaluation of Medical Products) public statement on recent publications regarding hormone replacement therapy. Available at: <http://www.emea.eu.int/pdfs/human/press/pus/3306503en.pdf>.

The Grounded Theory Review (2005), vol.5, no.1

- Esseveld, J., & Eldén, S. (2002). Frånvarande kvinnliga subjekt - en analys av medicinska texter om klimakteriet. In Swedish. [Missing female subjects. An analysis of medical texts about menopause. English summary]. *Kvinnovetenskaplig tidskrift*, (2-3), 45-59.
- Fox-Young, S., Sheehan, M., O'Connor, V., Cragg, C., & Del Mar, C. (1999). Women's knowledge about the physical and emotional changes associated with menopause. *Women Health*, 29(2), 37-51.
- George, S.A. (2002). The menopause experience: a woman's perspective. *J Obstet Gynecol Neonatal Nurs*, 31(1), 77-85.
- Giddens, A. (1991). *Modernity and self-identity: self and society in the late modern age*. Cambridge: Polity press
- Glaser, B.G., & Strauss, A.L. (1971). *Status passage: A formal theory*. Mill Valley, CA: Sociology Press
- Glaser, B.G. (1978). *Theoretical sensitivity*. Mill Valley, CA: Sociology Press
- Glaser, B.G. (1998). *Doing Grounded Theory: Issues and Discussions*. Mill Valley, CA: Sociology Press
- Glaser, B.G. (2001). *The Grounded Theory Perspective: Conceptualization contrasted with description*. Mill Valley, CA: Sociology Press
- Glaser, B.G. (2003). *The Grounded Theory Perspective II*. Mill Valley, CA: Sociology Press
- Griffiths, F. (1999). Women's control and choice regarding HRT. *Soc Sci Med*, 49(4), 469-481.

The Grounded Theory Review (2005), vol.5, no.1

- Guillemin, M.N. (1999). Managing menopause: a critical feminist engagement. *Scand J Public Health*, 27(4), 273-278.
- Hemminki, E. (2004). Opposition to unpopular research results: Finnish professionals reactions to the WHI findings. *Health Policy*, 69, 283-291.
- Howell, L.C. (2001). Implications of personal values in women's midlife development. *Counseling & Values*, 46(1), 54-65.
- Hvas, L. (2004). Women's needs and wants when seeing the GP in relation to menopausal issues. *Scand J Prim Health Care*, 22, 118-121.
- Jones, J.B. (1997). Representations of menopause and their health care implications: a qualitative study. *Am J Prev Med*, 13(1), 58-65.
- Jones, J.B. (1999). Hormone replacement therapy: women's decision-making process. *Soc Work Health Care*, 28(3), 95-111.
- Kaufert, P., Lock, M., McKinlay, S., Beyenne, Y., Coope, J., Davis, D., Eliasson, M., Gognalons-Nicolet, M., Goodman, M., & Holte, A. (1986). Menopause research: the Korpilampi workshop. *Soc Sci Med*, 22(11), 1285-1289.
- Kittell, L.A., Mansfield, P.K., & Voda, A.M. (1998). Keeping up appearances: the basic social process of the menopausal transition. *Qualitative Health Research*, 8(5), 618-633.
- Kittell, L.A., & Mansfield, P.K. (2000). What perimenopausal women think about using hormones during menopause. *Women Health*, 30(4), 77-91.
- Lachman, M.E., & James, J.B. (1997). Charting the Course of Midlife Development: An Overview. In M.E.

The Grounded Theory Review (2005), vol.5, no.1

- Lachman, & J.B. James (Eds.), Multiple paths of midlife development (pp. 1-17). Chicago & London: University of Chicago Press.
- Lazarus, R.S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer
- Lewin, K.J., Sinclair, H.K., & Bond, C.M. (2003). Women's knowledge of and attitudes towards hormone replacement therapy. *Fam Pract*, 20(2), 112-119.
- Liao, K., Hunter, M.S., & White, P. (1994). Beliefs about menopause of general practitioners and mid-aged women. *Fam Pract*, 11(4), 408-412.
- Lock, M. (1998). Anomalous ageing: Managing the postmenopausal body. *Body and Society*, 4(1), 35-61.
- Lock, M. (2002). Symptom reporting at menopause: a review of cross-cultural findings. *J Br Menopause Soc*, 8(4), 132-136.
- Lupton, D. (1996). Constructing the menopausal body: The discourses on hormone replacement therapy. *Body & Society*, 2(1), 91-97.
- Murtagh, M.J., & Hepworth, J. (2003). Feminist ethics and menopause: autonomy and decision-making in primary medical care. *Soc Sci Med*, 56(8), 1643-1652.
- O'Connor, D., & Wolfe, D.M. (1991). From crisis to growth at midlife: Changes in personal paradigm. *Journal of Organizational Behavior*, 12(4), 323-340.
- Walter, F.M., & Britten, N. (2002). Patients' understanding of risk: A qualitative study of decision-making about the menopause and hormone replacement therapy in general practice. *Fam Pract*, 19(6), 579-586.

The Grounded Theory Review (2005), vol.5, no.1

- Watzlawick, P., Weakland, J.H., & Fisch, R. (1974).
Change: Principles of problem formation and
problem resolution New York: Norton
- Widdershoven-Heerding, I. (1987). Medicine as a form of
practical understanding. *Theor Med*, 8(2), 179-185
- Wrosch, C., Heckhausen, J., & Lachman, M.E. (2000).
Primary and secondary control strategies for
managing health and financial stress across
adulthood. *Psychology & Aging*, 15(3), 387-399.
- Wuest, J. (2000). Negotiating with helping systems: an
example of grounded theory evolving through
emergent fit. *Qualitative Health Research*, 10(1),
51-70.

