

GRANDMOTHERS' VOICES; MI'KMAQ WOMEN'S VISION OF MID-LIFE CHANGE

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ABSTRACT

There is a relative lack of Aboriginal women's voices in past and current literature related to mid-life health and menopause. Yet, as a determinant of health, socio-political structures and culture represent important influences of women's mid-life and menopausal experiences. The purpose of this naturalistic inquiry was to explore the lived experiences of mid-life Mi'kmaq women. The research followed a participatory model and addressed ethical issues related to ownership, control, access, and possession. Forty-two Mi'kmaq women from five First Nation communities participated in six group discussions about their perceptions and experiences of mid-life change. Qualitative data were analyzed through the Atlas ti program and themes were sought through an inductive process.

Findings revealed that these Aboriginal women's mid-life vision encompasses an evolving perspective of life, self, and the peri-menopausal transition. This vision is informed by past generations, by women's life experiences, and by the limited resources available to Aboriginal women.

Interpretation of the findings was based on the unique cultural, historical, socio-political, and medical contexts within which Aboriginal women experience mid-life health and menopausal change. Barriers and opportunities for achieving optimal health are created through these multi-dimensional contexts.

I would like to offer my heartfelt thanks to all of the wise grandmothers who shared their stories with me. Their contribution to our learning about mid-life health and menopause is immeasurable.

INTRODUCTION

During the past 20 years, women's mid-life health and menopause have increasingly become a focus of research (Formanek 1990, Greer 1992, Kaufert 1990, Love 2003, Northrup 2002). In 1996, the World Health Organization (WHO) defined the various phases of women's menopausal transition in the following manner: Premenopause represents the entire reproductive period prior to the menopause. Peri-menopause is loosely defined as the period immediately prior to the menopause and the first year after menopause. Menopause is defined as permanent cessation of menstruation resulting from the loss of ovarian follicular activity. Postmenopause reflects a period dating from the menopause, although it cannot be determined until 12 months after termination of menstrual periods (Kittell et al. 1998).

Many studies have revealed that women's menopausal experience may be influenced by social determinants such as culture and socio-economic status (Ballard et al. 2001, Canadian Institute for Advanced Research 1991). Unfortunately, most studies have remained rather narrowly focused on issues most salient to Euro-Canadian women of the middle class. This assumption of a homogeneous menopausal experience ignores the diversity of women's every day circumstances and the influence of social determinants (Burger and Boulet 1991, Greene 1984). In particular, studies that do not account for women's ethno-racial background, socioeconomic status, existing health status, life circumstances, or cultural context fall short of contributing meaningful information about their menopausal experience (Goodman 1990).

Compared to biomedicine, the modest cultural lens of menopause research tends to focus on international comparative studies, while ignoring the lived experiences of women within the culturally diverse country of Canada. By and large, the experiences and conceptions of diverse ethno-cultural women, as influenced by unique historical, economic, political, and social contexts, have not been emphasized. This situation is perhaps most evident in the case of Aboriginal women who continue to struggle in relative isolation, for a voice in health research that many non-Aboriginal women have the privilege to take for granted.

According to Dion Stout and Kipling (1998: 11),

...there is a severe dearth of material related to Aboriginal women's health through the life-course, with the bulk of research attention directed toward infants and women of child-bearing age.

In particular, there are very few studies related to Aboriginal women's experience and understanding of mid-life health issues such as menopause (Buck and Gottlieb 1991). As such, contemporary menopause theories related to aging, sexuality, and social roles within families and communities might not always reflect the reality of Aboriginal women's lives.

Researchers have established that cultural beliefs influence women's construction, experience, and interpretation of menopause. For instance, western culture tends to be grounded in values of separation, independence, and autonomy. Consequently, themes of individual loss take root in this culture in which individualism may have priority over social relationships (Burger and Boulet 1991, Lock 1993). Themes of loss, mutilation, and mourning, promoted in biomedical literature, may however, have little utility within Aboriginal cultures in which family continuity is embedded in social life and

the procreative activities of a single woman are often transcended by involvement in extended kinship networks (Buck and Gottlieb 1991).

During the 1980s and 1990s, several researchers conducted cross-cultural studies in an attempt to discover the diversity of women's menopausal experience. They were particularly interested in talking to women living in traditional cultures in which the biomedical model of health had not taken primacy over more holistic models. The findings of research conducted by those such as Beyene (1989), Lock (1993) and Martin et al. (1993) demonstrated the wide diversity of menopausal experiences within and across cultures as well as the influence of cultural values and views of the female body, sexuality and reproductive processes. One of the most important findings of these cross-cultural projects is the diversity, and in some cases, marked absence of experiences such as hot flashes, once thought to be a universal manifestation of declining estrogen at menopause.

Very little is known about Aboriginal women's experience of menopause. In 2002, Robert Webster published the findings of a literature review, which attempted to summarize research involving First Nation women's menopausal experiences. After an extensive review, Webster uncovered a handful of publications, spanning one hundred years (1891-1991). Most of the studies included very small samples and made only vague reference to First Nation women's menopausal experiences, in many cases, never clearly defining menopause.

It appears that the first account of First Nation women's menopausal experience was recorded in 1891, within an American study on North American Native women's reproductive status. The authors of this report determined that the menopausal transition

- a. had little effect on women's lives,
- b. it occurred between age 40 and 57, and
- c. it lasted up to eight years (Currier 1891).

In a 1935 study of Ojibwa women (Hallowell and Irving 1991) as well as a 1963 study of women from the Northwest Territories (VanStone 1963), researchers also found that menopause had little impact on women's lives or social roles. In 1961, Shimony's study of the Iroquois people revealed that, while menopause did not disrupt women's lives, they did use herbal preparations like chamomile tea to prevent excessive peri-menopausal bleeding. A 1939 study (Goldfrank 1951) of Blackfoot women found that women received most of their information about menopause from peers, while a 1995 study

of Copper Inuit women by Stern and Condon, reported that the majority of women received information from their mothers and grandmothers. Finally, a 1991 study of eight Mohawk women's perception of mid-life revealed this time of life as being one of shifting priorities, reflecting on the past and planning for the future, as well as finding personal, meaningful time and enjoying relationships (Buck and Gottlieb 1991).

PURPOSE AND SIGNIFICANCE

The purpose of this study was to explore Mi'kmaq women's perceptions of mid-life health, with particular emphasis on menopause. Specifically, this study attempted to answer the following questions:

1. What issues become most important to Mi'kmaq women during mid-life?
2. What are Mi'kmaq women's beliefs and attitudes about menopause?
3. What contributes to Mi'kmaq women's understanding of mid-life health and menopause?

The significance of this study begins with its capacity to provide a platform upon which Aboriginal women may begin to voice their own theories about mid-life health. Ideally, the findings may be used to inform program and policy decisions related to the health of elder Aboriginal women. These findings might also provide a foundation for future research involving other Aboriginal women.

METHODS

STUDY DESIGN

Participatory research is intimately linked to Indigenous philosophies through the value of narrative, local participation, learning through action, collective decision-making, and empowerment through group activity. This philosophy also embraces participation of diverse senses and capacities, including the physical, emotional, psychological, spiritual, and social. The products of participatory research are often self-reliance, consciousness, and the creation of useful information (Jackson 1993).

Through the use of participatory principles, this study design reflected a deep respect for the intellectual and intuitive capacities of First Nations women (Lather 1991). Inviting the participation of community women in the recruitment of participants, modification of the discussion guide as well

as collection and analysis of data ensured a participatory approach to this research. Indeed, through this collaborative mode of research, I attempted to "distribute power more equitably among the various" research partners (Glesne and Peshkin 1991: 100). Nevertheless, there was some diversity in the extent to which women chose to participate in various components of the project. For instance, some women chose only to participate in discussion groups, while others engaged more fully in reflecting on interpretation of data.

In designing this study, I attempted to incorporate Indigenous epistemologies by acknowledging the wisdom of elders and the value of story telling as a vehicle of teaching, learning, and sharing (Battiste 2002). The participants of this study favoured group discussions as a means of sharing their experiences and engaging in reciprocal learning and healing. I also recognize that much of my learning came from listening to and observing the women who partnered in this research and not necessarily from the literature that previously shaped my perspective, nor from Eurocentric methodologies that assume the inferiority of experiential pedagogy (Battiste 2002).

METHODS AND PROCESS

This study included 6 groups, totaling 42 Mi'kmaq women, ranging from 38 to 83 years of age, from 5 First Nation communities. A number of sampling techniques, including purposive, snowball, and opportunistic sampling were employed. Facilitators from each participating community were asked to contact 5 or 6 women and invite them to participate in a group discussion about mid-life health and menopause. Each of the facilitators purposefully recruited women who were within the specified age group and who were experiencing or who had experienced menopause. They recruited these women using snowball sampling (one person suggested another who might be interested in participating) or opportunistic sampling (whoever happened to be available and wanted to participate), or both (Patton 1990).

The initial research questions provided the basis upon which we developed the preliminary discussion guide. Ideally, this guide provided a systematic and comprehensive framework within which women's perspectives emerged (Mays and Pope 1995). The wording and sequencing of the guide facilitated a flexible and culturally appropriate approach. In particular, the questions were respectful of women's knowledge and were amenable to adaptation to the contextual characteristics of each meeting (i.e., degree of formality, level of prior knowledge about menopause). After generating a list of questions

that would elicit the most contextually rich responses, they were sequenced in such a way that general issues preceded those more specific to menopause (Patton 1990, Sheatsley 1983).

Strategies for gaining access to this particular population included acquiring the support and endorsement of community leaders and networking within each community. Through acknowledgement of the principles of OCAP (ownership, control, access, and possession), I attempted to address issues related to distrust of researchers and the research process, skepticism about the value of participation for the community, confidentiality, as well as the recent flood of research in First Nation communities, which competes with Aboriginal women's multiple responsibilities and might have impacted individuals' willingness to participate in the research process.

After initial consultation with the Mi'kmaq Health Research Group¹ and approval by the Mi'kmaq Ethics Watch,² my next contact was with Health Directors or Community Health Representatives (CHR) in selected communities. If required, I also requested approval to conduct research from the Band Manager or Band Council. During my initial meetings with key informants and facilitators, I explained and discussed

- a. the purpose of the study,
- b. the risks and benefits to participating research partners,
- c. strategies for collecting data and ensuring confidentiality,
- d. payment of honoraria,
- e. potential audiences and application of the findings,
- f. modification of the interview guide, and
- g. any questions or concerns that arose.

I also provided them with a letter that described the study in detail. Each participant also received a copy of this information letter during the recruitment process. Local community centres and health centres were chosen as

1 The Mi'kmaq Health Research Group (MHRG) represents a collaboration of members of the Confederacy of Mainland Mi'kmaq (CMM), the Union of Nova Scotia Indians (UNSI), the Atlantic Policy Congress of First Nation Chiefs (APC) as well as Aboriginal and non-Aboriginal faculty members from Dalhousie University.

2 "The Mi'kmawey L'nui Skmaq or Mi'kmaw Ethics Watch was established to review proposals for research conducted among and with Mi'kmaw people using the Mi'kmaw Principles and Guidelines for the Protection of Mi'kmaw Heritage and People. These principals and protocols expect researchers to follow the highest standards of research with sensitivity and respect to protocols appropriate to Mi'kmaw people and their communities..." (Mi'kmaq Ethics Watch 1999).

the most convenient place to conduct the groups; community facilitators and participants negotiated the dates and times. This sharing of decision-making power as well as open communication represented critical components of this participatory research process (Kirby and McKenna 1989).

Before each discussion, participants were asked to verify that they understood what the study was about. They were also asked to give their consent to participate in the group discussion and to be audio-taped. All but one group agreed to be audio-taped. During this discussion, I took notes and wrote up post-interview notes to capture the main themes. My first group began with a lunch so that I could get to know participants before we began our talk. Some of the women also remained after the discussion, to ask questions about issues that came up in the group. My second group began with snacks and a visit, which also extended beyond the group discussion. The third and fourth groups were held at a community centre on the same day and were separated by a Christmas tea/lunch. The fifth group lasted most of the day, because a workshop and a supper, at which I was given a lovely woven, sweet grass cup and saucer, followed our discussion. The final group began with a visit at the home of the community facilitator. We also had a light snack and social before that group, at which the women invited me to return for a community workshop as soon as I could.

With the permission of the participants, I facilitated all of the discussion groups and the community facilitator attended to follow-up and probe for specific content. By and large, the women were very enthusiastic about the opportunity to share their experience and to learn more about mid-life change. Our talks were comfortable, relaxed, and lighthearted — the women laughed a lot and made me feel very welcomed. In an effort to respect various levels of literacy, I reviewed the introduction letter and the consent form aloud. Participants were also given the option of providing either written or oral consent. For those women who did not feel comfortable discussing this issue in a group setting, I offered the opportunity to participate in a one-on-one interview. This alternative was not chosen by any of the women, who all indicated that they felt comfortable participating in the group discussion.

ANALYSIS

Audio-taped discussions and my hand-written notes were transcribed verbatim. Participants' names and other potential identifiers were not included in the typed transcripts. A software program called Atlas ti facilitated coding and subsequent analysis of the qualitative data. During my initial analysis,

I followed a modified grounded theory approach, in which I derived themes inductively (Ballard et al. 2001). Three rounds of fine-level coding established both descriptive and conceptual codes. After several iterations through the coded transcripts, I distinguished patterns in the data, from which I developed conceptual relationships, which linked categories in a meaningful way. Various relationships were held against the data and those that seemed to best reflect both the essence and the context of women's experience were chosen.

INTEGRITY OF THE FINDINGS

I attempted to address issues related to the integrity of the findings by giving community facilitators and participants an opportunity to review their transcript, my preliminary code list, and a summary of my organization of data and interpretation of findings. Guba and Lincoln (1989: 239) describe these "member checks" as the "most crucial technique in establishing credibility." Finally, I monitored my evolving constructions through a process of "progressive subjectivity," which involved documenting reflections regarding my awareness, attitudes, preconceptions, values, and biases within this document and in a personal journal. Guba and Lincoln suggest that this system of self-monitoring ensures that my constructions do not take precedence over those of my research partners.

The process of prolonged engagement and partnership included initial contact by phone or in person with Health Directors and/or health staff; follow-up packages including all relevant research materials; follow-up phone calls to discuss questions or concerns; preliminary meetings with Health Directors and/or health professionals (three communities); development of partnership agreements; on-going communication with community facilitators in the form of phone calls, emails, faxes, and visits; follow-up debriefing after each discussion group; post-group workshops and group learning sessions; follow-up packages for feedback on content and analysis; community visits to present findings and receive feedback; as well as plans for future workshops on mid-life change and related issues in participating and other communities.

LIMITATIONS

The findings of this study cannot necessarily be generalized to all Aboriginal women or even to Mi'kmaq women who did not participate in the research. Like most qualitative studies, the findings are based on a relatively small sample, from selected communities, of women who, for one rea-

son or another, heard about and chose to participate in this study. Yet, it is a place to begin to answer some questions and to ask many others.

Most qualitative research uses non-positivist criteria with which to judge the utility and credibility of small purposeful samples. This strategy is used extensively by qualitative researchers in order to achieve a specific research purpose, including gathering information from populations who are hard-to-reach, those who represent distinct groups, those with specialized knowledge or experience, as well as those who are simply willing and able to share their stories (Patton 1990). All of these criteria apply to the group of women involved in this study.

Although the use of group discussion permitted me to increase the sample size over individual interviews, it did not confer generalizability of the research findings. Aside from the self-facilitation of group members who provided valuable cues that prompted discussion, the sharing of information and experiences seemed to make group discussions an enjoyable one for all research partners (Kreuger 1994, Patton 1987). One of the most important limitations of group discussion relates to the issue of confidentiality. While facilitators and I ensured the confidentiality of participants' responses, we could not guarantee that all group members would respect the privacy of others (Patton). This limitation was addressed in the consent form women were required to sign before participating in a group discussion.

FINDINGS

The theme of women's vision emerged from four sub-themes, which include life vision, menopausal vision, self-vision, as well as the source and substance of women's vision. I have used the term vision to denote the perceptual quality of women's experience of menopause. I chose this term over that of "perceptions" or "perspectives" because I believe it best illustrates the depth and texture of women's insights. My presentation of each theme begins with a brief summary of the main concepts, followed by an in-depth analysis of the findings. I have included several quotes in each section in an effort to validate and illustrate the tentative conclusions I have drawn. I have also made an effort to qualify findings in terms of the diversity, subjectivity, and degree to which particular perspectives and experiences were shared.

VISION

Overall, the mid-life vision shared by the Aboriginal women in this study is holistic in the sense that it embraces many dimensions of life; as well, this

vision is temporally inclusive because it encompasses the totality of their past, present and future. As such, domains of self, other, and mid-life experience cannot be viewed separately; rather, they must be conceptualized as interconnected fields, which fuse into a single, vast horizon. In sharing their vision, these women implicitly reveal a keen awareness of the link between perception and embodied reality. Their stories describe a process through which expectations become woven into the perception of menopausal experience. For some, fear and apprehension becomes the template upon which physical and emotional changes occur. For others, freedom and self-discovery act as a filter for acceptable changes that might otherwise be perceived as disquieting. Most, however, begin the journey with a vision that includes both positive and negative lenses — both of which form the basis of their menopausal reality.

LIFE VISION

The sub-theme of life vision emerged from women's response to the question, "What becomes important to you at this time of life?" In responding to this question, women revealed a vision of life through their mid-life perspective. Specifically, this theme embraces the elements of life that fill women's mid-life gaze, the experiences that have shaped that gaze, their current understandings of life, how their vision has changed over time, and how they feel about their new and evolving vision.

Women's life vision is rooted in past values that become increasingly meaningful as they experience the change of life. Maturity and wisdom correspond with a more positive perspective and an acceptance of change in many forms. This enhanced vision not only brings women closer to themselves but also to those individuals who have traveled with them. During this life transition, these values become not only a source of strength but also a source of reflection.

I think as you get older, you realize it doesn't matter what you do, you have to live with yourself; you have to live with your own conscience and you have to try to live the best you can every day; and that's the difference now, where before it was like you're looking for an easy way out, if you don't want to live the best way you can and you find a shortcut. You think it was an easy way out of it because when we were young we just weren't aware 'cause I find that. . . . I know we weren't aware.

Many women talked about leaving old struggles behind and learning to accept new challenges with a grace that only comes with age. Although the past remains an important component of their life vision, living in the moment becomes more meaningful as women traverse mid-life.

I never think about it 'til somebody reminds me.... Somebody reminds me of my age, I never think about my age...but I'm getting older every day...but I just live today.... I don't care about tomorrow, yesterday...you can't get that back.... There are people who do care about getting old...I just live today because when I wake up in the morning thank God I said my prayer, thank God I'm alive and I hope this day is going to be good.

During mid-life, these women begin to seek knowledge with a new respect for their own capacity to learn and in their ability to guide their own learning. With humility that only comes with true maturity, they seek out new ways of knowing, some rooted in the tradition of their ancestors, and some based on the science of modern medicine.

Women try to learn more about their health as they get older — especially their physical health. Staying healthy becomes more important.

I find ceremonies, traditional ceremonies, talking circles, sweat lodges, they help me for body, mind, spirit.

Women's vision of life is also influenced in many ways — by their growing appreciation for the fine balance between the domains of life that define them as women; as mothers, aunties, and grandmothers, as well as daughters, granddaughters, nieces, partners, and friends. Over the course of their lives, women acquire an acceptance of aging, of changing families and changing times, and an appreciation that life is filled with uncertainty. Through this acceptance, women's vision of change becomes increasingly positive and the template for more balanced changes. Discovering balance becomes critical to discovering self and embracing change forms the cornerstone of positive experiences.

I guess it all depends on where you are in your life, how you deal with it — so I can see where it can be depressing because you know if you find yourself alone and you are in menopause, right — you know you might not have too many positives to face, right, so I think until you can reach acceptance, you can move on, then just accept it as another stage in life.

Women revealed that, in learning to accept the often-disquieting physical milestones of age, they are compelled to focus more attention on themselves. In doing so, they discover that their gaze upon the world has changed — it has broadened and relaxed; they have learned to see the world through a lens shaped by time and learning.

But it's true, as you get older you learn from your life experiences, you reach a certain age you don't panic as much as you did when you were younger.

I think it's a positive experience you know aging. I'm not saying you like growing old... there's things about aging that I don't like but you know on the whole, right, yeah, you know it's.... It's a pretty positive thing.

VISION OF MENOPAUSE

Women's vision of menopause is shaped by many influences — by the silence surrounding the experiences of their mother and grandmothers, by their expectations of what changes they will experience, and by the freedom that menopause can represent.

SILENCE

The women in this study described a collective silence about women's bodies in general and menopause in particular. Among these groups of women, almost no one's mother ever spoke about menopause, nor did their grandmothers or most older women they know.

Nobody talks about menopause. Nobody talks about it at all. And if they do it is.... No, if you talk about it, it's between you and that other woman down there....

I didn't know anything...it's hard when you don't understand...like some of these things...that I don't understand, you know even in your body, inside, I don't understand like that part, like...it's really hard....

EXPECTATIONS

Many women recognize that their expectations of mid-life change are rooted in the knowledge and experience of others. For some, their expectations are based on stories, which are not altogether positive. In fact, it seems as though silence is broken only with stories of suffering. It is not surprising therefore, to discover that women's expectations often include negative elements of change. Some women may even become fearful of change when the information they receive is misunderstood or misrepresented. This cycle of misinformation and misattribution becomes a self-fulfilling prophecy. Fear itself can create negative experience — fear can affect what women do to care for themselves and their families and how they view themselves in terms of changing perspectives and behaviours.

I'm hearing these things and they're scaring me like at home, I'm usually not mad at my husband or my kids and I don't want to be, like I don't want to be mad at them. I want to be ready, like I want to know what it feels like to have menopause and I told my husband once I'm hearing these things and I told him if I get mad at you and if I start to get mad at the kids, just lock me up in the basement 'til I stop.

FREEDOM

Women's vision also includes the concept of freedom — specifically, freedom from the constraints of childbearing and child rearing as well as repeated cycles of menstrual cramping, bloating, and bleeding. Some women emphasized the relative freedom contemporary women have around controlling childbirth. In the past, most women had children well into their forties, so that menopause occurred at a time when they were still caring for small children and many times, large extended families.

My God, I didn't get no period right — no red wings, mother nature — God, it was nice you know!

This is a time of freedom in women's lives.

And like today, like one time, like my age they don't have these drugs and they don't have birth control so you were having babies until you couldn't have any more.

Many of these women look forward to a time of rest, with less pressure and responsibilities, and with more leisure time during their old age to pursue activities they did not have time for during the busy years of work and/or caring for young children. They also look forward to a time when they can focus more on themselves, free time to discover what else they can achieve outside the role of mother. They embrace this new-found freedom to choose what avenues they wish to pursue — what pleasures they wish to indulge.

When your kids are gone, you have more time to focus on yourself. This is a time for women to discover themselves — outside of the role of mother. This is a time for women to enjoy things they put off when they were raising their families and working. When you have children and/or work, you don't have any time for yourself.

Freedom is also conceptualized as a relaxation of the social constraints associated with youth and with the perception of young women's social roles. Many of the women reported worrying less about how other people perceive them. They enjoy the freedom to move openly, to speak their mind and pursue their own opinions, all of which have become increasingly important to these mid-life women.

When I was younger, see I wouldn't say anything but now I'll speak my mind, if I don't agree with something you'll know. I don't agree with it where one time I would have just [remained silent].

Women seem to have mixed feelings about the issue of mid-life sexual freedom. Although most women appreciate liberation from contraceptives and unplanned pregnancies, they also disclose that their view of sexuality has been altered by misinformation about sexual function during later years. Consequently, some are not able to take full advantage of the relative sexual freedom this time of life offers them. According to this group of women, lack

of a sexual partner also impacts women's ability to pursue a satisfying sex life during mid and later life.

And then it's the individual choice really in everything you do...[one of] the advantages of it is knowing that you can't have children anymore, you know, and you will be enjoying your sex more so hey, give me more, you know....

I know a lady with menopause — it was awful — she didn't want anything to do with her husband or anything. [Another woman responds], Yeah I've heard that too. I've seen it happen....

Finally, and perhaps most importantly, women perceive a sense of freedom that comes when they give themselves permission to change — with children's lives re-settled outside the home, their role evolves from one of caretaker to one of companion, mentor, and friend. They report freedom from stress related to the daily balance of work, of children's lives, of the dynamics of a family still in the growing years.

You couldn't do it before, right, with the children.... But they [women] just become a little bit more focused on [themselves] yeah — good for them....

SELF VISION

The women who participated in this study report an overwhelmingly positive vision of their mid-life self. They also acknowledge that they, themselves, are a major resource in the development of this new self-concept. This is reflected in an increased sense of autonomy as well as a desire to focus on their own needs and to find new ways to feel fulfilled.

That's like me, I don't care as long as I'm healthy and I can walk and I can run and play with the grand kids and you know I spend time with them and I don't feel old. I feel like...I don't know, maybe the same age as when I was having my children.

Fortunately, the wisdom that often accompanies age, brings the gift of

acceptance — of an older self that might not possess the same qualities that made it beautiful in youth, but one that possesses beauty, which comes from experience. Women also begin to recognize a deeper beauty that comes from comfort with themselves.

I'm 50 and I feel good...I feel great...and I'm active in every which way...and I just love it.

You become more comfortable with yourself, the way you are at the time...you're not so worried about.... Yeah...accept yourself.

Activity emerged as a component of women's self-concept. Activities seem to enhance women's perception of self efficacy — being able to maintain a balance between work and activities that enhance their leisure experience, reflects many of the goals they have set for themselves as mid-life women. Activities are seen as an avenue to physical and psychological fulfillment — of distraction and of challenge. Some women described this time of their lives as an "awakening," a time when they were forced to take a closer-than-usual look at themselves, and to take action for change. Whether to accommodate physical changes occurring in their bodies or emotional/relationship changes, women often begin to pursue activities that were impracticable or unattainable in their youth.

Yeah, it's an individual awakening like you know...I've got to get off the pot or else you know.... I think it is anyway, in my view you know, but I notice with a lot of women that's what...that's what I see....

I'm doing more this year than I've done in years and I can notice a difference in myself in stuff like...I can't wait to go home from work 'cause I want to go like foolish stuff like snowmobiling....

Women's evolving capacity for introspection brings with it an emerging sense of responsibility to live life to its fullest. Fulfillment is often found in pursuing issues of integrity in all aspects of life. They discover acceptance of themselves — with all their faults and frailties. They also discover an enhanced capacity for forgiveness, often including the ability to forgive themselves. They

are increasingly able to look back on their lives and see the challenges and the triumphs with equal joy and learning. That learning is enhanced through experience as well as the capacity to view life more broadly. Women want to delve more deeply into themselves as individuals, to examine themselves in the full light of their lived experience, to discover a self buried beneath the layers of all they have been expected to be and all they have become as a result of those expectations.

All this big stuff, it's nothing big, it's all simple, everything is not important, all that's important is how you interrelate with others you know without really hurting another person intentionally, you know — we all hurt somebody unintentionally at times, but that's what's important.

You say you become more forgiving and Yeah ... wiser You're able to control your mental health.

THE SUBSTANCE AND SOURCE OF VISION

Women's vision of life, of change and of themselves may be understood in relation to its source and its substance. Women revealed the source of their vision as the indirect and overt information they receive from both informal and formal sources. Women cited elders as an especially important source of wisdom in terms of influencing their perspective and contributing to their knowledge. Women also acknowledge the past, both their own and past traditions that have been passed on to them, as an important source of their vision. The substance of women's vision concerns the specific messages they reveal as having influenced their vision of life and self and menopause.

EDUCATION

Vision is best informed through multiple learning opportunities that relate to all the senses and encompass the holistic nature of this experience. The pluralism of women's vision honours the gifts of western science as well as the traditional medicine and knowledge of their ancestors. Women enhance their vision through investigation on their own, and by talking to friends and family members. They search for information that is balanced in terms of medicine and tradition; they also search for knowledge that accommodates their enhanced capacity for understanding.

Just started reading a lot and started asking questions.

Looking at things and being educated I guess, yeah. Understanding maybe both ways [Western and Indigenous] of looking at it.

It is clear that a lack of health information diminishes women's vision in the sense that they are not always certain about what avenues to pursue for healing and health. According to these women, there has been much in the way of "talk," but little in the way of useful information, about actual health issues associated with peri-menopausal change.

But it would be really nice, it really, really would be nice to have a place where like a woman can go and get answers, just to talk to somebody you know, where you feel comfortable and ask these questions, but...I mean they don't have any such thing do they?

As a source of information, which might enhance women's vision, doctors tend to fall short of the mark. Consequently, women often search for information through media such as the Internet because many perceive that doctors know little about menopause, beyond symptoms and details about hormone replacement therapy. Moreover, doctors often make women feel as though their views are not respected and that this experience does not totally belong to them. These women insist that they need an opportunity to learn as much as they can, so they will feel completely informed. Yet, doctors seldom encourage women to pursue alternative forms of healing, nor do they always take time to listen or demonstrate respect for women's capacity to inform themselves. Thus, women often feel discouraged from attempting to gain greater insight and may forgo further discussion with their doctor.

I find the doctors don't really want to talk to you...you go in there and you ask a question about this and that and whatever, they just really, they're not there to talk to you, to inform you, you know, and you ask and they're almost insulted 'cause quite often I'll go to the computer and I'll say, well this is what I read in the computer; man, he gets a little annoyed. I wouldn't believe everything I read on the computer,

but it just kind of... I wouldn't believe everything that I read so... it's discouraging — like you don't feel like trying to get informed, you know.

You can get information from the computer too, like if you're looking for information about a drug or something, you can get it from the computer, easier than from your doctor. Sometimes when you get that kind of information you kind of like to just talk to him about it, you know... but it's almost like he's insulted that you have some other information, you know.

ELDER LESSONS

Lessons learned from elders are an important source of women's menopausal vision. In part, grandmothers shape a vision of life that settles more deeply into women's spirits as they journey toward that stage in their own lives. Beyond the practical lessons related to life, elders instill values, which become the fabric of community, family, and individual life.

My grandmother raised me... and she told me all about stuff and if it wasn't for her I wouldn't know anything... plus she taught me how to read, she told me about life, how life is growth, you know, but she never said this is the male and this is the female...

Vision includes memories of elders, of grandfathers and grandmothers; of quiet, dignified people who earned the respect of others, not through loud, boastful means, but through the quality of their character and deeds. Women begin to understand that they have the ability to make that vision a reality in their own lives; that the respect they show toward others gets reflected back to them. With delight, they discover that, in many ways, they are now perceived in the same light that distinguished their grandparents. This is a very pleasant vision, one that fuses the past with the present.

Like I even remember my grandparents, like you think of the old Indians, I think of granddad and I see this quiet, dignified man who didn't demand respect but had it from every-

body and I think that's the same, you look at that, you say o.k., can I become that same type of a person who's not going to be out there demanding for people to respect me but because of the way that I carry myself, have it. And I think that...some of us are seeing that and some of us are getting the respect and we're feeling respect towards others and I think that's just part of it, I don't know.

Reflections on learning from grandparents provide yet another connection to elders, which enhances women's perception of mid-life, as a time of strength and wisdom as well as increased capacity to generate knowledge and the desire to share that knowledge with others. These positive expressions of aging create a positive vision, so that women's expectations become positive.

I think because we respect our grandmothers... 'cause I remember always going to grandma's... that was, you know, and I don't know if they [Euro-Canadians] have that, 'cause I don't know 'cause I'm not White, I don't know how they interact with their grandparents. That's the way I saw grandma. Yeah, and you learned a lot from them you know.... And you wanted to be with them....

Vision is also informed by the stories of elders, who remember a life more difficult than the one contemporary women experience. Elders talk about work and responsibilities that left little time to ponder the physical or emotional discomforts of menopausal change. In many ways, women honour those who have gone before them by acknowledging their burden and recognizing the relative comfort with which they are traversing the change. One senses immeasurable pride in women's reminiscences of mothers and grandmothers, who toiled to keep families happy and communities healthy.

I remember my grandmother saying that she couldn't see all the worry and stuff about it because she said when she went through it she didn't have time to think about it, she said she went through the hot flashes, she went through, she said she didn't remember going through the emotional thing because she said she was so busy working and providing for her family at the time that she said she couldn't basically remember it,

she remembers going through it but she couldn't understand why people were so emotional about going through it because she said she just...had the hot flashes and that was it...just like that so...she was just too busy to think about it.

And elders have so much wisdom, knowledge of life and I look up to the elders and that...that's the beauty of it, of growing old, babies, a new born baby just being born, the Creator has brought in a new life for the baby it's more closer to the Creator, little child and an elder is old, so closer to the Creator too, because that time is coming close elders are going to leave us in body, but in spirit will always be with us, and will be in the spirit world, you know. That's how I look at it the beauty in growing old. Our bodies change, everything changes....

Among many Indigenous peoples, lessons are taught through stories, into which metaphors for life are intricately woven. One such story, shared by an elder woman in this study, involved basket making, a task that combines skill, patience, and time. Circular and interwoven, the basket takes shape through a combination of the physical elements of nature, gently coaxed into something more beautiful, which seems to take on a life of its own. Sometimes the weaver plans the design and remains true to the form of that arrangement. At other times, the weaver achieves such harmony with the basket that its shape emerges in concert with the interplay of the elements, of earth and spirit and caring. The process requires the weaver's undivided attention and the outcome is often "fine art."

When I start a basket, I'm just thinking about that bottom, and finally I start to shape it, lots of times people ask me if I have a sample, or pictures I say "no," or what kind of basket you know how I go to trim it and I say "I don't know,"...it's just the way I am, start it, then start to shape it and finally I look at this and I don't have a mould or anything, I just do it with my hands...and I don't know how it's going to look when I start it but as I go along and I say, "I'm going to do this," that's how I...and I don't think anything, just thinking

of this, I get so involved doing it. I don't even watch TV or radio or anything I get so involved doing this, how I go, put this or this...it's good for your mind, you know....

This story provides a metaphor for women's change and the message is as beautifully and carefully woven as the basket. The journey begins with elements of the earth, of human creation and female fertility, both gifts of nature. The journey takes shape over time, involving creativity and patience. The design may be planned or it may emerge through a relaxed interplay, which combines the plasticity of women's physical experience with emotional and spiritual elements of change.

Attention to the natural ebb and flow of change, and to the delicate balance required to achieve this "fine art," reveals female lives that tell beautiful stories. Mind, body, and spirit achieve harmony in the careful interplay of the weaving; the process and the product are one, each dependent on the other for symmetry, balance, and beauty. The product is both beautiful and practical; a happy woman in good health, content in the life she has woven.

PAST

Past experiences, particularly those related to menarche, menstruation, childbirth, and hysterectomy inform women's mid-life vision. Depending on their individual perspective and personality, experiences in the past might influence women to view this process of change as either a blessing or a curse. For women who have suffered debilitating menstrual pain or excessive bleeding, menopause is often viewed as a welcome relief.

I used to be terribly sore I couldn't walk...when I had my period I couldn't walk at all...I was paining so bad and it would go down my leg you know, up my back and then I'd be throwing up, I couldn't stand the sight of food, you know...and it would last for, God, almost a week, off and on, off and on, through the day.

Similarly, among women who bore many children, especially late into their forties, menopause is often viewed positively. This is particularly true for women who began their families before the introduction of female contraceptives and still others, who may not have practiced birth control out of deference to their faith.

That's why I say this [menopause] is not a problem...I got seventeen children. I started when I was fourteen.

For many women, issues related to reproductive change have always been shrouded in mystery and silence. Although the values of parents and grandparents are respected, lack of information about menarche (first menstrual period), when unanticipated and unexplained bleeding were experienced as traumatic, often leaves vestiges of fear, which linger in women's memory, and may become part of their current experience. Pain, confusion, and a sense of loneliness in menarche infuses women's vision. They often relate stories of being a young woman who desperately wanted to understand what was happening to her body, who becomes a mid-life woman, filled with uncertainty about changes, which seem beyond her control or consent.

My grandmother wouldn't even tell me about your periods...I never knew. "Go see your grandfather" — she says, my grandmother told me that and I was bleeding, that's what my grandfather says.... "Why are you telling me all this?" [laughter] I said, "She sent me to you," and I was running back and forth...they were old fashioned. Two years after that I was pregnant.

Mom was like that, she wouldn't tell us anything...I remember one time, [sister] was, she was only a teenager, she was running along and I told mom that [sister's] got Kleenex in her panties — she got right mad, I didn't know what to tell her.

NEGATIVE TALK

Women "hear people talk" — not so much about menopause in general, but about physical and emotional responses to change. Women hear stories about hot flashes, weight gain, mental health problems, lack of sex drive, vaginal dryness, painful intercourse, accelerated aging, infidelity (on the part of women as well as their partners), sadness, loss of emotional control, loss of memory, sleep problems — the list is endless.

That's one thing they told me, other women would say, well you're going to get fat now....

I wasn't really worried about menopause 'till I started feeling — o.k., I started missing periods... I used to hear about this menopause and I was hearing these things... I asked around a couple of women, old women and they tell me you'll know when you reach menopause, like you'll be mad at your family, you'll be crying and you'll be in stress, and you'll be like loss of memory they told me, and it was scaring me.

Although most women understand that much of the "talk" is tied to lack of accurate information about menopause, they can do little but match the elements of their own experience to the only information they have. Without balanced information, how can they be expected to attribute anything but negative experiences to the change — about which they tend to hear only negative information, couched within the vernacular of suffering?

I came to the Nurse and I asked her, I told her explain to me what menopause is 'cause I'm hearing these things and they're [other women] scaring me.

My older sister, she went through hell, it almost gave her a breakdown... I was waiting for this menopause — waiting to put me away.

Some women I know — they feel depressed when they go in for medication and they don't know what's wrong, what's going on with their body, they don't know. They don't know how to handle the feelings.

Actually it was another band member... said about all the stuff she was going through, they were this far from putting her into the [psychiatric] hospital, said she was crazy.

DISCUSSION

According to these grandmothers, to examine one's life in the full light of awareness is both a painful and fulfilling process. It seems as though these mid-life Aboriginal women possess an enhanced awareness of the ways youth blinds women to responsibility for themselves. Although this awareness might

create tension in their self-concept, it has the power to catapult women into a new epoch of their lives — full of potential. According to the women who partnered in this research, Aboriginal women know little about the mechanics of menopause and based on my observations, this statement is generally true. Yet, Aboriginal women understand a great deal about the “change of life,” about a holistic life transition researchers are just beginning to conceptualize in its entirety. In fact, the women describe a vision that goes beyond holism, to encompass both the breadth and the depth of this phenomenon. Vision of self blends with vision of peri-menopausal change to create a broad perspective, one that captures both the essence and the association of self; one that encompasses the horizon in all directions, and one that involves all of the senses upon which experience is constructed, and all domains of life upon which it has influence.

Women's vision of menopause is revealed within a variety of contexts and through a multi-dimensional lens, which is fashioned by values of the past and present, by embodied experiences of aging and reproductive change, by learning and spiritual growth, and by relationships and self-discovery. Women's vision is inclusive in terms of temporal boundaries and social determinants, as well as relationships and experiences. Embedded within this vision, women's expectations of menopausal change become linked to cultural values and social norms, through which explicit and tacit messages are conveyed.

The multi-dimensionality of women's vision represents a critical element of their experience. Vision encompasses the horizon of lived experience; the life, which provides context to her experience, the flesh and blood of menopausal change, as well as the relationship she has with herself and with others. All of these elements are involved either directly or peripherally in shaping the lens, which creates a filter for her vision.

Women's vision of menopause often becomes the template for their current experience. This template is forged by expectations and understandings that women bring to the experience, but also those that emerge as a result of living that experience and forming alternative ways of understanding it. Expectations are formed through past experience, personal beliefs, and self-vision. They are also linked to the silence women experience around their own reproductive processes as well as those of their mother and grandmothers.

The women who partnered in this research are critically reflective about this process of change. The social, economic, and political context of their lives and the lives of their ancestors positions them to contribute to a vision

of menopause, which acknowledges that life is difficult and that pain and loss are a part of life, which cannot and should not be denied. According to Busch et al. (2003), this realistic appraisal of a transitional phase of life reflects mature personal and interpersonal development.

Unfortunately, this vision is in jeopardy of being distorted by external forces that seek control of Aboriginal people. As a consequence, women's vision becomes permeated with tension between observing traditional ways of knowing and accommodating western ideas and practices. Loss and degradation, emphasized in the western biomedical model of menopause, are juxtaposed against a traditional model, which emphasizes strength and connection.

Stoicism and personal autonomy, valued within many Indigenous cultures, is set against the paternalism of a federal health care system, which limits Aboriginal women's capacity to care for themselves. The value of female strength and elder wisdom are set against powerful western messages about the value of youth and the frailty of women. Finally, the natural acceptance of change, so integral to many Indigenous cultures, struggles against the medicalization of the natural process of reproductive change. Within this bi-cultural struggle, Aboriginal women must forge a vision of themselves that accommodates change, while maintaining balance.

Many Aboriginal women are growing old in a world that requires their vigilance in protecting the values of their own culture, yet one that demands their accommodation of western ways. This burden is added to existing responsibilities to family, community and nation. It is not surprising that women have little time left for self-care or to pursue information about menopause that western medicine has not made amenable to them. It is therefore, little wonder that women enter this process with some measure of trepidation. In fact, it may be surprising to some (likely to those who have not met these women and seen their strength first-hand), that so many have traversed this process with such relative balance.

In the lexicon of many Indigenous languages, change refers to a process, rather than an object (Leavitt 1995). Accordingly, temporality represents an important construct in the circular model of women's mid-life experience. Within this construct, women's experience of peri-menopausal change is conceptualized as involving the distant and recent past, the present, and the future, all of which are intimately connected. The temporal quality of women's mid-life transition is also played out in their social relationships, which span several generations and include multiple and reciprocal dimensions of care

and challenge. This perspective is common among many Indigenous peoples, whose life philosophy embraces the past as a vital source of information and a template for understanding current experience (Buck and Gottlieb 1991). However, this construct is rarely employed in biomedical models of health, which tend to "slice" events out of the temporal reference or focus on the relative timing of particular events, rather than temporal influence.

History provides Aboriginal women with a rather unique understanding of the constituents of mid-life experience. Within a temporal construct, women's experience of peri-menopausal change involves many generations, which provide the root upon which their current life experience becomes grafted. In addition to the experiences of their ancestors, a woman's own past experience forms an integral component of her overall experience. Personal past blends with that of ancestors to create a broad and insightful vision. Past social, economic, and political contexts are embedded in women's memories and understanding of how their experience has been shaped. In particular, poverty, changing family structures, cultural tensions, and Euro-Canadian involvement in the lives of Aboriginal people, form a template which shapes women's current perceptions. Women understand their own experience as an extension of the experiences of their mother and grandmothers, who traversed peri-menopause in the context of economic disadvantage, social marginalization, as well as attempted assimilation and ethnocide. In addition to viewing this historical domain of influence as a source of cultural pain, women are strengthened by the tenacity of their forebears and draw on past wisdom to inform their own vision.

Women's personal history settles next to that of their ancestors, to provide additional structure for understanding their current experience. The respect and deference given to elders in the past provides a buffer against the anaphobic (fear of old women) attitudes of Euro-Canadian culture, and its influence in the lives of Aboriginal women. Women's perception of mid-life change is saturated with memory, with past experiences that have shaped who they are and how they perceive their current experience, particularly those related to menarche, childbirth, and menses, which contribute to the foundation upon which understanding of peri-menopause is formed. Yet, it is not only the substance of those experiences, but the context within which they occurred, which forms the basis of women's understanding.

Women's past experiences might also create a personal environment of strengths and sensitivities, a kind of biochemical (e.g., adrenal function) and psychosocial (experiential) memory that prepares them to undergo this

change of life. Past also forms an emotional and psychological foundation for understanding who they are and what role they play in their family, their community and their society. Perceptions of love, esteem, trust, and commitment set the stage for positive attitudes and social experiences. Conversely, alienation, separation, and discrimination may create an emotional milieu that is more vulnerable to fear, confusion, self-doubt, and loneliness.

The circle moves as it should when old women pass their wisdom and experience on to the next generation, thereby inhabiting the experience of their daughters and granddaughters. This responsibility to reconstruct their experience into a form that is beneficial to future generations ultimately shapes women's own experience of change. This inter-generational temporality creates a bi-directional force, which extends backward and forward through many generations of female experience.

Peri-menopausal change may be viewed as a transformative period in women's lives, in terms of the ways in which it alters their vision of themselves. It is expressed through the way women talk about this life stage, as extending beyond the confines of hot flesh and brittle bone (Busch et al. 2003). This view also accommodates the holistic perspective, which characterizes many Indigenous world views.

During peri-menopausal change, women engage in a process of re-balancing their vision to suit the rhythm of this new stage of life, with new opportunities and new directions. Internal to this process is an examination of women's relationships and the management of their social roles as well as the healing of old wounds and the discovery of a new identity, ideally, one that provides an opportunity for creativity and self-expression.

Self-vision refers to women's evolving sense of themselves, encompassing self-identity, self worth, and self-care. Self-vision is the nucleus of lived experience, which continues to be modified throughout life, in tandem with that experience. Therefore, at a personal level, self-vision is a mutable construct, changing its colour and texture over the course of women's lives. These women provided a glimpse of their vision through a candid and open discussion of how the circumstances of life shape them. Their willingness to share this experience opens the door to a new way of understanding the process of peri-menopausal change.

CONCLUSIONS

The historic and current medical and socio-political experiences of Aboriginal people have important implications for the health of Aboriginal

women, particularly as they age. The imposition of colonial structures effectively reorganized the social and political life of many Indigenous peoples. Euro-Canadian economic imperatives eroded Indigenous systems of healing, as well as equitable gender roles and reciprocity. The new system also created restrictions on the use of traditional healing practices, in which the subsistence and healing activities of women were devalued within this competitive economic structure (Gongaware 2003).

Aboriginal women possess a remarkably holistic vision of this mid-life change, which is embedded in a life that is complicated and dynamic. This vision is one of intersecting natural, spiritual, and social spheres of experience and understanding. To suffer is not always to be sick; one can suffer in the context of joy as well as find peace in the context of suffering. Indigenous philosophies allow Aboriginal women to harmonize these constructed polarities and truly experience this transition within a holistic framework.

Approaches aimed at informing Aboriginal women about the challenges and opportunities of mid-life change must account for the local knowledge of the women themselves. Health professionals, particularly those from outside Aboriginal communities, can enhance educational workshops by incorporating opportunities for women to share their experiences with one another. This practice not only acknowledges the subjectivity of this experience but also honours the tradition of story telling as a useful tool for learning.

The expansive social roles and extensive medical contact of Aboriginal women has implications for their future health needs. In particular, more information is needed about the ways traditional social roles interact with Aboriginal women's increasing involvement within Euro-Canadian medical institutions and structures. Additionally, the health needs of mid-life Aboriginal women, who must negotiate bi-cultural imperatives in order to facilitate health and healing, are not well understood. Likewise, given their current position within this bi-cultural environment, and their involvement in traditional social roles as well as mainstream political and economic domains, the younger generation of Aboriginal women will likely confront similar as well as additional challenges in meeting their needs at mid-life.

The mid-life women who participated in this study offer a wealth of knowledge with which to inform a pluralistic and balanced approach to perimenopausal change and mid-life health. Of particular relevance to Aboriginal women are traditions and ceremonies, which provide an avenue for healing that is deeply rooted in Indigenous customs. The most profound gift offered by these grandmothers is one of tolerant acceptance, the outcome of which is

a well-balanced perspective and a pluralistic approach to mid-life change.

Menopause, with all of its diverse, subjective, and sometimes mythical changes, is purely female; it is about female bodies, female minds, and female lives. It is also about who we were, who we are, and who we will become. The past, present, and future meld together at this time of life, when women might achieve a comfortable balance between the wisdom of years and the sensation of youth. Spirituality and emotional maturity transcend the delights and distresses of the physical body. Female wisdom becomes the template into which women's experiences are poured — of mothers, grandmothers — of sisters and friends; each contributing to a vision that materializes over women's journey through change.

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