“(Having?) Doing it All”: A Narrative Exploration of Self-Care and Well-being for Generation X Women at Midlife

Lisa Petty

Applied Health Sciences: Social and Cultural Health

Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy

Faculty of Applied Health Sciences, Brock University
St. Catharines, Ontario

©2020
Dedication

This dissertation is dedicated to all the brave ones who keep growing, and to the
Crones we are becoming.
Abstract

Inspired by my own experiences as a woman moving through midlife, the purpose of this research was to better understand the lived experience of Generation X women. Specifically, the study investigated the relationship between self-care and well-being as the women navigate their changing bodies and negotiate, resist and/or reproduce social role expectations. Using a critical constructivist perspective and guided by the Life Course framework, this narrative study involved two reflexive, dyadic interviews with 21 Generation X women (born between 1965-1980). As part of the study, women took photographs that represented their experiences, and the images and narratives were included in the data.

Use of Reissman’s (2008) narrative thematic analysis revealed four major thematic areas: (a) The Multiple Meanings of Self-Care: It’s Whatever is Important to You, (b) The Big Lie: Having Doing it All, (c) Who is she? What is this?: Changing Bodies, and (d) Navigating Self-Care: Something has to Give. Each thematic area is comprised of several subthemes that narrate the women’s experiences. Thematic areas are first presented in pastiche form, which is a representation much like a quilt that provides a weave of participants’ co-existing meanings (Ely, Vinz, Downing, & Anzul, 1997). The pastiche is then followed by written thematic analysis of the findings using verbatim quotations from participants, as well as my own personal reflections.

Taken together, the findings highlight the myriad ways the social backdrop of ‘having it all’ has influenced the life experiences and well-being of these women. More precisely, findings show how the women reproduce and resist social role expectations placed on them in the practise of their self-care, and introduces the concepts of mindful
connection, self-care shaming and the archetypal Crone to the self-care literature. As the experiences of Generation X women have largely been ignored in research across disciplines, this research provides important contributions to the self-care literature and its connections to well-being for women.
Acknowledgements

Once upon a time, a reluctant potential supervisor met an uncertain graduate student for coffee and this project was born. I will be forever grateful, Dawn, that you took a chance on me. I am also grateful for this public forum to share what I have already told you privately.

As a supervisor and mentor, Dr. Trussell, you were always focused, engaged, and interested – and I often left our chats more excited about my research than when I arrived. You were patient and understanding, and made space for me to find my own way through the difficult bits. Thank-you for your warmth, compassion and generosity with your time and expertise – particularly as we tried to stay on schedule while the world was on tilt.

Thank you to my committee members, Dr. Kim Gammage, Dr. Shannon Hebblethwaite, and Dr. Shannon Kirwin for also being in my corner for the last several years. Your questions, feedback, suggestions and different perspectives were invaluable, and made the work better. Thank-you, as well, to Dr. Hilary Brown and Dr. Susan Hutchinson for your support and guidance through the final stages of this project.

Finally, thank-you to the 21 women who gave me their time and were so generous with their stories. Truly, I could not have done this without you.
# Table of Contents

**Chapter 1: Introduction** ......................................................................................................................... 1

Influences of Popular Culture. ..................................................................................................................... 6

**Purpose Statement and Central Research Questions** ................................................................................. 12

**Guiding Concepts** .................................................................................................................................. 13

What is midlife? ........................................................................................................................................... 13

What are Boom, Bust and Generation X? .................................................................................................... 15

What is well-being? ...................................................................................................................................... 17

What is leisure? ........................................................................................................................................... 18

What is self-care? ........................................................................................................................................ 19

**Importance of the Study** ....................................................................................................................... 22

**Chapter 2: Theoretical Perspective and Framework** .............................................................................. 24

**Critical Constructivism as a Bricolage** .................................................................................................. 25

Critical constructivism and well-being. ....................................................................................................... 28

**Life Course Perspective** ....................................................................................................................... 28

Principle of lifespan development for midlife women ............................................................................... 31

Principle of linked lives for midlife women. ................................................................................................ 32

Principle of agency and midlife women. ...................................................................................................... 36

Principle of time and place for midlife women. .......................................................................................... 41

Principle of timing for midlife women. ....................................................................................................... 43

Life course perspective as bricolage. ........................................................................................................... 46

**Changing Bodies at Midlife** ................................................................................................................ 47
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body image and self-objectification.</td>
<td>50</td>
</tr>
<tr>
<td>Embodiment and body function.</td>
<td>53</td>
</tr>
<tr>
<td><strong>Considering Social Roles</strong></td>
<td>57</td>
</tr>
<tr>
<td>Role enhancement theory.</td>
<td>58</td>
</tr>
<tr>
<td>Role overload hypothesis.</td>
<td>59</td>
</tr>
<tr>
<td>Role conflict theory.</td>
<td>60</td>
</tr>
<tr>
<td><strong>Social Roles for Midlife Women</strong></td>
<td>60</td>
</tr>
<tr>
<td>Mother role identity.</td>
<td>61</td>
</tr>
<tr>
<td>Wife role identity.</td>
<td>64</td>
</tr>
<tr>
<td>Caregiver role identity.</td>
<td>65</td>
</tr>
<tr>
<td>Employee role identity.</td>
<td>67</td>
</tr>
<tr>
<td>Woman role identity.</td>
<td>67</td>
</tr>
<tr>
<td><strong>Self-care and Disciplinary Perspectives</strong></td>
<td>69</td>
</tr>
<tr>
<td><strong>Leisure, Self-care, and Resistance</strong></td>
<td>73</td>
</tr>
<tr>
<td><strong>Summary of the Literature</strong></td>
<td>78</td>
</tr>
<tr>
<td><strong>Chapter 3: Methodology and Methods</strong></td>
<td>81</td>
</tr>
<tr>
<td><strong>Narrative Research</strong></td>
<td>81</td>
</tr>
<tr>
<td><strong>Critical Constructivism and Narrative Research</strong></td>
<td>84</td>
</tr>
<tr>
<td><strong>Methods and Procedures</strong></td>
<td>88</td>
</tr>
<tr>
<td>Participant recruitment.</td>
<td>88</td>
</tr>
<tr>
<td>Data collection.</td>
<td>92</td>
</tr>
<tr>
<td>The co-creation of knowledge.</td>
<td>95</td>
</tr>
</tbody>
</table>
Data analysis. ................................................................. 101
Narrating the findings. ...................................................... 108
Trustworthiness. ................................................................ 112
Ethical considerations. ....................................................... 116

Chapter 4: Findings ............................................................. 118

The Multiple Meanings of ‘Self-Care’: It’s Whatever is Important to You ...... 122
Beyond the biomedical model. .................................................. 122
Achieving a “state of being.” .................................................... 127
Connotation complication. ....................................................... 130
Give me oxygen. ................................................................. 133
Summary. ................................................................. 135

The Big Lie: Having Doing It All........................................... 138
Generation gaps and overlaps. .................................................. 138
It comes with a lot of doing. ..................................................... 144
Perfect by magic: When roles collide. ........................................ 149
Now those things don’t matter .................................................. 152
Summary. ........................................................................... 155

Who is she? What is this?: Changing Bodies .............................. 159
Menopause is humbling. ......................................................... 159
This face is new. ............................................................... 163
One day you become invisible .................................................. 165
Mindful connection: Just listening to my body ............................ 170
Summary. ........................................................................... 173
Navigating Self-Care: Something has to Give ................................................. 177

Checking in with myself. .................................................................................. 177

Outside influences: Outside authority and self-care prompts. ...................... 180

Maintaining boundaries. ................................................................................... 185

Self-care shaming ............................................................................................ 189

Summary ........................................................................................................... 196

Chapter 5: Discussion and Concluding Thoughts .......................................... 197

The Principle of Time and Place ..................................................................... 198

Cultural zeitgeist. ............................................................................................... 198

The Principle of Timing ..................................................................................... 200

Time orientation and self-care behaviours. .................................................... 200

The timing of menopause ................................................................................. 203

The Principle of Life Span Development ......................................................... 206

Bodies in transition. .......................................................................................... 206

Weighty concerns .............................................................................................. 208

The Principle of Linked Lives .......................................................................... 209

Social role: Caregiver. ...................................................................................... 210

Social role: Mother. ........................................................................................... 211

Social role: Wife. ............................................................................................... 213

Social role: Employee. ...................................................................................... 214

Social role: Friend. ............................................................................................ 215

Social role: Woman ........................................................................................... 216
Building and blurring boundaries. ................................................................. 216

The Principle of Agency ..................................................................................... 218
Mindfulness and agency. ..................................................................................... 218
Modeling and mentorship. .................................................................................. 221
Resistance through friendship. .......................................................................... 224

Self-Care: Layering in texture .......................................................................... 227

Tying Threads ........................................................................................................ 230
Future directions. .................................................................................................. 230
Limitations of research. ........................................................................................ 233
Inspiring change ..................................................................................................... 234
These stories changed me. ...................................................................................... 235

References ........................................................................................................... 237

Appendices ........................................................................................................... 294

Appendix A: Letter of Invitation ........................................................................ 294
Appendix B: Email Correspondence Script ........................................................ 295
Appendix C: Informed Consent .............................................................................. 296
Appendix D: Interview Prompts .......................................................................... 299
Appendix E: Demographic Information ............................................................... 300
Appendix F: Consent for use of Photographs ...................................................... 301
Appendix G: Participant Profile Compilation Chart .......................................... 302
Chapter 1: Introduction

I think in stories and entertain myself for hours on end following the trails left by my imagination. I learn in stories. When I struggle to grasp a new concept, I look for metaphors and similes and previous experiences that will help me assimilate the new information. I hear in stories, even when the narrative comes from instrumental music or the sound of the wind through the trees. I see in stories, like when diamonds glitter on the early morning lake. I problem-solve in stories, too, as happened when it was time to focus on a research question for my dissertation project and a friend needed a receptive ear. I found myself watching this story come to life:

“I should say ‘yes’.”

“What?”

“It’s my job.”

“Is it?”

“Well, it’s expected that we do these things.”

“Is it really, or do you just think it is?”

“Oh, it definitely is. I think. Well…everybody does it. Actually, not everybody does. John doesn’t. But most of us do.”

“Do you want to?”

“Not at all. Can I rant for a second?” It was a rhetorical question. “I. Am. So. Tired. I got no sleep last night because the kids were taking turns throwing up. My husband is angry with me because he had to cancel his meetings to stay home with them, but there’s no way I could miss today. I also promised to be home to relieve him by now – and I’m still here. Plus, my back is killing me and I’ve had to cancel two physio appointments in a row. Plus-plus, I’ll obviously have to miss yoga again tonight. Do you know I bought a membership three months ago and have only gone once?
“Well, why don’t you go tonight? It sounds like you need it. Call a baby-sitter.”

“I can’t do that when they’re sick. Besides, I’ve had serious Mom-guilt for months. I do so much work at home that my kids are starting to hate my job, and my youngest has even started to pretend she doesn’t know who I am. You would think it would be funny to have a four-year-old do that, but believe me, it’s not. She’s breaking my heart. Then I get dirty looks at work when I show up 15 minutes late for a meeting because I had to put my kids on the school bus, even after I told them it would happen. So, I feel like I have to do all these extras to prove that I am contributing.”

“What would happen if you said ‘no’?”

“I can’t imagine.”

Through stories, I empathize. This story is not mine, but I felt it in my body when I heard it. I am nearly a decade older than my friend, and that, combined with the impacts of our different life choices, put my children older than hers, too. While my friend is navigating pre-school offerings and making sure she gets home to meet the school bus, my own daughter is in the throes of medical school, while my son had recently been accepted at university. When this conversation occurred, my immediate future held the spectre of the so-called “empty nest”.

Yet, I remember well the sleepless nights. I remember being so tired that I hallucinated an entire family of raccoons walking upside-down on my bedroom ceiling. I remember the relationship stress, although my attempt at happily-ever-after ended in divorce. I still know the angst caused by compromises made concerning work and children. As a sole parent in my home, I chose self-employment so I could be home when school ended. While the choice offered me flexibility, it curtailed my earnings and long-
term savings potential. We have had few family vacations, but I managed to keep both of my children in extracurricular activities they enjoyed, and I did my time in the carpool. Because of my employment history, however, I will be forced to work until I am no longer physically able (at which point, my daughter only half-jokingly has promised to offer me shelter.) I have the active day-to-day mothering behind me, but I am still frequently over-whelmed by all that I have to do.

Possibly that is because I tire more easily than I did in the past. Exercise would likely help with that, but I find it difficult to hold on to the motivation. I hardly see the point of it. What I mean is that I have never exercised for pleasure: Exercise has always been associated with fitting into my clothes without having to give up the edible treats that give me pleasure. When I was younger, I could pedal on an exercise bike for ten minutes and previously-stubborn buttons would easily button. Now, this menopausal body of mine has developed a mind of its own. I hardly recognize it anymore. Between the rounding midriff, the melting skin and the porous memory, I am aware that I am becoming a different version of myself than the one I have always known. I have traded youth for experience and am not entirely settled with the knowledge of that. Most days, in fact, I actively ignore it. Life has changed, too. The kids require less of me, and so, partially to redefine myself and partially to remain relevant, I started graduate school.

When I arrived on the university campus, I knew that I wanted to investigate something about the midlife experience for women, and while thoughts were swirling in my mind, nothing felt concrete enough to grab. Until this conversation. Even as it was happening, I was aware of its significance. I had the oddest experience in which I was both actively engaged in my friend’s verbal unburdening while also being a witness to the
entire scene as a less-than-neutral observer. As a participant, I was empathetic and supportive. The observer, truthfully, eventually, was angry.

Here was a well-educated, financially stable, married woman with two young children, whose career is on an upward swing. So why does she feel like she is failing at everything? Why is ‘all of it’ her responsibility? Why does she feel guilty about every relationship? Why does she feel like the answer is to do more? Give more. Be more. Take less. Where does ‘she’ fit into her own life? It did not take the gift of clairvoyance to see that she was on a crash course to a mental, emotional or physical breaking point. It was written all over her fragile countenance and her body, curled into itself from bearing the stalwart façade of control and glimpsed in a brief moment of brazen honesty. When the veneer dropped, there was recognition in the room. The midlife woman in me saw the midlife woman in her.

Despite recognizing it in my friend, midlife is a concept without a precise definition and about which little is known. Situated between youth and old age, midlife itself is a relatively new experience brought about a 20-year increase in longevity for Canadians born in the past century alone (Statistics Canada, 2012). Only since the early 20th century have developmental psychologists began to consider this life stage in earnest (Agronin, 2014), though theorists like Freud and Erickson considered midlife through a male lens (Gilligan, 1982). Further obscuring our understanding of this life stage for women is the fact that research into the female experience has conflated midlife with the menopausal transition. For the current generation of midlife women in particular, this limited focus leaves much of the midlife experience unexplored.
Women immersed in midlife today are part of Generation X. Born when fertility in Canada was rapidly decreasing (1965-1979), Generation X is bookended on each side by two much larger generations: the Baby Boomers before us and the millennials that follow (Martel & Ménard, 2011). This generation was shaped by a concept of womanhood laid out in Helen Gurley Brown’s (1982) best-selling self-help volume *Having It All*. After the book’s release, the phrase ‘having it all’ entered the popular lexicon and became shorthand for women to combine career, marriage, family, money, and success, all while maintaining the cultural ideal of thin yet nubile beauty (McKinley, 2011). Although Baby Boomers may have authored the ‘have it all’ philosophy (Favero & Heath, 2012), the mantra has framed the life experiences for Generation X women.

Certainly, there is evidence that Generation X has struggled to live the ideal. Shadowed by the sheer number of boomers and impacted by a series of economic recessions in the 1980s and 1990s, Generation X staggered into the labour market as young adults (Martel & Ménard, 2011) and career advancement has since been stalled by boomers who cling to lucrative positions (Fottrell, 2015). As a whole, Generation X women became more educated than their mothers, yet are underemployed and involuntarily unemployed (DiNatale & Boraas, 2002). From 1983 to 2010, while net worth doubled or tripled for American boomers, it dropped by 30 percent for those in Generation X (Howe, 2014). On the home front, Generation X women postponed marriage and motherhood longer than the previous generation (DiNatale & Boraas, 2002). Unlike Boomers who often were mothers of young adults by age 40, Generation X mothers, like my friend, frequently reach this age milestone with toddlers in tow (Provencher, Milan, Hallman, & D’Aoust, 2018).
I realize how well my friend and I exemplify the Generation X experience. As part of the generation’s leading wave, I graduated from university in 1989 straight into a recession. I took my newly printed Bachelor of Arts degree in English Literature to the only job I could get at the time, which happened to be in the totally unrelated field of finance. Not surprisingly, a mismatch in skillset and interest meant that it was not a career that would endure. Disillusionment with my career prospects added intensity to my wish to have a family, and I became a mother at the age of 26. By the age of 32 and after the birth of my second child, I was out of work and I have not since had a full-time job. My friend, however, was born closer to the tail end of the generation. Although her path is different than mine, it is still very much a reflection of the Gen X profile. After acquiring several graduate degrees and related work experience, she began her motherhood journey in her late 30s.

**Influences of Popular Culture.** Although my friend and I are at different points on the motherhood continuum, we both are intimately familiar with the enduring pressure to ‘have it all’, despite the fact that the mantra is widely held to be an unreasonable expectation (Slaughter, 2012). Although it has been thirty-some years since Gurley Brown’s publication, Princeton professor and former Director of Policy Planning for Hillary Clinton’s State Department, Slaughter (2012) made media waves in the wake of her opinion piece in “The Atlantic” in which she argued that ‘having it all’ is possible, but “not all at the same time.” My own experience aligns with Slaughter’s proclamation, and life has certainly shown me that ‘having it all’ simultaneously is a fantasy. Now at midlife, divorced and under-employed in a body that is no longer firm and smooth, my own life stands in stark contrast to the ideal.
Despite this knowing, however, I realize I am still quietly ashamed that I did not achieve it. I wonder at how the pressure persists in the face of my awareness but realize that I am not alone. Dr. Slaughter (2012) felt it, and the energetic response to her article led to the creation of another book that attempted to address some of the ongoing concerns of women, men and the distribution of family responsibilities. Unfortunately, as Blair (2015) critiques, Slaughter’s (2012) proposed solutions fall short on specifics and put substantial responsibility on corporations to create social change. In other words, Slaughter suggests that the answer to creating balance is outside of the women themselves.

At roughly the same time that Slaughter’s (2012) book hit store shelves, however, high-powered executive Sheryl Sandberg’s (2013) book *Lean In: Women, Work and the Will to Lead* topped both the New York Times and Amazon’s best seller lists. In her book, Sandberg advises young women to be *more* ambitious, and to climb as high up the corporate ladder as possible before beginning the process of family-making (Sandberg & Scovell, 2013). This choice, of course, intermingles with biology, and not always with a happy ending for women who wish to become mothers. In her investigation of career women whose confidence in the myth that they could ‘have it all’ by outwitting Mother Nature through fertility technology, Hewlett (2002) found that many women without children were disappointed as a result of their misplaced trust: They had put off motherhood until it was too late for them to conceive.

Significantly, as well, four years after the unexpected death of her own husband, Sandberg reflected on her book, and realized that she wrote it from a position of privilege in which she had experienced equal partnership in her marriage and in caregiving for her
children (Zarya, 2017). Faced with her new reality as a lone parent and irrespective of her personal financial well-being, Sandberg admits that she now travels a different road. For Sandberg and many women, including 1,206,994 lone mothers who lead families in Canada (Statistics Canada, 2017), support at home is not a reality. Can women who are mothers “lean in” while they quietly sneak out of a long-running meeting to get to daycare before it closes? Alternately, are women who are not mothers required to “lean in” in fulfilment of some other unspoken bargain?

At midlife, too, the women of Generation X recognize that their lives and bodies are changing (Schuiling & Likis, 2006). They may experience shifting role identities as they raise young children, as marriages end or, on the other end of the spectrum, children leave the parental home (Smith & Moen, 1988). Similarly, women may be burdened with the responsibility to simultaneously care both financially and physically for fledgling offspring and long-living yet aging parents (Rowe, 2016).

Women who came of age in the era that spawned “supermodels” might also have a difficult time reconciling the body they have now with the one that society has expected and continues to expect them to maintain. At midlife, women of Generation X notice that their coveted youthful bodies transform in culturally undesirable ways (McKinley, 2011). The transition to menopause occurs during this time period and is well underway by the time a woman marks her 40\textsuperscript{th} birthday, whether or not she is aware of any symptoms (American College of Obstetricians and Gynecologists, 2015). With menopause comes the realization that fertile youth has passed.

Likewise, women may become aware that their bodies no longer respond in familiar ways to food choices, exercise and staying up late at night (Petty, Engel, Salfi &
Trussell, 2018). New aches and pains arise due to injury, disease (García-Fernández, et al., 2009) or age (Rousseau & Gottlieb, 2004) and may impact a woman’s gender identity (Bernardes & Lima, 2010). Wrinkles and grey hair confront women in the mirror (Calleja-Agius, Brincat & Borg, 2013), and reflect the realization that while beauty and youth may dissipate, expectations of women to maintain them do not (Winterich, 2007). Certainly, the pull to ‘have it all’ and arguably, by extension, ‘do it all’ in a body that may not have the stamina she requires continues to permeate expectations for Generation X women, despite being unrealistic (Smith-DiJulio, Windsor, & Anderson, 2010).

As an alternative to trying to have and do everything, however, Gloria Feldt, former president and CEO of Planned Parenthood Federation of America, observed that women must instead set priorities about how to use our resources (Schiller, 2016). Says Feldt, “Every day we have to make these choices about what are our primary intentions, what is it that we want to accomplish with this one life that we have, what are the trade-offs that we’re going to make?” (para. 9). Under the weight of such heavy expectations, though, how does a woman make these choices? When everything is a priority, how does she choose what expectation to let go? What is it like for a woman who makes a decision to release an expectation? How does she make the choice? Does she experience resistance to her decision? How, then, does she defend the choice? What are the trade-offs? Are they worth it? Would she make the same decision again?

Significantly, when describing the many concerns of midlife women, Feldt lists career ambitions as well as care of children, intimate partner relationships, and aging parents as important areas of attention (Schiller, 2016). Notably absent from the list of women’s concerns is mention of the woman herself. For midlife women, however, these
expectations can contribute to health consequences including increased stress leading to fatigue (Olsson, Roth, & Melin, 2010) in the short-term, as well as cardiovascular disease (Albert, et al., 2017) and disorders of the musculoskeletal (Päivi, 1989), endocrine (Harris, Oldmeadow, Hure, Luu, Loxton & Attia, 2017), and nervous systems, including dementia and Alzheimer’s, in the long-term (Johansson, et al., 2010). Yet, as my friend’s story shows, women frequently sacrifice attention to their own health and well-being in the care of others (Morgan, Williams, Trussardi & Gott, 2016). In other words, they forfeit self-care.

On the other hand, women are certainly known to engage in self-care practices (Blomstrand, Björkelund, Ariai, Lissner & Bengtsson, 2009; Kull, 2002; Lloyd, O’Brien & Riot, 2016; Nathawat & Gupta, 2011; Son, Kerstetter, Yarnal & Baker, 2007). In popular culture, however, the words may align with the neoliberal discourse and conjure visions of pedicures and facials that are publicised and validated on social media. As of July 2020, the hashtag #selfcare has been used on Instagram 31,306,290 times.

Yet, there has been opposition to this interpretation of self-care from popular media commentators. In her critique of the current iteration of self-care as “me time,” for example, Spicer (2019) elicits Black feminist writer and activist Audre Lorde, who, after her second diagnosis of cancer, famously wrote that self-care, to her, is not self-indulgence but a radical political act (Lorde, 1988). As Spicer (2019) interprets, self-care as a political act helps to preserve yourself “in a world that [is] hostile to your identity, your community and your way of life” (para. 4). The argument can be made that getting a manicure does not serve this dignified goal. Significantly in terms of health and well-being, however, Spicer (2019) is also concerned that the emphasis on self-care will soon
be viewed as a “cheap replacement for social care” (para. 7), which could lead to people not getting the professional care they require.

From my own observation, conversations about self-care can also inspire either loud envy or whispered judgment from those who are not participating. In this dissertation, I propose the term *self-care shaming* to describe this phenomenon, which is arguably related to reproduction and resistance that will be explored in Chapter 2. Through self-care shaming, however, I suggest that women are criticized for their self-care practices: Both participating and not participating in self-care provides fodder for the shaming. While scholars have begun to consider fat shaming (Tomiyama & Mann, 2013), slut shaming (Papp, Erchull, Liss, Waaland-Kreutzer & Godfrey, 2017), and public shaming punishments (Goldman, 2015), particularly through social media, less is known about the shaming experience of midlife women in the context of their self-care and its impact on their well-being.

Questions certainly arise as to how women make choices about their own well-being in the light of their other responsibilities (Morgan et al., 2016). Is self-care a priority or do midlife women, like my friend with her missed yoga classes and canceled physiotherapy appointments, shuffle their own self-care needs right out of the deck? What consequences have women experienced as a result of their relationship with self-care? Have women been supported in their self-care, or have they experienced criticism? If so, how did they respond? In the face of criticism, do they proceed with self-care? If so, how does the practice of self-care impact their well-being?

Few studies have explored the meaning that midlife women give to self-care and the strategies they have used to support their personal well-being in response to the
complexity of their lives. Furthermore, none of the available research considered for this proposal explored the distinctive midlife experiences and insights of Generation X women, possibly because the leading wave is only now well-entrenched in the middle years. How have Generation X women navigated the expectation of ‘having it all’ in order to support their well-being? What are their ongoing issues, and what are the concerns for their future well-being? What advice will they give their own daughters and nieces about managing expectations to support long-term well-being? What does ‘having it all’ mean to them now? What stories will they share?

**Purpose Statement and Central Research Questions**

The purpose of this research was to better understand the lived experience of Generation X women at midlife. Specifically, the study investigated the relationship between self-care and well-being as the women navigate their changing bodies and negotiate, resist and/or reproduce social role expectations. The central research questions that guided this study include:

1. How do women experience their changing bodies at midlife? (e.g., body image, self-objectification, embodiment, body function)
2. How do midlife women reproduce and resist the social role expectations placed on them? (e.g., mother, wife, caregiver, woman)
3. How do midlife women enact self-care strategies to support their well-being in relation to their changing bodies and social role expectations?

In order to explore these experiences, I designed a narrative study that will be described in detail in the forthcoming chapters. The research involved two reflexive, dyadic interviews with 21 Generation X women (born between 1965-1980). As part of
the study, women were asked to take photographs that represent their relationship with self-care and well-being and then discuss the photographs with me. Data were analysed using Reissman’s (2008) narrative thematic analysis. Findings are introduced in pastiche form to illustrate the multiple realities and richly textured experiences of these women, followed by written narrative thematic analysis. In keeping with critical constructivist narrative research, my own reflections as a Generation X woman have been included in the findings.

Guiding Concepts

Before providing the theoretical perspective and framework for my study, I now turn to define some of the central concepts of my proposed research, including Midlife, Generation X, Well-being, Leisure and Self-Care.

What is midlife? Key to a discussion of women in the middle of their lives, of course, is an understanding of what is meant by the term midlife, yet an accepted definition does not exist. Indeed, midlife has been called the most “ill-defined of any period of life” (Lyons et al., 2005, p. 4). In studies that purport to include participants at midlife, in fact, participants have ranged in age from 20 years (Paisley & Skrzypczyk, 2005) through to 71 years (Hammarström, Fjellman Wiklund, Lindahl, Larsson & Ahlgren, 2014). Arguably, the life experiences of 20-year-olds are vastly different than those of people in their 70s. Considering that life expectancy in Canada has increased an average of 20 years for people born in the past century alone (Statistics Canada, 2012), it is perhaps not surprising that age is an ambiguous marker for midlife. Yet, Lachman (2001) suggests that the age span of 40-60 years is often used for this research concerning the middle years.
Similarly, using Setterson’s (2004) position that the life course is a sequence of transitions related to changing roles, responsibilities and identities does not clarify a definition of midlife. Toothman and Barrett (2011) investigated the social factors that shape the perceptions and timing of midlife and found that women generally believe that midlife begins and ends later than do men. The authors suggested that this may occur because women “seek to maintain youthful identities, a strategy aimed at minimizing age-related decline in social valuation by delaying the onset of life stages” (p. 109). The concept of resistance will be discussed in Chapter 2. At this point, it is important to simply acknowledge that such a tendency exists.

Although the design of their study did not allow for causal links to be made, Toothman’s and Barrett’s (2011) research revealed associations between social roles and perceptions of the midlife time frame for women. For instance, women who became mothers later in life associated with a later midlife entrance and exit. Furthermore, the researchers found that “occupying the role of adult child” with living parent postpones the onset of midlife, and propose that, alternately, the “role of adult orphan” may have the opposite effect (Toothman & Barrett, 2011, p. 109). The authors suggested that there is an important influence of “occupancy, timing, and self-assessments of other family roles (e.g., timing of empty nest or grandparenthood) and non-family roles (e.g., paid worker or volunteer) as well as other components of our social networks (e.g., friendship ties)” that require further investigation (p. 109).

In sum, the increase in life span in the last century has created extra time which adds fluidity to the experiences of midlife. Clearly, age alone is not a reliable indicator of midlife and personal life experiences alter a woman’s perception of where she is in her
life course. Perhaps, as Schuiling and Low (2006) argue, “midlife is actually a transition more than a phase of the human life cycle, and during this time many women experience the recognition that their lives are changing” (p. 32). For the purposes of this investigation, however, I will focus on Generation X women who are approximately between the ages of 40-60 and thus, per Lachman (2001), are arguably now in the middle of their lives.

**What are Boom, Bust and Generation X?** By definition, a boom is a sudden increase in births year over year (Martel & Ménard, 2011). A boom ends when there is a rapid decrease in births. In Canada, a 15% increase in births between 1945-1946 marked the beginning of the boom. Birth rates steadily declined after 1961, but the boom was officially declared over after 1964, when there was an 8% drop in births. During Canada’s 20-year boom, close to 412,000 babies were born annually, leading to a total 8.2 million increase in new Canadians. During this time, women gave birth to an average of 3.7 children, versus 1.7 in recent years (Martel & Ménard, 2011).

In their macroeconomic investigation of the Baby Boom experience for women, Doepke, Hazan and Maoz (2015) provided historical context. The Second World War had led to an influx of women into the labour force to replace men who were fighting overseas. The authors explained that the effect of this change for women was both large and persistent, as the work experience allowed many to continue employment after the war ended. While it might seem counter-intuitive that this new reality would lead to an increase in babies after the war, “female labour had an asymmetric effect on different cohorts of women” (Doepke et al., 2015, p. 1032). Women who were old enough to work during the war benefitted, but younger women who lacked employment experience faced
competition not only from men returning from war, but also from older women with more work experience. Squeezed out of the labour market as they were, women married younger than earlier cohorts had, and had more babies.

What followed the boom was a five year baby bust. A bust refers to a rapid decline in fertility (Milan & Bohnert, 2011). From 1965-1971, births decreased from 403,855 to 349,420 annually. Compared to the 29% of the population who were Baby Boomers in 2011, only 8% of the population were busters. Some authors use the term Generation X to describe the busters, while others include in Generation X those born from 1960-1965 when birth rates began to decline straight through to the late 1970’s. According to Milan and Bohnert (2011), many members of this generation experienced difficulty entering the labour market in the 1980 and 1990s, both due to economic recessions and because they followed the Baby Boom generation. Interesting, too, as Vere (2007) noted, Generation X women had more babies than the Baby Boom women, but, at the time of writing his paper, were “supplying fewer hours to the labor market” (p. 821).

This demographic information is important when discussing the experience of women currently in midlife for two reasons. First, the information illustrates how different birth cohorts experience historical events, and that the impacts are life long. Secondly and significantly, a majority of the research about midlife women reviewed for this paper has explored the midlife experiences of the Baby Boomers. Literature on the experience of midlife for Generation X women is sparse. Part of the explanation for this may be that Generation X women have only recently reached the 40 – 60 year age span often used for this type of research (Lachman, 2001). Regardless, there is a gap in what is
known about midlife in general and well-being in particular for this birth cohort that requires further investigation. Furthermore, in keeping with the life course perspective (to be discussed in Chapter 2), it would be difficult to explore the experiences of Generation X women without acknowledging the influence of the Baby Boom generation on their lives.

**What is well-being?** Well-being encompasses physical health, but also moves beyond the body to include positive mood, positive psychological functioning, and positive relationships (Keyes & Waterman, 2003). Steptoe, Deaton and Stone (2015) defined three aspects of well-being: Evaluative, hedonic and eudemonic well-being. Evaluative well-being refers to overall life satisfaction, while hedonic well-being concerns the emotional state or mood, and includes such feelings as happiness, sadness or stress. Eudamonic well-being, alternately, is concerned with sense of purpose or meaning in one’s life. There is also bi-directional relationship between physical health and well-being, with each influencing the other (Howell, Kern & Lyubomirsky, 2007; Steptoe, Deaton & Stone, 2015). As Steptoe et al. explained, this link “could become increasingly important at older ages” (p. 640) if health begins to decline.

Keyes and Waterman (2003) explained that personal benefits of positive well-being include positive emotional feelings, positive psychological functioning, and positive social functioning (p. 493). These benefits lead to satisfaction with work life, increased creativity, autonomy and positive relations with others, as well as improved immune system health and mental health (Keyes & Waterman, 2003). When individuals have high levels of well-being, they are more engaged with community life, have higher levels of civic responsibility, and consider themselves “to be sources of intergenerational
transmission of important social skills” (Keyes & Waterman, 2003, p. 493). In other words, society may also benefit when the individuals within it experience higher levels of well-being. We proactively support our health and well-being through acts of self-care (Hoy, Wagner, & Hall, 2007). Because well-being also includes physical health (Keyes & Waterman, 2003), I will use the concept of well-being in my proposed research.

**What is leisure?** Leisure has been found in various studies to support mental health (Passmore & French, 2000) and cognitive health (Singh-Manoux, Richards & Marmot, 2003), to be valuable as a coping resource (Hutchinson, Loy, Kleiber & Dattilo, 2003), to support physical health (Szabo, 2003), and to protect against long term chronic health conditions such as Alzheimer’s disease (Crowe, Andel, Pedersen, Johansson, & Gatz, 2003). With such a significant potential impact on well-being, leisure is a critical component of this research.

Particularly in North American societies, leisure has been traditionally defined through concepts that include free or discretionary time (which refers to time available after attending to the necessities of living or time that is free of obligation) or discretionary activities (which refers to engagement in nonwork activities with particular attention to the varieties of recreational activities and the frequency of engagement) (Freysinger, Shaw, Henderson, & Bialeschki, 2013; Heintzman, 2013). These definitions, however, ignore the complexities of women’s lives in which not all work is paid work and important unpaid activities such as childrearing and personal care are not recognized (Hilbrecht, 2013).

In light of these complex issues, research on women’s lives, gender, and the intersection with leisure has continued to evolve. For many feminist scholars, “women’s
leisure is seen to be socially constructed in a variety of ways, due to ideological
imperatives and societal expectations associated with femininity, motherhood and
familism and so on” (Henderson & Shaw, 2006, p. 216). Indeed, a recent collection of
papers from feminist scholars (see, Freysinger et al., 2013) emphasized the importance of
leisure in reference to social contexts and experiences, a woman’s sense of self and the
construction of personal identity.

New conceptualizations of leisure also appeared, including leisure as a state of
mind and leisure as meaningful experience (Freysinger et al., 2013; Heintzman, 2013).
With these perspectives, leisure is defined by the attitude or state of mind of the
individual rather than by the activity. Conceptualizing leisure using these definitions
emphasizes the conditions necessary to experience it (e.g. enjoyment, perceived freedom,
happiness, self-enrichment, and personal fulfilment). Thus, leisure can be “different
things to different people: an activity which is work to one person may bring positive
pleasure to another” (Ateca-Amestoy, Serrano-del-Rosal, Vera-Toscano, 2008, p. 65).

Regardless of which activity is undertaken, however, there is consensus in the
research that participating in leisure contributes to well-being (Brajša-Žganec, Merkaš, &
Šverko, 2010). In fact, Son and Hutchinson (2009) conceptualized leisure self-care “a
useful way of articulating the diverse health benefits” of leisure (p.501). The authors
proposed the concept as a place to start in “understanding the complex relationships
between leisure, health and well-being” (Son & Hutchinson, p. 501).

What is self-care? In an exploration that aims to understand how midlife women
support well-being, it is also key to query how these women enact care for themselves.
Similar to the concept of midlife, self-care is a term that is freely used in popular culture
but without precise definition in literature across disciplines. Indeed, the “self-care literature is somewhat fragmented” (Dorociak, Rupert, Bryant & Zahniser, 2017, p. 326). Nursing theorist Dorothea Orem first proposed the Self-Care Deficit Nursing Theory to explain the role of the nurse as one that becomes necessary when an individual can no longer provide himself or herself with the care required “to regulate their own functioning and development” (Orem, 2001, p. 20). Self-care, suggested Orem (2001), includes actions necessary for health promotion, health maintenance, and managing health-deviations (e.g. illness or disease).

The decidedly complex nursing theory of self-care proposed by Orem (2001) expresses the view that human beings must attend to their own needs. The conceptual elements of Orem’s (2001) theory include self-care agency, self-care requisites and self-care. Self-care agency refers to “the complex acquired ability of mature and maturing persons to know and meet their continuing requirements for deliberate, purposive action to regulate their own human functioning and development” (Orem, 2001, p. 254). Self-care agency includes the abilities to acquire knowledge, to choose an appropriate action to pursue, and also to act to achieve the desired result. The related term self-efficacy is different from self-care agency in that it refers to one’s belief in his or her ability to identify needs and perform an act of self-care (Sousa, 2002).

Orem (2001) posited that the three types of self-care requisites include universal, developmental and health deviation. Universal self-care requisites include basics such as food, water, air, and elimination as well as periods of both exercise and rest, and social contact and solitude. Developmental self-care requisites are related to different stages of the life course and include activities such as maturational (college, marriage) and
situational events (adjusting to life changes, promoting and maintaining health). Health deviation requisites include one’s needs in the case of illness, disease or injury. These requisites involve activities such as seeking assistance, following prescribed treatments, and modifying self concept in reference to a particular state of health.

Much of the self-care literature comes from the nursing and the medical field and focuses on health deviation, or how to manage disease states. In fact, the term self-management has been used interchangeably with the term self-care in reference to diseases such as diabetes (Tan, Cheng & Wang, 2015) and heart disease (Meng, et al., 2016) as well as for pain (Jonas, 2014), and there is certainly a great deal of overlap between the two concepts (Richard & Shea, 2011). Yet, a small body of literature suggests that self-care is a different concept from self-management (Matarese, Lommi, De Marinis, & Riegel, 2018; Paterson, Russell & Thorne, 2001). While self-management typically involves management of a chronic condition, self-care is “a dynamic, intensely individual process that reflects a knowing about the body and the way it responds to illness. Medical or health advice may or may not inform a person’s everyday self-care decision-making” (Kralik, Price & Telford, 2010, p. 198). In keeping with the overlapping application of these terms, reference to existing literature from this point onward will use the term that appears in the published study.

Certainly, even within nursing literature, the concept of self-care has expanded beyond the initial proposal. For example, White, Peters and Meyes Schim (2011) suggested that the definition of self-care should also include spiritual self-care, which is “based on an individual’s mind/spirit/body connection, upbringing, moral and religious background, and life experiences that originate from faith, feelings, and emotions” (p. 53)
and that promote well-being. Spiritual self-care includes activities such as prayer and meditation, but also spending time in nature or listening to music. Thus, rather than focusing merely on health deviation, wrote Matarrese et al. (2017), “self-care is aimed at maintaining physical, psychological, social, and spiritual well-being, identifying changes in well-being, and implementing all the activities needed to maintain and resume a desired level of well-being” (p. 302). This definition will provide the framework for discussions to follow.

**Importance of the Study**

This research addresses a chasm in the literature concerning the midlife experiences of women who are part of Generation X, particularly as much of the research on midlife for women has focused on Baby Boomers. Significantly, women in Generation X have lived in the shadow of the large cohort that preceded them, which has led to different opportunities, obstacles, choices and experiences for this generation than those that came before. Little is known about the ongoing impact of these life experiences on the well-being of a generation that now looks forward to shepherding Baby Boomers into old age while also possibly continuing to raise their own families and maintain full-time employment.

Specifically, this research will add to what is known about how the current cohort of women attend to their own health and well-being as they respond to the expectations placed on them in their various roles while their bodies begin to change at midlife. Findings may shed light on ongoing concerns for these women, including whether they have adequate supports in place to manage their own well-being in the context of their busy lives. This research may point to unanswered needs for these women that, if
persistently neglected, may negatively impact their well-being both in the short- and long-term. Reduced well-being for women impacts not only their own life experience but also that of their family or those who rely on them and may lead to consequences for the community and vice versa. Thus, it is hoped that findings may suggest gaps in social and health policy with respect to supports for this cohort of women in their current experiences and point to potential long-term needs as these women age.

Finally, I am also hopeful that, in response to deliberate reflection on their well-being, the women in this research experience a deeper understanding and appreciation of their own self-care needs. With attention to their self-care, I hope that these women develop or deepen their awareness of the various social obstacles that may impede their attempts and commit to navigating those obstacles. Like ripples on a pond, perhaps these women can positively influence others in their circle to make similar commitments to their own well-being. In other words, my sincerest hope is that this research leads to social change in which women are encouraged to support their own well-being.
Chapter 2: Theoretical Perspective and Framework

This research is guided by my critical constructivist orientation and framed by the life course perspective. This orientation is borne of an intense belief in the power of human agency combined with the reluctant acceptance that social forces influence that agency, whether or not we readily acknowledge those influences. Significant, too, is a practical nature that bristles at the thought of merely increasing knowledge: Instead, my goal is to activate social change through this research (Kincheloe & McLaren, 2004).

Critical constructivism is a bricolage of constructivism and critical theory. Derived from the French bricoleur, meaning handy man, this concept was suggested by the work of Claude Lévi-Strauss (1966, as cited in Kincheloe & McLaren, 2004) to capture the concept of a tradesman’s tendency to use the tools that are available to accomplish a task. Kincheloe and McLaren (2004) explained that bricolage acknowledges the complexity of the lived world and is a research strategy that allows for interdisciplinary contributions. This acknowledgement makes space for my previous training in nutrition and health that I bring to this research.

What follows is a discussion of the critical constructivist orientation as a researcher and an exploration of existing theories from the diverse disciplines of psychology, sociology, macroeconomics, nursing and leisure studies that have been used to investigate health and well-being for Generation X women at midlife in response to the expectations placed on them. Consideration of the aging body through concepts such as body image and body function, as well as social roles and self-care will be investigated and aligned with principles of the life course perspective.
Critical Constructivism as a Bricolage

Explaining critical constructivism requires an introduction to its disparate components. The constructivist viewpoint holds that there is not one objective, universal, knowable truth. Instead, reality is subjective, multiple and relative (Hudson & Ozanne, 1988), and therefore different for everyone. Constructivism is “an epistemological rather than an ontological thesis” (Olssen, 1996, p. 279), and is historically and culturally specific (Walker, 2015). Culture, according to Nikiya and Murray-Orr (2017), refers to “a uniquely shared sense of normal” within social groups that is constantly changing (p. 437). Social constructionism involves a “kind of unmasking”, particularly of “constructs that have possibly served in the exploitation of various individuals and groups for an assortment of reasons” (Young & Collin, 2004, p. 377). Social constructionism “emphasizes the hold our culture has on us” (Crotty, 2006, p. 58), and, therefore, as Craib (1997) argued, “denies the capacity of subjective agency to those it studies” (p. 5).

Alternatively, while constructivism seeks merely to understand the status quo, critical inquiry “seeks to bring about change” (Crotty, 2006, p. 113). Paraphrasing Crotty, Jones et al. (2014) wrote that “whereas interpretivists translate the world for greater understanding, critical research interprets to critique” (p. 18). The critical position is “suspicious of the constructed meanings that culture bequeaths us” (Crotty, 2006, p. 59) to serve hegemonic interests, such as hegemonic masculinity as an explanation of men’s power over women (Jewkes et al., 2015). These various meanings each “support power structures, resist moves toward greater equity, and harbour oppression, manipulation and other forms of unfreedom” (Crotty, 2006, p. 59-60). Those who operate from a critical epistemology, according to Crotty (2006), “find themselves interrogating commonly held
values and assumptions, challenging conventional social structures, and engaging in social action” (p. 157).

As a bricolage of these perspectives, critical constructivism maintains that reality is not only multiple, but that “no truly objective way of seeing exists. Nothing exists before consciousness shapes it into something we perceive” (Kincheloe, 2005, p. 8). Kincheloe (2005) explained that, rather than being pre-given, the world as we know it is enacted in relation to historical time and place. Whereas critical theory is “concerned with extending human consciousness of himself or herself as a social being in light of the way dominant power operates”, Kincheloe argued that in critical constructivism, critical theory and constructivism merge to “promote reflection on the production of self” (p. 10). Furthermore, critical constructivism acknowledges that “people are often unable” (or, I would add, unaware of the potential) “to discern the ways their environments shape their perceptions” and typically expend little effort in determining the outside influences on their personal self-construction (Kincheloe, 2005, p. 10).

Kincheloe’s (2005) description of the lack of attention paid to social influences on perceptions is reminiscent of what the philosopher Husserl (1859-1938) called natural attitude (Giorgi, 2012). Natural attitude refers to the “taking-for-grantedness of everyday thinking or acting” (Van Manen, 2014, p. 43) before conscious reflection. Husserl’s conscious reflection is similar to Freire’s conscientization, which is a process through which people recognize “how their reality comes into being” and use critical reflection to “start to question the values, rules and expectations” in their everyday existence (Armitage, 2013, p.4).
Kincheloe (2005) argued that in order to do critical constructivist research, “a critical theorist must understand how his or her political opinions, gender role, racial self-concept” has been influenced “by both the dominant culture and subcultures” (p. 10). This critical self-reflection exceeds the acknowledgement of preconceptions that is typical in qualitative inquiry (illustrated in Chapter 1), and instead involves researchers themselves “gaining a new level of self-understanding” concerning the “oppressive forces that shape them” (Kincheloe, 2005, p. 48). A prime goal of critical constructivist research, then, is for researchers to be personally changed by it so that they become “far better equipped to make conscious decisions about who they want to be” (Kincheloe, 2005, p. 49). By extension, social change is inevitable if a sufficient number of people challenge the dominant culture or status quo.

Although Kincheloe’s (2005) discussion focused on pedagogy, it is significant to highlight his treatment of knowledge production. The author suggested that we engage in higher order thinking when we “learn to utilize knowledge and feelings from a circumstance where particular ways of thinking and acting are deemed smart, and transfer it to more complex situations where intelligent action is deemed ambiguous” (p. 55). Varela (1999) called this ambiguous knowing “crazy wisdom” (p. 31). Arguably, in everyday language, he refers to intuition. Kincheloe also explained that “various knowledges are important as we discern their meanings and relationships” (p. 56), and acknowledged that

Just as the self has been shaped by social action, the self can be rethought and
reshaped by social action. In the notion of critical ontology, critical constructivism illustrates the ways the lines between epistemology and ontology are blurred. We are to some degree what we know. (p. 82)

Thus, critical constructivism acknowledges ways of knowing beyond cognition. This is an important consideration for my own research that will investigate decision-making concerning self-care and well-being for midlife women as well as the lived experience of being in a body that is aging.

Critical constructivism and well-being. From a social constructivist perspective, three levels of social structures impact well-being (Silverstein & Giarrusso, 2011). Silverstein and Giarrusso (2011) explained that the micro-biographical level is the individual physical, mental, social and financial well-being. These forms of well-being evolve over the life span as individuals grow and age. At the meso-institutional level, education, family, work and leisure guide expectations and provide both positive and negative incentives to make decisions about life trajectories. At the macro-societal level, societal norms, economic conditions, policies, and demographic structures such as recessions and wars influence choices and behaviours. Significantly, all three levels are mutually interdependent, interactive, and dynamic, and they evolve with individuals and societies. While some of these influences are stable, others can change throughout the life course. These influences on well-being will be explored in depth throughout the following consideration of the life course perspective (Silverstein & Giarrusso, 2011).

Life Course Perspective

Life course perspective provides researchers a structure to address “the interplay of lived experiences and sociocultural context and the intertwining of subjective and
shared meanings that shape lives over developmental and historical time” (Cohler & Hostetler, 2004, p. 555). Moen and Wethington (1999) wrote that the life course approach “attends to the social and psychological connections between transitions and trajectories in various roles, relationships and identities across time” (p. 5). Because “human development is embedded in the life course and historical time” investigations must take into account “all the life stages… through the generations, from infancy to the grandparents of old age” (Elder, 1998, p. 9).

Alwin (2012) defines a *life stage* as “a phase in a sequence of age-graded statues and/or roles” (p. 208). Transitions refer to life changes that frequently involve changes in status or identity and include rituals and ceremonies, such as a graduation or wedding. Alternately, a trajectory refers to a long-term sequence of linked events, such as an education or career pathway. Trajectories may contain multiple transitions. Elder (1975) also proposed that there exists a “social timetable of the life course (e.g., entry into marriage, retirement), which is defined by age criteria in norms and social roles” (p. 165). Initially, the life course perspective was viewed as a sociological framework that was distinct from and an adjunct to the *life span development* perspective. In his later writings, Elder (1975) incorporated *life span development* into the life course perspective.

Elder, Kirkpatrick Johnson & Crosnoe (2004) described five general principles that provide guidance for researching human lives. The first is the *Principle of Life Span Development*. This principle acknowledges that human development is a life-long process, and that biological, psychological and social growth does not end at age 18. The authors wrote that the study of lives over a substantial time period affords the opportunity to explore the interplay of social change (relationships, workplaces, communities) and
changing environments with individual development. The *Principle of Agency* considers the reciprocal relationship between one’s planning and choice-making and the opportunities and constraints of his or her history and social circumstance. Marshall and Bengtson (2011) suggested that this principle was “Elder’s conceptual device to argue against extremes of normative determination in the shaping of individual’s biographies” (p. 25).

The *Principle of Time and Place* acknowledges that lives of individuals and cohorts are embedded in and shaped by place (geographical space, culture and meaning) as well as historical context. Closely related, the *Principle of Timing* acknowledges that an event or experience can impact individuals and cohorts differently depending on the developmental stage (childhood, adolescence, adulthood) in which they occur, as well as when in the life stage they occur (early, late or “on time”). Further, *Timing* encompasses the quantity of changes that occur at any one time and the impact that accumulated events might have. Finally, the life course perspective concerns itself with the *Principle of Linked Lives*. This principle acknowledges the interdependent nature of lives, and the social influences on micro-level experiences. New relationships can also foster “turning points” that lead to behaviour and role changes for selves and others with whom their lives are connected (Elder et al., 2004).

Next, I will present an in-depth exploration of these five principles in reference to well-being in the context of women’s complex lives. It is significant to note that, although these principles are presented individually for the sake of clarity, they are interconnected and their influences are both overlapping and fluid.
**Principle of lifespan development for midlife women.** The lifespan principle acknowledges that human development is a life-long process, and that biological, psychological and social growth does not end at age 18. The study of lives over a substantial time period affords the opportunity to explore the interplay of social change (relationships, workplaces, communities) and changing environments with individual development (Elder et al., 2004). Considerations include midlife as a life stage as well as the impact of time on how women experience life.

The life course perspective differs from the age-graded stages or phases used in life cycle perspectives (Cohler & Hostetler, 2004) or the behavioural outcomes or personal attributes often attributed to biology and genetics in the psychological lifespan theory of human development (Settersten, 2005). Settersten (2005) explained that, in the life course perspective, development focus rests on the external forces that shape or limit the experiences of individuals and groups. Thus, unlike a psychological theory, Settersten (2005) wrote that “sociology should focus on the social origins and ends of social facts, and not on states of individual consciousness” (p. 27). Significantly, from a life course perspective, Cohler and Hostetler (2004) suggested that human “developmental pathways reflect the distinct social and historical changes experienced by members” of a cohort, and their experience cannot be understood apart from this context (p. 556).

Key to a discussion of midlife women is a consideration of age as a social structure. Settersten (2004) explained that “age underlies the organization of family, educational, work, and leisure institutions” (p. 81) and may guide conceptions about appropriate behaviour or the proper timing of life events. The life course is a “sequence of age-linked transitions” (p. 85) that involve changing roles, rights, and responsibilities
as well as shifting identities. This concept will be considered presently in an examination of midlife women’s social roles. Other of these age-linked transitions, however, may be guided by formal structures such as age-based laws about driving, marriage or drinking alcohol. Alternately, according to Settersten (2004), statistical patterns also “reflect general patterns of human development and aging” (p. 85) such as a Canadian woman’s expectation to reach menopause around age 51 (Costanian, McCague & Tamim, 2018).

Linked with the discussion of age structuring, Settersten (2004) explained that age-related images and stereotypes might also affect development through the life course. While the literature concerning the stereotyping of midlife women is sparse, there is evidence that outside influences such as media and cultural ideals of beauty may impact well-being for midlife women who internalize expectations about aging and possibly feel compelled to achieve a ‘norm’ that may be inappropriate for their age (Hefner et al., 2014). This internalization might occur, for example, when midlife women are exposed to television depictions of “women in their 40s whose bodies are more representative of women in their 20s in terms of fitness and thinness” (Hefner et al., 2014, p. 185). Such portrayals can impact a woman’s body image, which refers to “a person’s perceptions, thoughts and feelings about his or her body” (Grogan, 2017, p. 4) as well as the investment of resources (time, energy, money) toward personal appearance. The impact of body image on well-being for midlife women will be discussed later in this paper.

**Principle of linked lives for midlife women.** Marshall and Bengtson (2011) write that while “the concept of ‘linked lives’ refers to any social linkage…the principle has most frequently been employed in the intersection of life course sociology and family sociology, with issues such as family caregiving or grandparent–grandchild relationships”
For midlife women, family relationships could variously involve a partner, non-parenting, actively parenting young children, transitioning to an empty nest as children leave home, experiencing the return of an adult child to the parental home, or caring for aging parents. The timing of individual life course transitions has affected families, “as reflected in the increasingly later ages of marriage and childbearing, delayed completion of education, and later ages of retirement” (Silverstein & Giarrusso, 2011, p. 37).

The principle of linked lives echoes constructivism in that it considers the impacts of social changes such as economic declines on personal relationships and connected life paths (Putney & Bengtson, 2005). Financial hardship through employment changes or loss, for example, might lead to changes in employment or income status that could influence family structure or supports. It is also important to consider the impact of increased life span on personal relationships. Certainly, statistics show that generations co-exist for longer periods of time than ever before in human history (Putney & Bengtson, 2005). Furthermore, as Putney and Bengten (2005) observed, “there is a growing prevalence of “three-four- and five-generation families, lengthening the time spent in family roles, such as grandparenthood” (p. 92).

Concurrent with increased life span, midlife women may now participate in a “multiplicity of family and household arrangements whose forms are fluid” (Silverstein & Giarrusso, 2011, p. 40) and include same sex partnerships, not having children, delayed child-bearing, non-marital childbirth and single-parenting, and co-habitation as well as divorced families. New challenges can arise in reference to serial partnering, blending families, ghost relationships (i.e. relationships that end without warning or further contact) and maintaining grandparenting ties as family structures morph (Treas &
Marcum, 2011). Furthermore, as Treas and Marcum (2011) indicated, it is no longer simply young families who are creating non-traditional families, as cohabitation is now favoured by middle-aged divorced persons and parents raising children.

Similarly, it is also worth considering the fact that “age-gapped” families that result from delayed child-bearing may make it more difficult for both the midlife mothers of young children to potentially benefit from support from their aging parents and for later midlife grandparents to create a bond with their grandchildren due to their own declining health. Similarly, the experience of grand-parenting may not occur at midlife for women whose off-spring delay starting a family.

Alternately, as Bengtson (2001) noted, these new family structures can also amplify the quantity and quality of multi-generational bonds in families. In other words, rather than being excluded, grandparents may be called upon more frequently to provide support and care for grandchildren, potentially adding additional responsibility for midlife women who are grandmothers. From one perspective, this extended role may be positive as it has the “increased potential for aging parents and grandparents to provide family continuity and stability across time” (Silverstein, Giarrusso & Bengtson, 1998 as cited in Putney & Bengtson, 2005, p. 97). Conversely, however, the obligation to care for children or grandchildren during midlife may be an additional social pressure that a woman does not want or coincide with a woman’s duty to care for aging parents.

Despite increased labour force activity, women are still most likely to provide elder care in families (Morgan, Williams, Trussardi & Gott, 2016). As a consequence of the additional responsibility, Morgan et al. (2016) found that women are inclined to sacrifice attention to their own health concerns when in a caregiving role. Furthermore,
Suitor and Pillemer (1994) found that husbands may withhold emotional support or hinder their wives if they view “their wives’ caregiving as interfering with the women’s performance of other traditional family roles” (p. 688). Perhaps not surprising, frequently reported health consequences for the midlife woman who is providing care for an aging parent include mental strain and depression (Morgan et al., 2016).

When considering the family environment of a midlife woman, it is also crucial to consider the personal impact she experiences when a child leaves the parental home. Although not an unexpected trajectory in the life course, mothers cannot predict how they will respond when their offspring moves out (Bouchard, 2014). In an integrative review of the parental experience of becoming an “empty nester”, Bouchard (2014) writes that the empty nest experience is a difficult one, particularly for mothers. Bouchard (2014) stated that this life stage “is often perceived by women as being…more stressful than grand-motherhood or involuntary job loss” (p. 74).

Keeping in mind the economic and social changes over the 20th century, however, the timing of “nest-leaving” has changed for different cohorts of young adults (Silverstein & Giarrusso, 2011, p. 99). Canadian statistics show that 42.3% of young adults aged 20 to 29 still lived in the parental home in 2011, compared to 32.1% in 1991 (Milan & Bohnert, 2011). Pursuit of higher education or breakdown of a significant relationship are common reasons for young adults to remain in or return to the parental home, as well as economic realities such as cost of living or inadequate employment are common factors in the delayed launch out of the parental home (Milan & Bohnert, 2011). As South and Lei (2015) note, the “life-course principle of linked lives calls attention to
the economic and psychosocial connections between young adults and their parents as possible influences on young-adult home-leaving and home-returning” (p. 867).

Little is known about the impact on midlife mothers when adult children remain or return to the parental home. Alternately, as Baruch and Brooks-Gunn (1984) articulated from a more critical perspective, descriptions that consider midlife adjustments exclusively of women who are mothers fail to offer insight on the midlife experience of women who are not mothers. Similarly, relationships are not always familial, and evidence also identifies the importance of social networks and intimate friendships to the emotional well-being of midlife women (Baruch & Brooks-Dunn, 1984).

**Principle of agency and midlife women.** Keeping with constructivism, the life course perspective holds that humans are active agents who interact with existing social structures and who also help to shape social structure through their actions. Action arguably involves agency, which McMunn, Bartle and Kuh (2006) define as “both the intentions people have in doing things and their capability of doing those things in the first place” (p. 1562). The authors use the word interchangeably with autonomy (McMunn, Bartle & Kuh, 2006). Gecas (2004) explained that agency depends on one’s self-efficacy, or the “perception of oneself as a causal agent in one’s environment” (p. 370). Those who have higher self-efficacy, particularly in terms of education, interpersonal relationships and occupations, are more likely to perceive themselves as architects of their own lives. Alternately, those with lower self-efficacy are more inclined to see themselves as powerless to external forces (Gecas, 2004).
Self efficacy develops primarily from the reciprocal interactions between a person and his or her environment (Gecas, 2004). Gecas (2004) wrote that personal agency develops first “from perceiving causal relations between events, to understanding causation through action, and finally to recognizing oneself as the agent of action” (p. 372). Key to the development of one’s self efficacy, of course, is the impact of various environments on the individual, as the environments can present both opportunities and constraints. Environments in this sense include not only the physical environs that may impact people with ambulatory challenges, but also social structures such as social roles, gender, age and socioeconomic status. Self-efficacy requires that one use reflexivity, which refers to “the capacity of humans to be both subjects (‘I’) and objects (‘me’) to themselves, to reflect on themselves, to act toward themselves as objects” (Gecas, 2004, p. 370).

Gecas (2004) outlines a variety of social structures that influence the cultivation of one’s sense of personal agency. Family provides the most important context for developing self-efficacy. Factors such as family structure (one-parent, two-parent, divorced, same sex), family size, birth order, sex composition of siblings, parental education, ability and socioeconomic status can have life-long impacts (Gecas, 2004). Peers, school and education, occupation, race and ethnicity are also significant social structures that influence self-efficacy. In general, Gecas (2004) explained, the higher one’s position in a system, the more opportunities for agency and self efficacy. For midlife women specifically, McMunn, Bartley and Kuh (2006) considered the impact of the “power associated with a patriarchal structure that has generated traditional norms regarding gender divisions in social roles. Patriarchal power assigns both authoritative
and allocative resources to social roles that are traditionally occupied by men” (p. 1563) which would include, for example, paid employment versus domestic roles. In an investigation of gender role innovators, Zollinger Giele (2004) found that midlife women who broke free from traditional gender role expectations “must exercise their own agency in the face of powerful social forces that otherwise would reproduce the existing social order” (p. 300; italics in original).

Since the 1970’s, a “multiple role pattern has become the norm among educated women” in the United States (Zollinger Giele, 2004, p. 306). Although the observation was constructed nearly two decades ago, it is significant that Zollinger Giele (2004) links this additional role reality with agency. She posits that:

if the personal goals of the traditional woman are defined principally in terms of her ambitions for her home and family, one would expect that the agency of the new women is going to be relatively more invested in their paid work and in achievement outside the home than that of other women. Even if they are married, or have children, the new women will try to achieve in the world of paid work without sacrificing their families and will try to fulfill their responsibilities to their families without sacrificing their careers. (p. 305; italics in original)

According to Zollinger Giele (2004), career-oriented mothers “redefine womanhood” to make space for employment and are able to do so because of “a distinctive self-image, choice of an equal partner in marriage, driving ambition for occupational achievement, and resourcefulness and flexibility in devising new strategies for combining childrearing with career advancement” (p. 315).
Although Zollinger Giele’s (2004) paper compared life course experiences of dual career and homemaker mothers, her focus is on the experience of partnered mothers who desire non-traditional gender roles. The paper certainly does not address the impetus of financial necessity that may prompt women to seek employment outside the home, particularly if they have young children. For example, as Christopher (2012) explained, for many women of colour or with low income, working outside the home is necessary and is considered an essential part of motherhood. While it is possible that women have some agency in terms of how they may choose to create income should it be a matter of necessity, questions certainly arise as to whether all midlife mothers feel that they had or have agency when they participate in employment outside the home if this is not their vision of mothering.

There is some indication that socioeconomic status impacts well-being for women who work. For example, McMunn, Bartley and Kuh (2006) linked poorer health of single mothers at age 54 with “heavy restrictions in role-related opportunities for agency [that] result from the material and non-material stresses associated with lone parenting” (p. 1568). In other words, well-being may be negatively impacted for women who may not feel agency about their work situations and the impact of outside employment on motherhood. Furthermore, women may experience negative outcomes on well-being related to agency in reference to other roles they perform. For example, Ferreira, Loxton and Tooth (2017) found that the role of caregiver, although undertaken with a degree of personal agency, also adds to the cumulative stress load and may lead to negative health impacts for midlife women.
In reference to health, however, as Smith-DiJulio, Windsor and Anderson (2010) write that one’s “responsibility to avoid health risks implies autonomous action, yet the very nature of most risks as well as women’s social roles acts as constraints on autonomous activity” (p. 972). Gecas (2004) seems to take a critical constructivist positing when suggesting that “many aspects of modern societies can undermine self efficacy, with negative consequences for individual well-being” (p. 370). Limitations can be placed on individuals in a society by institutions such as government, school, and family (Gecas, 2004), or, arguably, by a body that is aging. Furthermore, as Evans and Biasin (2017) explained, “the wider socio-economic framework can either reinforce or disrupt cultural pre-dispositions that disadvantage women” (p. 29) regardless of one’s complicity in the limiting conditions.

Research connects agency not only to role performance (which will be explored later in this chapter) but also to other areas of the life course such as education. Stafford, Deeg and Kuh (2016) compared mastery (self efficacy) and education for postwar Baby Boomer midlife women, and found that women with higher education attainment had lower levels of mastery skills. The researchers also noted that women from both the most and the least advantaged childhood socioeconomic backgrounds had lower self efficacy, and concluded that the study “highlights the long-standing contribution of childhood factors to a key component of psychological well-being and ageing well” (Stafford, Deeg & Kuh, 2016, p. 331).

From a critical constructivist perspective, investigating personal agency will allow me to explore how midlife women proactively and reactively respond to the social forces
that influence their experiences. Certainly, agency is significant in self-care, which will be investigated presently.

**Principle of time and place for midlife women.** The life course perspective holds that we are impacted not only by what happens in our lives, but also when those events happen. Sociologists view age norms as being defined by three components: prescriptions for or proscriptions against certain behaviours; consensus about these rules; and mechanisms of social control that keep people ‘on track.’ Further, these norms are typically internalized. In Settersten’s (2004) investigation of “age deadlines” for life transitions, deadlines were found to be more salient in reference to family transitions (marriage, having children) than educational or career transitions. With the exception of becoming a parent (which women experienced more frequently), men perceived these deadlines more often than women did. Settersten (2004) remarked that the findings support the hypothesis that “women’s lives are (or are perceived as) more fluid, unpredictable, and discontinuous” (p. 91). This statement certainly begs the question of the impact of this perceived unpredictability on well-being for midlife women. Of note, aging and well-being may also be experienced differently for non-white, non-professional women and those with less formal education, as Settersten’s (2004) investigation found that these participants experienced more frequent and earlier deadlines than their counterparts.

Foundational to the life course perspective is the premise that humans move through time in two ways: ontologically through chronological development and aging, and “historically by passing through epochal periods that shape value orientations and give rise to unique opportunities and constraints” (Silverstein & Giraruso, 2011, p. 35).
Alwin and McCammon (2004) used the term “cohort” to describe a group of individuals who share a critical experience at the same interval of time. This term could apply, for example, to groups that share the same age, gender, race, or country of residence. Significantly, from a life course perspective, Cohler and Hostetler (2004) suggested that human “developmental pathways reflect the distinct social and historical changes experienced by members” of a cohort, and their experience cannot be understood apart from this context (p. 556).

Birth cohorts, then, are comprised of individuals who were born at roughly the same time. This is different than the term “generation” which is more appropriate to describe kinship relations in reference to the line of descent (Elder et al. 2004). Consideration of birth cohorts is helpful to link age and historical time, despite the likelihood that members of a cohort will not have a uniform experience. This link is important when one considers that unexpected social changes such as war or economic recession differently impact people of different ages and experience. A recession will lead to different experiences for a family bread winner who loses employment, for example, compared to a well-to-do single person with adequate savings to weather the economic downturn.

Birth cohorts experience historical events and social conditions that either constrain or expand their opportunities to some degree (Silverstein & Giarrusso, 2011). Within-cohort experiences are also shaped by macro-level variations such as geography (Elder et al. 2004) race, national wealth, income distribution and societal norms (Richter & Dragano, 2018). Cohorts are also impacted by meso-level variations such as family dynamics (Silverstein & Giarrusso, 2011) and micro-level variations including personal
Experiences of race and one’s socioeconomic status. Cohort constraints and opportunities shape the present and ongoing life pathways of birth cohorts (Silverstein & Giarrusso, 2011). Diewald and Mayer (2009) explained that “future states and events are always dependent on the prior life history in the sense of experiences, resource allocation, choices, and turning points” (p. 7). In terms of population, a cohort might be impacted by its size, or the size of the one preceding or following, with impacts on opportunities for employment, marriage and family creation (Diewald & Mayer, 2009). This significance of cohort experiences will be explored in later in reference to Generation X women who are currently at midlife.

**Principle of timing for midlife women.** Timing relates to the incidence, duration, and sequence of role transitions throughout the life course. Along with a consideration of historical time, the life course perspective also focuses on “the social climate to which birth cohorts are exposed at critical junctions in their lives,” which Silverstein and Giarrusso (2011) labeled the *cultural zeitgeist* (p. 36; italics in original). Silverstein and Giarrusso (2011) suggested that individuals might experience social changes differently depending on when the shifts occur in his or her lifespan. As Lendon and Silverstein (2012) explain, for example, the *impressionable years hypothesis* holds that youth tend to absorb the ideology that is prevalent for the period in which they come of age and that remains relatively unchanged throughout the life course, thus creating a generational distinction. The initial hypothesis by Alwin and Krosnick (1991) concerned political ideologies and has some support in that area (Nteta & Greenlee, 2013). Nteta and Greenlee (2013) recently found, for example, that Barack Obama’s presidential bid
and presidency will have a lasting impact on the racial views of young Americans who came of age during that time.

Whether the hypothesis works outside of political ideologies is less clear (Dobewall, Tormos & Vauclair, 2017). In their study of values, for example, Dobewall, Tormos and Vauclair (2017) suggested that lifelong learning influenced personal value priorities across the life span. From a critical constructivist perspective, little is known about if or how the cultural zeitgeist of the 1970s and 1980s impacted the Generation X cohort when they were living their own impressionable years, or whether these women have been influenced by lifelong learning. Questions arise as to the endurance or flexibility of beliefs about issues such as gender role, career, body image, and personal value, as well as how these beliefs impact aging and well-being across the life course.

Another application of the cultural zeitgeist approach traces changes in society that impact the entire population, which is also known as a period effect (Silverstein & Giarusso, 2011). An example of this might include an economic downturn. In reference to the study of aging specifically, Alwin and McCammon (2004) wrote that, “if one is studying the changes in a single cohort (or set of cohorts) over time, effects that might otherwise be attributable to aging are confounded with period effects, and disentangling the two sets of influences can be exceedingly difficult” (p. 31).

Of interest, as well, when studying the life course, is the timing of life events and transitions, including whether one is “on time” or “off time” to enter and exit various roles and statuses with respect to what is generally accepted concerning age norms (Settersten, 2004) and the subsequent impact of the timing of transitions. Arguably, the question of timing is the most salient one when investigating midlife. As Toothman and
Barrett (2011) articulated, the life course perspective is particularly valuable in understanding development through childhood and old age as these groups tend to have more institutionalized lives. Because midlife does not have the same connections with institutions, however, timing of various transitions through this life period becomes more subjective. The dramatic extension of life expectancy has also muddied any sense of when particular midlife transitions “should” occur. The subjectivity inherent in defining midlife will be considered later, but clearly there are no distinct boundaries around this life stage.

Yet, research of the midlife experience can certainly incorporate how the timing of various life transitions has influenced health and well-being for women. For example, Lee and Ryff (2016) investigated the impact of early pregnancy on heart health for midlife women. The researchers found that women who became mothers at young ages (particularly during their teen years) had greater risk of heart issues at midlife. Researchers also linked the early transition to motherhood with lower rates of college graduation, more financial difficulties throughout life, more depressive symptoms, greater likelihood of smoking and obesity in midlife (Lee & Ryff, 2016).

On the other end of the spectrum, research shows that employed women who postponed their first birth until age 30 accumulated fewer wage penalties at midlife (Gough, 2017), which can certainly impact stress related to finances. Obviously, then, a woman’s experience of midlife has been influenced by many of the life events that preceded it, and when those events occurred. We know very little, however, about how previous life events have and will continue to influence experiences of the Generation X cohort of women currently at midlife.
Life course perspective as bricolage. The life course perspective is a sociological framework for investigating human lives. Stetterson (2005) and others (Dannefer, 2012) have argued, however, that in order to fully understand development throughout the life course – particularly in reference to later health and well-being – social influences cannot be separated from biological and genetic influences. As Dannefer (2012) wrote, “social conditions both in prenatal and early childhood environments (e.g., nutrition, toxicity) …may have a direct impact on adult health” (p. 223). It is well established, for example, that prenatal maternal diet impacts the health and weight of off-spring both in the short-term (Seedidhi & Ponnada, 2017) and long-term (Blackmore & Ozanne, 2013). Research connects early nutrition including breast-milk with health impacts at midlife and later (Richards, Hardy, Wadsworth, 2002).

As Utz, Berg, and Butner (2017) articulated health and aging cannot be uncoupled from the family system in which it occurs. Not only do families provide genetic material that determines major health risks and outcomes, families also share race, culture, environment, socioeconomic status and lifestyle that further influence health and aging trajectories (p. 57). Nor is the acknowledgment of the interaction between social structures coming only from the social scientists. Applying life course approaches to investigations of bone morphology, according to Agarwal (2016), acknowledged that “human life [is] a result of interrelated and cumulative events over not only the timeframe of individuals, but also over generations at the community level” (p. 130).

Keeping biological influences in mind is crucial when investigating the lives of women who are transitioning into and through menopause. Menopause refers to the cessation of menstruation and marks the end of a woman’s fertility (MayoClinic.org,
Up to ten years prior to the final menstrual cycle, however, the transition to menopause or perimenopause begins. Perimenopause means “around menopause,” and typically begins when a woman is in her 40s but can start as early as the 30s, whether or not a woman experiences symptoms. Perimenopause and menopause are associated with a variety of physical symptoms, including irregular or discontinued menstruation, weight gain, hot flashes, night sweats, headache, mood swings and impaired sleep (MayoClinic.org, 2018).

These physical changes impact how a woman perceives herself and her body, which will be explored in the literature review in reference to body image and body function. Symptoms of menopause can also impact intimate relationships (Nazarpour, Simbar & Tehrani, 2016), work performance (Geukes, van Aalst, Robroek, Laven & Oosterhof, 2016) and self-esteem (Lachowsky, 2002). From a social perspective, “popular images and stereotypes of women in the menopausal age range are overwhelmingly negative” (Rostosky & Travis, 1996, p. 285). As McQuaid (1998) noted, “without alternative images, these demoralizing cultural stereotypes can become a self-fulfilling prophecy” (p. 21). Significantly, then, we must recognize that the macro and meso social structures influence the micro level of well-being, and that all of these relationships are multi-directional. Finally, in alignment with critical constructivism, the life course perspective acknowledges contributions from across disciplines, particularly when studying well-being.

**Changing Bodies at Midlife**

Consideration of the aging body concerns both appearance and function, which are aspects of body image. A relatively recent focus of study, body image research
evolved from clinical psychology and psychiatry in reference to the experiences of young women who had eating disorders (Grogan, 2017). Likely a result of these early days, much of the body image research has focused on the experiences of young women, with a particular interest in weight and shape (Grogan, 2017). It is now understood, however, that body image is a multidimensional and dynamic concept that incorporates one’s “perceptions, thoughts, and feelings about his or her body” and includes “psychological concepts such as perception and attitudes toward the body, as well as experiences of embodiment” (Grogan, 2017, p. 4). Aspects of body image are both positive and negative, and encompass body satisfaction, feelings about the body, and investment in appearance in addition to behaviours associated with camouflaging or improving the body (Grogan, 2017). Body image is subjective and influenced by personality attributes as well as the social environment and culture (Grogan, 2017).

Although it is probable that societies once associated a desirable feminine appearance with physical traits like wide hips and an ample bosom that suggested fertility and reproduction, it is now clear that cultural influences override biological considerations in establishing the ideal beauty (Thompson, Heinberg, Altabe & Tantleff-Dunn, 1999). Yet, the ideal has also been an ever-moving target. As Thompson et al. (1999) succinctly explained, “idealized beauty has never been static” (p. 88). Grogan (2017) agreed, and wrote that, for decades, women have sought to achieve the ever-changing illusive ideal. Now, the modern Western culture, according to Bordo (2003), values “a body that is absolutely tight, contained, bolted down, firm” (p. 190). The ideal woman is tall, slim but toned, hour-glass shaped but under-weight for her height, and
ample-busted but not to the point of discomfort (Grogan, 2017). This ideal body demonstrates self control, elegance and youth (Grogan, 2017).

Certainly, this body ideal may be impossible to achieve for many people and for many reasons, including anatomy (height, bone structure, etc.), conditions such as thyroid disease (O’Malley, Hickey, & Nevens, 2000) or injury (Keeney, Fulton-Kehoe, Wickizer, Turner, Chan, & Franklin, 2013). For women at midlife, achieving the thin ideal may also be nearly impossible: Between the ages of 35-55 years, women’s bodies can undergo myriad changes, ranging from pregnancy (Brown, Rance & Warren, 2015) to the transition to menopause (Rubinstein & Foster, 2013) which begins sometime in the 30s with declining estrogen (American College of Obstetricians and Gynecologists, 2015).

Rather than being a “contained, controlled and impermeable body” (Schmied & Lupton, 2001, p. 39) at midlife, women’s bodies are in a state of flux. Body composition changes are the norm and women may gain an average 1.5 pounds (0.7 kg) annually during the middle years, regardless of initial weight, age, or race (Sternfeld et al., 2004). Simultaneously, midlife bodies are visibly aging. There is evidence of skin loosening (Calleja-Agius, Brincat & Borg, 2013), wrinkles and graying hair (Ballard et al., 2005). Because achieving the female beauty ideal requires youth (Chrisler, 2011), the gap between the ideal and the real can widen for women at midlife and may impact well-being.

Yu, Kozar and Damhorst (2013) explained that women experience “more dissatisfaction, anxiety, or fear about body and appearance changes occurring throughout their life span” (p. 376). Barrett and Toothman (2016) also noted that “women enhance their emotional well-being at midlife by maintaining age-discrepant identities as they
grow older” (p. 294). In other words, midlife and older women might establish a subjective age that is younger than their chronological age. Although creating a youthful identity may be considered a form of agency, it also perpetuates the privileging of youth.

Hurd Clarke and Korotchenko (2011) explained that it is also possible that how women experience subjective age could influence their feelings about their bodies across the life span. In their review of the aging literature, Hurd Clarke and Korotchenko also wrote that women become more accepting of their appearance as they age, and that they may perceive a smaller discrepancy between the ideal and their actual appearance as time passes. To be clear, however, their review focused on women over age 65 (Hurd Clarke & Korotchenko, 2011). Less is known about how women of Generation X envision the discrepancy between the ideal and their appearance, especially considering that their bodies are in a state of flux at this time.

**Body image and self-objectification.** Ongoing research has continued to demonstrate links between sociocultural experiences and negative outcomes, including how women feel about their bodies and the resulting impacts on mental health, well-being and behaviours such as disordered eating. Szymanski and Henning (2007) found a relationship between self-objectification and depressed mood, and determined that the relationship was completely mediated by body shame, appearance anxiety, and flow (i.e. immersion in an activity). Self-objectification refers to the pervasive tendency of women to equate themselves with their bodies (Calogero, 2012). Calogero and Thompson (2009) similarly found that self-objectification was allied to body shame, lower sexual self-esteem, and lower sexual satisfaction for women. Tiggemann (2011) wrote that “there is sufficient evidence to conclude that the relationship between self-objectification and
disordered eating is at least partially mediated by body shame and appearance anxiety, as proposed” (p. 144) in the self objectification theory, particularly in reference to young, white women. (See Tiggemann, 2011, for review.)

Perhaps more ominous, in their research of daily self-objectification experiences, Breines, Crocker, and Garcia (2008) determined that when participants self-objectified, they experienced low levels of well-being compared to their own average level of well-being. In other words, when participants were more aware of their appearance than usual, they were also likely to be feeling worse than usual. After considering correlational, experimental and longitudinal studies, Tiggemann (2011) concluded that “self-objectification plays a significant role in women’s mental health. Given the ubiquitous presence of the media and other appearance-focused influences, contemporary women are likely to encounter potentially objectifying conditions on a daily basis” (p. 154). Moradi and Huang (2008) concluded their review by noting that self-objectification crosses skin-colour divides (Harrison & Fredrickson, 2003), and sexual identity (Haines et al., 2008), though there are certainly differences within groups.

If research has focused primarily on young women, then, questions arise as to whether self-objectification occurs for women who have passed their reproductive prime. Calogera (2012) wrote that self-objectification is highest for women between the ages of 20-30, and that levels decrease through ages 40 and 50 and beyond, perhaps because “as women become less visible and available for public consumption, they are less likely to experience this particular set of negative consequences” (p. 579). Frederickson and Roberts (1997) suggested that “to the extent that middle-aged women are willing and able to step out of the objectification limelight, they should experience less self-conscious
body monitoring because of diminished needs for anticipating observers’ evaluations of their bodies” and that, further, they should experience “improved subjective experiences, including less shame and anxiety, more peak motivational states, and a potential to reconnect to internal bodily states” (p. 195).

Indeed, some research supports this position. McKinley (1999) found that the middle-aged mothers of undergraduate students in her research had lower levels of self-surveillance and body shame than their daughters. McKinley (1999) counter-argued as well, however, that although sexual objectification may decrease as women’s bodies veer away from the youthful ideal, the resultant invisibility experienced by midlife women may contribute to another form of objectified relationship with the body.

By way of explanation, Healey and Ross (2002) investigated how older people perceived the portrayal of similarly older people on television, and reported that, “actors generally seem to disappear from television once they turn 50” (p. 113), which, arguably is midlife rather than ‘elderly.’ Further, Healey and Ross cited Aronoff (1974), who determined that the average woman’s character on television was 10 years younger than the average male character. The participants in Healey and Ross’s (2002) study were able to articulate this discrepancy simply because they noticed that “women need to be young and beautiful to be on television” (p. 113). This observation highlights “the ‘sexist double standard of ageing’ (England, Kuhn & Gadner, 1981) which renders older women virtually invisible across many media” (Healey & Ross, 2002, p. 113). Further to McKinley’s (1999) argument, then, age related physical changes “are likely to call attention to women’s bodies in negative ways because of the culture’s emphasis on youth,
which may increase objectified body consciousness” (p. 108). Notably, investigation of self-objectification at midlife is also virtually invisible in the literature.

Until very recently, body image research has focused on pathology, or what goes wrong in reference to body image. As Tiggemann and McCourt (2013) wrote, however, “this negative focus has limited our holistic understanding of body image” (p. 624). Positive body image is a multidimensional construct that goes well beyond appearance evaluation and body satisfaction (Tylka & Wood-Barcalow, 2015). In their scoping review of the literature about positive body image, Tylka and Wood-Barcalow (2015) explained that positive body image is distinct from negative body image and includes such facets as body appreciation, body acceptance and a broad conceptualization of beauty. Positive body image is holistic, protective, and both stable and malleable. Further, the authors indicated that positive body image is both shaped by social identities and associated with perceived acceptance by others (Tylka & Wood-Barcalow, 2015).

**Embodiment and body function.** Positive body image also recognizes the important experience of engaging the body with the world, otherwise known as embodiment. Piran (2016) explained that:

the embodiment construct describes diverse ways of inhabiting the body: ranging from embodied agency, joy, and attuned self-care to disrupted connection with the body, the preponderance of negative feelings, and self harm. Importantly, we find that embodiment is centrally related to measures of well-being, such as self-esteem and mood. (p. 188)

Piran and Teall (2012) suggested that in order to understand embodied journeys throughout the lifespan, it is important to examine the three key domains, which include
physical freedom, mental freedom and social power. In all, these key domains emphasize attunement to one’s needs, to agency and to self-care, which includes resisting “internalizations of social discourses on the experience of inhabiting the body and not only the discourse of thinness” (Piran, 2015, p. 152).

Thus, body image researchers have started to investigate the role of body functionality, which is expressed as anything that the body can do and feel (Alleva, Martijn, Van Breukelen, Jansen & Karos, 2015). This perspective considers the body as process and encompasses all of our physical capacities such as digestion, sensation, and stamina as well as creative expression and self-care (Alleva et al., 2015). Studies that emphasize the concept of body as process have linked body functionality with lower levels of self-objectification (Mahlo & Tiggemann, 2016; Prichard & Tiggemann, 2008) and higher levels of body satisfaction (Tiggemann, Coutts & Clark, 2014). Mahlo and Tiggemann (2016) also found that compared to non-participants, women who engaged in yoga scored higher on positive body image and embodiment, and lower on self-objectification. Researchers determined that yoga is an embodying activity that may encourage women to cultivate a positive relationship with their bodies that involved respect, appreciation, and positive attitudes towards their body’s unique features, functionality, and capabilities (Mahlo & Tiggemann, 2016).

Unfortunately, many body image studies that explore body functionality include participants with wide age ranges and therefore provide limited insight into the midlife experience. In Mahlo and Tiggemann’s (2016) study, for example, women ranged in age from 22-75 years, and researchers did not address the influence of age on the experiences of participants. Although Hurd’s (2000) and other studies of older women (Liechty,
2012) found that having a healthy, functional body may be more important than appearance in later years, midlife women were not included in the research. As illustration, in Liechty’s (2012) study, the women ranged in age from 60-69 years.

Certainly, midlife comes with different body experiences than those experienced by younger and older women, including the menopausal transition. Although body image per se was not a focus, Ussher (2008) explored the embodied experiences of menopause. The author found that, for women who reject the discourse of decay associated with menopause and aging, the aging female body is “the place from which power and authority springs, not despite the process of change and aging, but because of it” (p. 1793). Ussher’s study suggests that, while some women continue to see their bodies as objects that must be medicalized to ‘fix’, some women embrace and embody the experience of aging.

Clearly, how midlife women feel about the functioning of their bodies is important. In their investigation of eating disorders in 200 women between the ages of 35-65, McLean, Paxton, and Wertheim (2010) reported that 90% of participants rated body function as moderately, very, or extremely important to their self-concept. Furthermore, the researchers found that there were lower levels of body dissatisfaction and disordered eating in women who made time for themselves, took care of their own needs and did not feel guilty about doing so (McLean et al., 2010). With respect to the holistic experience of midlife for women (in addition to the concept of positive body image as being holistic), McLean et al. (2010) also posited that, along with the appearance changes associated with aging, “increasing roles and responsibilities that impact on self-care contribute to midlife being a particularly challenging time for some
women in which they may struggle to feel satisfied with their bodies or to have a positive relationship with food and eating” (p. 533). We see here how the principle of linked lives may have a negative influence on the midlife experience if the expectations placed on women by others negatively impacts their self-care, and by extension their body functionality and well-being.

Ogle and Damhorst (2005) wrote that the midlife is a stage often marked “by a revision of the meanings used to understand the self and the surrounding world” (p.5), and in their research, the “shift from a focus upon the appearance of the body to a focus upon the health of the body seemed to reflect middle-aged women’s increasing awareness of their own mortality” (p 9). Considering the weight gain associated with midlife, for example, it could be expected that women would become increasingly dissatisfied with their bodies should they gain weight at midlife. Instead, several authors (Pearce, Thøgersen-Ntoumanib & Duda, 2014; Pruis & Janowsky, 2010) have found the level of body dissatisfaction remains static throughout adulthood for women. These findings support a dialogue about shifting focus at midlife from appearance to functionality.

Other research suggests, however, that midlife may instead be the crescendo at which body image ideals are intensified. For example, in their exploration of the ‘old talk’ for participants aged 18-87 years in Australia, the US and UK, Becker, Diedrichs, Jankowski, and Werchan (2013) observed that while ‘fat talk’ decreased as women aged, ‘old talk’ increased. During midlife, the women engaged in both ‘fat talk’ and ‘old talk’, which suggests that concerns at midlife are doubled: Both thinness and youth are important beauty ideals (Becker et al., 2013). Significantly, as Hurd Clark (2017) summarized, “Some women internalize ageist beauty standards to the detriment of their
well-being” (p. 106). As Pearce et al. (2014) suggest, there is a complex relationship between body image and midlife body changes and call for more research concerning the perceptions of women regarding these changes.

Becker et al. (2013) also noted that no longitudinal study has followed midlife women over a significant period of time and raised the question about the impact of cohort effects on the experiences of the women. The authors thus suggested that body image and well-being of women at midlife might also be impacted by earlier experiences, and that these influences and impacts should be explored. With a critical constructivist orientation to the question of midlife body image, I am particularly interested in the social influences that shaped a Generation X woman’s body image when she was younger, the ongoing societal forces she encounters, and how she negotiates body image in light of her changing body.

**Considering Social Roles**

The concept of inhabiting social roles derives from social identity theory. Social role theory is a major sociological theory that flows from symbolic interactionism and originates from the work of Max Weber (Stryker & Serpe, 1982). Stryker and Serpe (1982) explained that we also “come to know who we are through interaction with others” (p. 202). First, as individuals, “we become objects ourselves by attaching to ourselves symbols that emerge from our interaction with others” (p. 202). These symbols tell us and others what expectations are attached to our behaviours. Symbols are also used to designate “positions” or social structure; these positions carry behavioural expectations and are known as “roles.” People then become recognized as occupants of certain roles, with the concomitant behaviour expectations. Further, an individual will apply these
behaviour expectations to himself or herself also, so that the role becomes part of one’s identity. We can see at this point how social role theory aligns with both constructivism and the principle of linked lives in the life course perspective.

Obviously, an individual occupies more than one role (Stryker & Serpe, 1982). Decisions about what role to inhabit, and subsequently what behaviour to enact, are based on the salience of the identity: Salience refers to the position of a particular identity on a hierarchy of identities (Stryker & Serpe, 1982). Stryker and Serpe (1982) wrote that the more salient an identity is for a person, the more likely it will be invoked in any situation. Behaviour in high salience roles will be more consistent than it will in roles with lower salience, and an individual will seek out opportunities to engage in roles that have higher salience for them (Stryker & Serpe, 1982). The salience of an identity is intrapersonal, a product of prior interactions and trans-situational (Stryker & Serpe, 1982).

Stryker and Serpe (1982) also explained that the degree to which a person’s important social relationships hinge on him or her playing that role is known as commitment. Commitment refers to both the number of persons and their importance to one who is occupying a particular role (Stryker & Serpe, 1982). According to Stryker and Serpe (1982), the greater one’s network that is premised on a particular identity, the greater the identity commitment. The authors also argued that increasing identity commitment mirrors increasing identity salience (Stryker & Serpe, 1982).

**Role enhancement theory.** According to the role enhancement theory, having multiple roles can promote social integration (Reid & Hardy, 1999). Role-enhancement theory posits that:
Multiple roles can promote human development by increasing self-esteem, providing purpose and meaning in life, and increasing one’s ability to develop deep connections with others. In addition to providing these cumulative benefits, multiple roles may also serve a protective function, so that when one role entails strain or disappointment, another role may be fulfilling. (Strauss, 2013, p.78)

Overall, McMunn Bartley and Kuh (2006) found that the role enhancement hypothesis consistently supports the concept that women who have enacted more roles experience improved mental well-being compared with women who have enacted fewer roles. In other words, having too few roles may have a negative impact on well-being (Reid & Hardy, 1999). Janzen and Muhajarine (2003) determined that women who occupy three roles simultaneously reported better self-rated health status and were less likely to report chronic illness than women who enacted one or two roles simultaneously. For midlife women who are peri-menopausal and menopausal, and who may be concerned about their loss of fertility, multiple roles including caregiving may also serve a protective function because they provide meaningful social identities outside of the reproductive role (Strauss, 2013).

**Role overload hypothesis.** Alternately, as Janzen and Muhajarine (2003) explained, the role overload hypothesis maintains that “human energy is limited, and the more roles a person occupies, the more strain experienced and the greater the likelihood of negative effects on health and well-being” (p. 1492; citing Goode, 1960). For example, Schoon, Hansson and Salmela-Aro (2005) found that the role of single mother when combined with employment is associated with lower life satisfaction in midlife women compared to women without children. Baruch and Barnett (1986) wrote, however, that it
is the quality of the roles a woman enacts rather than the quantity of roles that predicts well-being, and that quality is impacted by biological, social and psychological factors. Further, the authors conclude that “to the degree that a particular role yields a net gain of benefits over costs, involvement in that role will have a positive impact on well-being” (p. 583).

**Role conflict theory.** Related to but separate from the role overload hypothesis is role conflict theory. Role conflict occurs when the requirements of one role directly interfere with one’s ability to fulfil the demands of another role (Hecht, 2001). Competing demands might arise during overlapping points in time, which necessitate making a choice as to which demand to satisfy first (Hecht, 2001). As Hecht (2001) explained, this involves, “in effect privileging one role over the other, at least for the moment” (p. 112). Research that considered the experiences of 270 professional women between the ages of 25-45 found that the women perceived that they were “expected to be committed to their work ‘just like men’ at the same time as they are normatively required to give priority to their family” (Malhotra & Sachdeva, 2005, p. 41). Role conflict increased with the addition of roles, such as motherhood (Malhotra & Sachdeva, 2005). While both role overload and role conflict may present challenges to well-being, Hecht (2001) suggested that “role conflict may have greater potential for undermining mental health because of the limits on choice that are imposed” (p. 112).

**Social Roles for Midlife Women**

Social relations have generally been viewed as central to women’s role identities. Gonyea, Paris and de Saxe Zerden (2008) wrote that, in comparison to men, “women more often use relationship labels such as mother, daughter and wife” when asked to
describe themselves (p. 560). These specific roles fall under the more general gender role category. Huyck (1999) defined gender role as “the social prescriptions or stereotypes associated with each sex; it may also be used to describe the extent to which a particular individual complies with the social expectations” (p. 209). Historically, gendered responsibilities for women have followed from the role of spouse in marriage, and have included child-bearing and child-rearing, house-work and caregiving (Huyck, 1999). The historical influence, of course, links to the principle of time and place in the life course perspective. Important, as well, is a consideration of the role of woman, and the inherent responsibilities that role entails in reference to cultural expectations about youth and beauty. Gendered social roles will now be considered in detail.

**Mother role identity.** Key to a discussion of gender roles is an acknowledgement that roles lead others to make assumptions about personality. The role of mother, for example, suggests nurturing traits, such as compassion and kindness (Newton & Stewart, 2013). Further, social roles are “associated with specific expectations, responsibilities, and obligations” (Chen, Banerji, Moons, & Sherman, 2014, p.147). Newton and Stewart (2013) explained that internalizing and conforming to these expectations will lead to societal rewards including approval, while deviating may involve social censure.

For many women, the role of mother is fraught with social expectation. Hays (1996) identified the “intensive motherhood” ideology in which mothers put the child’s needs ahead of her own as a matter of course. Mothers are also expected to be primary provider of care to children, and “ideal child rearing is time intensive, guided by experts, and emotionally engrossing” (Christopher, 2012, p.75). Significantly, however, not all women engage with the intensive mothering ideology in the same way. Christopher
SELF-CARE AND WELL-BEING FOR MIDLIFE WOMEN

(2012) explained that, unlike their more financially privileged counterparts, women of colour and women with low-income have historically had to work in order to support their families. For these women, motherhood includes the role of provider, which influences the extent to which they can engage in intensive mothering.

Regardless of how a woman might mother, so strong is the cultural expectation of motherhood that women who choose not to become mothers have been considered psychosocially deviant and to house a desire “to be (like) men by devoting greater time to their paid careers” (Hird & Abshoff, 2000, p. 348). The contraction of identity between woman and mother is so entrenched in our culture, in fact, that women who are not mothers face social stigma, negative stereotyping (as selfish, incomplete, unnatural, unhappy, lonely), and encouragement to procreate from family, friends, co-workers, mere acquaintances and even strangers (Hird & Abshoff, 2000). The connotation of mother as a social role, then, has moved well beyond reproduction (Hird & Abshoff, 2000).

Like the fluidity of the definition of midlife itself, however, the experience of the mother role is also becoming less predictable at midlife. Although Canadian statistics are not available, (itself a commentary on the expectation of motherhood for Canadian women), 14.4% of US women aged 40-44 and 17.1% of women aged 45-50 in 2016 were not mothers, either voluntarily or involuntarily (Statista, 2016). Bays (2017) wrote that the number of women without children in the US is increasing, possibly due to career opportunities and achievements related to “financial, social, and political gains associated with the women’s liberation movement” in the 60s, 70s and 80s” (p. 138). Potential associated reasons for changes in mother role status include postponing or forgoing marriage, delay of initial childbirth, divorce, lack of a partner, lack of desire or
uncontrollable impediments (Bays, 2017). Obviously, the commonly perceived role of mother does not exist for these women. We known very little about how current post-maternal women and other women who do not occupy the social role of mother experience midlife.

Alternately, compared to earlier generations, women who are now at midlife may have married and had children at later ages (Silverstein & Giarrusso, 2011). Unlike their own mothers, then, they may reach the age of 40 as mothers of toddlers rather than young adults (DiNatale & Boraas, 2002). Midlife motherhood would likewise look different for women who had children at younger ages and who might instead be closing the chapter on active parenting as their offspring vacate the parental home (Lippert, 1997). Sheriff and Weatherall (2009) referred to this time as post-maternity. Since the role of mother carries such weight in terms of identity, questions certainly arise as to the impact of post-maternity for women.

Perhaps surprisingly, while early investigations of women (born prior to 1917) who were in the post-maternal period reported negative experiences when children vacated the parental home (Adelmann et al., 1989; as cited in Lippert, 1997), later cohorts have instead reported positive experiences (Lippert, 1997). Lippert (1997) explained that more recent cohorts of post-maternal women may not undergo prolonged negative reactions to their changing family circumstances because they “may be adequately investing themselves in other roles” such as outside employment “that may lessen the impact of their children’s departure from home” (p. 18). In other words, the changing social landscape that has led to an increased involvement of women in the workforce may
also have resulted in a less salient or defining impact of motherhood on a woman’s identity at midlife.

Obviously, a discussion about the impact of multiple roles applies to combinations that do not include the role of mother. It is notable, however, that irrespective of evidence that some women may enjoy a sense of freedom and accomplishment after successfully rearing their off-spring, in their discourse analysis of popular media concerning post-maternity, Sheriff and Weatherall (2009) observed a pervasive sense that “celebrating the end of childrearing contradicts a belief of socially mandated motherhood where children are the well-spring for women’s happiness” (p.104). Despite having done her duty as mother, then, it seems that the social feedback for midlife women remains critical. Little is known about how Generations X women who are mothers experience post-maternity or its impacts on well-being.

**Wife role identity.** The term *wife* is often replaced with the gender-neutral *spouse* in literature and popular culture, but I have intentionally chosen to use the traditional word here. Although the Oxford dictionary defines wife simply as “a married woman” (Oxforddictionaries.com, 2018), it is the connotations of the term that are relevant to this discussion about social roles. A quick search in a thesaurus shows that the ideologies associated with the word wife, including *helpmeet, ball and chain, little woman, rib,* and *other half* (Thesaurus.com, 2018) presume a subservient role for a woman in a marriage that bears out in the literature. Notably, the traditional experience of the wife role is not limited to heterosexual relationships, as will be examined presently.

Similar to the role of mother, gender traits such as being kind and nurturing also permeate the role of wife (Newton & Stewart, 2013). Further, LeBaron, Miller and
Yorgason (2014) found that heterosexual couples with more traditional gender role ideology are more likely to perpetuate unequal division of roles and responsibilities, and that women are less likely to report marital satisfaction at midlife. The findings of the study are particularly interesting in light of a recent Canadian report that indicated that women still perform the majority domestic chores and child-minding in families even if they also work outside the home (Houle, Turcotte & Wendt, 2017).

Perhaps surprisingly, there also does not seem to be equality in lesbian marriages: Although studies show that lesbian couples may share unpaid labour more equally than heterosexual couples (Patterson, Sutfin, & Fulcher, 2004), Carrington’s (1999) ethnographic research suggests that lesbian couples may feel pressure to appear more egalitarian than perhaps occurs in the relationship. Goldberg and Perry-Jenkins (2007) also found that when lesbian couples become parents via insemination, biological mothers spend more time in a child care role. Likewise, when lesbian couples adopt, menial forms of labour and “feminine tasks were more likely to be …done by the ‘weaker’ partner” (p. 825). Thus, the feminine gender role is evident in various family structures.

**Caregiver role identity.** Gonyea, Paris and de Saxe Zerden (2008) wrote that “women are the ‘kin keepers’ in families and it typically falls to them to sustain and nurture connections across generations” (p. 560), despite increased labour force activity (Morgan, Williams, Trussardi & Gott, 2016). Providers of care to aging parents currently tend to be in the midlife age range of 45 and 65 years of age (Sinha, 2013). In their research of caregiver identity, Miller, Shoemaker, Willyard and Addison (2008) found that “the identity of a caregiver is one that spans the boundary of public and private life”
By this, the authors suggest that the caregiver role identity develops in response to earlier family experiences (i.e. providing care for a child) and skills learned outside the home. In terms of well-being, the caregiver role has been found to be both stressful and rewarding (Miller et al., 2008). Stress often arises, for example, when there is an abrupt change of identity to caregiver, as might happen for a woman in the case of her partner having a stroke (Miller et al., 2008). Rewarding experiences include tenderness and new sense of purpose (Miller et al., 2008).

Furthermore, in reference to well-being, the roles of wife and mother as caregivers are associated with poor sleep at midlife women, which is a health risk factor (Arber, Hislop, Bote & Meadows, 2007). Arber et al. (2007) found that a snoring partner, night-time worry, and waiting for children to come home at night were associated with poor sleep. Similarly, sleep research reported that of 1,818 employed mothers of children born between 1998 and 2000, 51% reported getting less than the minimum 7 hours that is prescribed for long-term health (Kalil, Dunifon, Crosby & Houston Su, 2014). Other research on interrupted sleep found that, much like my friend whose story opened this manuscript, mothers of young children frequently awaken several times during the night to care for children due to illness, frights, bed-wetting, and so on (Maume, Sebastian, & Bardo, 2010). The authors suggest that attending to these needs falls to women in heterosexual parenting relationships because it is simply expected that “disrupted sleep was a natural consequence of fulfilling the duties of motherhood” (p. 759). Caregiving in its various contexts, then, has a profound impact on sleep, health and well-being for midlife women. Questions also arise as to how women manage day-time responsibilities when sleep has been impacted.
Employee role identity. It seems that it is not just women who are focused on social roles tied to relationships, as Gonyea, Paris and de Saxe Zerden (2008) suggested. Very little research was located for this review that considered the role of employee for women who are not partnered and/or not mothers, or that considered women as workers independently from relationship-based social roles. Alternately, much of the literature located for this review has considered the work-life balance for mothers who are employed outside the home. Yet, the number of people living alone in Canada has more than doubled over the last 35 years (Tang, Galbraith & Truong, 2019). In an exploration of well-being for single women aged 29-45 without children, Engler, Frohlich Descarries and Fernet (2011) found that there were distinct work-life issues linked with well-being for their participants. In their study, the women resisted the “careerist” identity (p. 180) because they did not want to be perceived as lacking balance in their lives. Significantly, although not identified as such, the participants would have belonged to the Generation X cohort.

Woman role identity. Feminist critic Naomi Wolfe (1991) succinctly appraised the pressure on women to maintain appearance when she wrote that, “most urgently, women’s identity must be premised upon our ‘beauty’ so that we will remain vulnerable to outside approval” (p. 14). Distracted thus by our physical defects, women are less likely to resist oppression from patriarchal social systems. Chrisler (2011) wrote that women are equated with their bodies, and therefore must strive to maintain a svelte, youthful body because “beauty work as part of women’s role” (p. 205). What, then, is the impact on a midlife woman’s identity when the beauty ideal softens daily out of reach? While this is an understudied topic, what is known this far is not overly positive.
For example, women over age 50 who participated in a recent body image study reported that they experience dissonance between how they felt and how their bodies appeared (Hofmeier, Runfola, Sala, Gagne, Brownley & Bulik, 2017). The women in Hofmeier et al.’s (2017) study revealed that “the clash between societal consensus of beauty and value and the internal shifts women experience as they age relative to their own conceptualizations of beauty and value was a common frustration” (p. 10). This finding is in alignment with both Kaufman’s (1994) “ageless self” which refers to the concept of a continuous self that does not age, as well as Featherstone and Hepworth’s (1989) “mask of age.” This “mask of age” theory holds that the visible body hides the true inner self. The finding of Hofmeier et al. also aligns with findings from my own master’s research (Petty, 2016), in which the women felt betrayed by their aging bodies. Both studies revealed that women may have difficulty embodying the identity of a “midlife woman”.

Furthermore, again in alignment with my master’s research (Petty, 2016), the women in Hofmeier et al.’s study experienced “feelings of invisibility and irrelevance” (p. 10). It is arguable that being invisible implies being without form or structure. One must certainly consider whether an invisible body can have an identity. While I will leave this debate to the philosophers, the perception of invisibility as an identity may be common at this life-stage. Less is known about the impact of the invisibility identity on well-being for midlife women.

If it is true in our culture that a woman equals her body, and her primary role identity as discussed earlier involves motherhood, what value does a post-fertile body have? In a discussion of the life course for women, Huyck (1999) wrote that menopause
“is timed to allow the mother enough time to nurture the youngest child to maturity” (p. 219). What role, then, does the body have for a woman post-fertility? Is a post-fertile body still a woman’s body? What role identity accompanies a post-fertile body? Little is known about its influence on identity and well-being for women approaching and experiencing post-fertility at midlife.

While women can inhabit a variety of roles not discussed here, including sister, friend, volunteer, artist and so on, this review has focused on the impact of some of the dominant identity roles that women enact (Gonyea, Paris & de Saxe Zerden, 2008) as well as considerations about the impact of an aging body on role identity. Obviously, many of these roles are enacted simultaneously, which can have both positive and negative impacts on well-being. It is also important to acknowledge that, at midlife, women also can experience role transitions that can influence identity, as from daughter to caregiver, for example (Steiner & Fletcher, 2017). As Moen, Robison and Fields (1994) wrote, however, it is likely that how any one role identity influences well-being is premised on how well it blends with a person’s other role identities. While these role transitions are often outside of personal control (i.e. becoming a grandmother; becoming an empty-nester), how women respond involves awareness and choice. Using a critical constructivist lens, this research investigates how the women respond to their multiple and changing roles and identities at so that they can support their well-being. Arguably, their responses might be in the form of self-care, which will be described next.

**Self-care and Disciplinary Perspectives**

The study of self-care has moved beyond nursing and has become an area of attention in several disciplines that will not be considered here (i.e. education, business,
economics and pharmacology) as well as psychology, sociology (Matarese et al., 2017) and social work. Like nursing research, sociology literature also concentrates primarily on disease management when investigating self-care. Rather than focusing on the biomedical perspective of illness, however, sociologists argue that chronic illness occurs in the context of society, including the family of the patient, the neighbourhood and the community. Mackenzie (2014), for example, explored how women prioritize their multiple roles in paid work, managing the family and self-care after receiving a diagnosis of breast cancer. Perhaps not surprising in light of the intensive mothering ideology (Hays, 1996), self-care continued to hold a lower priority for women than mothering.

Self-care is also impacted because care resources are socially distributed, and often unequally (Tausig, 2013). We have a limited understanding about the factors that influence self-care among diverse groups of women, including women of colour (Adkins-Jackson, Turner-Musa, & Chester, 2019), indigenous women and women of lower socioeconomic status. In their investigation of 13 low income Hispanic and Black women in the northeast United States who had recently given birth, however, Suplee, Gardner and Borucki (2015) found that income, housing, relationships and care for their child impacted the women’s ability to engage in self-care. As Adkins-Jackson et al. (2019) explained, practicing self-care for women of colour “may be difficult due to the need to take care of others in the face of systemic pressures” (p. 2).

Furthermore, there is evidence in both sociological and psychological literature of the “neoliberal notions of health promotion in which self-management is central” (Horrocks & Johnson, 2014, p. 175). This focus on self-management is obvious in the investigations of self-care practices of low-income women reviewed for this research.
By way of explanation in their systematic review, Schaffler et al. (2018) wrote that low income is “associated with poorer health outcomes and higher rates of chronic disease” (p. 510). People are thus encouraged to “take control of and responsibility for the successful management of their disease” (Scambler, Newton & Asimakopoulou, 2014, p. 545). Health self-management, explained Schaffler et al. (2018), “is a crucial strategy in reducing healthcare costs and increasing patient quality of life” (p. 510). Although not restricted to people of lower socioeconomic status, the trend toward self-management has certainly limited what is known about self-care practices of low-income women who have not been diagnosed with a disease.

Because self-management requires action, health psychology is primarily interested in cognitive approaches to intentions and behaviour (Horrocks & Johnson, 2014). In a discussion about self-management of health, however, Horrocks and Johnson (2014) articulated a critical constructivist position when they argued that “it is more useful to focus on health behaviour as a set of social and situated practices” because health and illness derive from “more than biomedical explanations; they are enmeshed in broader social, cultural, political and historical contexts” (p. 177). To that end, and as a result of the growth of positive psychology and preventive medicine, there is an increased interest in self-care as a method to promote well-being (Dorociak Rupert, Bryant, & Zahniser, 2017). Dorociak et al. defined self-care as “a multidimensional, multifaceted process of purposeful engagement in strategies that promote healthy functioning and enhance well-being (p. 326). Key to the success of this process are self-reflection and the ability to adapt to “changing needs, experiences and values” (p. 326).
An example of psychological interest is Hansson, Hillera and Forsell’s (2005) qualitative investigation of how self-care is perceived by adults. The researchers asked participants a single open-ended question to explain which self-care strategies they used to improve or maintain their psychological well-being, and the findings expanded understanding about self-care means to people. Added to the perhaps more anticipated responses of physical exercise, using proactive health care strategies (nutritious diet, sleep) and visiting health care practitioners to promote well-being, these participants also included lifestyle activities such as social support, engaging in pleasurable activities and maintaining an optimistic outlook as well as setting limits and problem solving (Hansson, Hillera & Forsell, 2005). The concept of limit-setting as self-care is certainly intriguing in the context of understanding decision-making for midlife women.

The expanded perception of self-care aligns well with social work literature that defines five primary domains of self-care as physical, psychological, emotional, spiritual, and professional self-care (Saakvitne & Pearlman, 1996). Perhaps obviously, as Saakvitne and Pearlman (1996) explained, physical self-care refers to care of the body. Psychological self-care focuses on self-awareness and healthy decision-making, and might include therapy, journaling or reading. Emotional self-care refers to actions that nurture the relationship with self and others. Spiritual self-care involves activities pointed toward finding meaning in life, such as attending religious services or practising meditation (Saakvitne & Pearlman, 1996). Professional self-care encompasses activities that promote professional health and competence (Bloomquist, Wood, Friedmeyer-Trainor & Hea-Won, 2016).
Notably, self-care is highly valued for social work practitioners. Profitt (2008) suggested that social workers should monitor their physical, psychic, and spiritual states in order to achieve sustained positive energy, enhanced empathy and an appreciation for healing processes. Writes Profitt (2008), in fact, social workers have an ethical responsibility to practise self-care. Likewise, psychologists and mental health professionals acknowledge that counsellors may experience burn-out from stress in their professional and personal lives should they not practice self-care (Nelson, Hall, Anderson, Birtles & Hemming, 2018). Yet, despite the attention to self-care espoused in the professional literatures of both social work and psychology, Dorociak et al. wrote that psychological research on self-care is limited and, as a result, practitioners are also limited in their ability to offer empirically-based recommendations.

What also becomes clear is that the definition of self-care is a bricolage from various disciplines and perspectives. For the purposes of this investigation, I will consider self-care as encompassing the five primary domains of physical, psychological, emotional, spiritual, and professional self-care (Saakvitne & Pearlman, 1996) and, similar to Hansson, Hillera and Forsell (2005), explore how Generation X women perceive and experience self-care at midlife.

Leisure, Self-care, and Resistance

Considering the findings of psychology researchers Hansson et al. (2005) concerning social relationships and pleasurable activities as forms of self-care, it is not surprising that leisure researchers have made similar connections. Son and Hutchinson (2009) wrote that leisure is “an important aspect of health and health care that is often overlooked within a biomedical model of health” (p. 480). As the authors remarked, in
fact, the role of leisure in self-care has not been well explored (Son & Hutchinson, 2009). Yet, leisure scholars have explored the impacts of various activities on women’s well-being without necessarily labeling the activities as self-care, particularly leisure time physical activity (LTPA). For example, research has shown benefits of LTPA to the well-being of women across the life span (Blomstrand, Björkelund, Ariai, Lissner & Bengtsson, 2009; Kull, 2002) including during the very busy post-natal period (Lloyd, O’Brien & Riot, 2016). Research on specific activities such as yoga have also been shown to connect with improved well-being for women (Nathawat & Gupta, 2011).

Physical activity, however, is but one aspect of leisure that may impact well-being. For instance, research has also found a connection between leisure activities such as meditation and well-being (Nathawat & Gupta, 2011). Social activities including participation in the Red Hat Society have also been linked to improved well-being for women (Son, Kerstetter, Yarnal & Baker, 2007). Similarly, Kenning (2015) found that craft-based textile activities such as knitting, crocheting and lace-making can meaningfully contribute to general health and positive well-being. As a final example, in an exploration of reasons to visit a spa to receive treatments including a facial or massage, participants reported benefits to well-being such as relaxation, rejuvenation, entertainment, escape from daily routine, rediscovery of self-identity, and positive perspective on life (Myungsuk, Donna, Minsung & Mankyu, 2016).

Although this is by no means an exhaustive list of possible leisure activities, what is clear is that, with their benefits to well-being, participation in these disparate leisure activities could be considered self-care. From their investigation of health beliefs for American First Nation elders, in fact, Son and Hutchinson (2009) conceptualized leisure
self-care, and proposed that “engaging in leisure as a self-care practise is a means to achieving desired health and/or well-being benefits” (p. 497-498). Well-being, according to the researchers, results from caring for oneself emotionally, mentally, physically, socially and spiritually. Despite its benefits to well-being, however, leisure as self-care has not been taken up in the literature.

Furthermore, women often face constraints on their leisure or, stated differently, on their self-care. Just as Mackenzie (2014) found in her psychology research about priority-making in the case of breast cancer diagnosis, gender role expectations can be an obstacle to leisure for women. For example, time, physical energy, money and social support have been reported by mothers to be constraints to participating in physical activity (Brown, Brown, Miller & Hansen, 2001). For women, participating in leisure is also “antithetical to societal expectations that we should put others’ needs before our own” (Currie, 2004, p. 238), which can impact not only the decision to participate in leisure, but also the enjoyment of it (Shaw, 1994). In some ways, leisure can also reproduce or reinforce gender roles (Shaw, 1994), such as exercising to maintain the idealized female body (Currie, 2004), which may then fortify body image concerns. In circular fashion, then, leisure can negatively impact well-being.

Alternately, leisure also provides an opportunity to overcome role expectations and resist inequitable social relationships (Freysinger & Flannery, 1992; Shaw, 1994). Despite also long being an area of interest for researchers with a more structuralist orientation (Shaw, 2006) the concept of resistance is often associated with the work of Foucault. As Freysinger and Flannery (1992) explained, Foucault argued that:
Power can only be exercised in conditions of freedom, that is, conditions that allow the possibility of opposition. Power and resistance go hand in hand. When individuals struggle against power which pervades everyday life and which keeps them as subjects (to another’s control or their own identity) they are engaged in resistance. (p. 305)

As Shaw (2006) explained, Foucault’s work emphasized human agency, and “rejects the notion of humans as passive victims of oppression” (p. 536). Certainly, agency is essential for resistance. As Shaw also indicated, however, Foucault’s post-structuralist perspective does not acknowledge that certain groups or categories may hold power (ability, age, class, ethnicity, gender, race) that renders other groups, despite their agency and acts of resistance, in a weaker position.

Similarly, Foucault’s work ignores the constructivist perspective that individuals are “both shaped by history and shapers of history” (Weiler, 1988, p. 17), and downplays the “collectivist aspect of resistance” and empowerment that is central to critical theorists (Shaw, 2006, p. 537). Alternately, from a critical constructivist perspective, “with its focus on agency and its potential to link agency and structure” (Shaw, p. 538) resistance allows for the possibility to enact social change.

Beliefs about appropriate “class-related or gender-related behaviours can be perpetuated and/or challenged through different forms of leisure practice” that can “influence other participants, spectators or casual observers, thus becoming part of the process in which meanings and beliefs are contested, negotiated, constructed and reconstructed” (Shaw, 2006, p. 535). In leisure research that is relevant to my proposed study, resistance has been explored in terms of gender-related ideologies such as
hegemonic notions of femininity, motherhood and caregiving (Shaw, 2006). Freysinger and Flannery (1992), for example, found that women in their study did not resist the roles of wife, partner or mother, but instead, resisted “being limited to these roles and the devaluation of these roles (and themselves)” (p. 314). Notably, this research occurred in 1992. The participants were a cohort of women who were young adults in the 1960s and 1970s and whose mothers were not employed outside the home. As one participant noted, they were “‘brought up in the old school,’ that is, brought to always put others first, to do for others” (p. 314). The participants in the study, then, were the mothers of Generation X.

Since this early study, however, women’s leisure has been studied as a means of resistance leading to empowerment through boxing (Cove & Young, 2007) socializing in a night-club (Kovac & Trussell, 2015) and solo traveling (Jordan & Aitchison, 2008). Other research has shown that older women participate in leisure activities such as soft ball to counter gender expectations about aging (Liechty, West, Naar & Son, 2017). Less is known about how women enact reproduction and resistance in their leisure in the context of the social role expectations place on them at midlife – particularly in consideration of the concept of leisure as self-care.

Starting from the acknowledgements that leisure can be a form of self-care, and that leisure is a site of both reproduction and resistance, questions arise as to the relationship between self-care, reproduction and resistance. While not all self-care is a form of leisure (i.e. doctor visits, eating a nutritious diet, getting adequate restorative sleep), self-care is arguably also a site of reproduction and resistance. Hurd Clarke (2017) wrote, for example, that while “beauty work” such as colouring grey hair or getting a
manicure can be liberating and an opportunity for creative self-expression (Gimlin, 2000) for women who are aging, they can also “reproduce their subjugation by rendering them docile and insecure” and constantly vigilant to find and correct physical imperfections (p. 107). Few studies, however, have considered reproduction and resistance in the context of self-care for women.

Summary of the Literature

This review of the literature concerning self-care and well-being for Generation X women at midlife has illustrated both the complexity of the topic and gaps in the literature that require attention. First and foremost, much of the literature about the midlife experience for women has focussed on the Baby Boom generation. Clearly, women who are moving through midlife now have encountered different sociocultural influences throughout their lives than did the previous generation. Little is known about how those contextual forces have influenced the midlife experience for Generation X women, or how they are attending to their well-being as they respond to the expectations placed on them in their various roles.

A key role, of course, is the role of women, with all of its associated gender expectations. Significant in a culture that prizes youth and beauty, this literature review has also shown that most body image research focuses on younger women and is concerned with negative body image. Other research that investigates body functionality tends to focus on older women. Because midlife is a time of transition into menopause and the post-fertile period of life, however, it is important to understand how women experience and cope with their aging and changing bodies as they support their well-being.
Along with changing bodies, women at midlife may experience changing roles and relationships with others. It is evident from this review that the current cohort of midlife women not only may transition into or out of focused motherhood, or into a different relationship with their own parents or spouse, but they are also experiencing different transitions at this life stage than their own mothers did. There is a paucity of information as to how midlife women today manage these changes in order to support their well-being.

Arguably, the actions that women take to cope with their changing lives and the expectations placed on them are self-care strategies. Certainly, neoliberal discourses that centre health self-management do not consider the broader social impacts on well-being. Alternately, those who discount the importance of self-care because they believe it mere fall-out of the neoliberal agenda fail to acknowledge the role of agency in personal well-being. This review has shown that there is not a consensus across disciplines as to the definition of the term self-care, although it is freely used in popular culture. Despite having an imprecise definition, however, the term generally refers to proactive care for the self. How one is to accomplish this task is less clear. From its origins in nursing and medicine and a focus on health care and including such practices and nutritious diet and taking prescription medications, the understanding of what constitutes self-care has evolved to any action that supports the holistic concept of well-being. Despite this expanded conception of the term, however, it is not clear from the literature how women think of self-care and what self-care actions they take to support their well-being.

This review also highlighted the connection between leisure and self-care, which has not readily been taken up in the leisure literature. The review also underlined the
importance of leisure as a site of both reproduction and resistance for women and draws comparisons with self-care as a site of reproduction and resistance. I have certainly noticed that women have mixed reactions when discussing self-care, and have also witnessed episodes of self-care shaming, although this concept has not been introduced in the literature. Obviously, women have a complicated relationship with self-care that might impact their well-being, and therefore requires further investigation.

Finally, when considering the links between body image, body function, social roles, self-care and well-being for women at midlife, it is clear that the life course framework is a suitable guide for inquiry. With its focus on sociocultural influences, the impact of personal relationships, and an appreciation of the impact of early life events, this framework will allow for the depth of exploration necessary to investigate the midlife experience for Generations X women.
Chapter 3: Methodology and Methods

The purpose of this research was to better understand the lived experience of Generation X women at midlife as they navigate their competing social roles and support well-being in bodies that are aging. Specifically, this study investigated the relationship between self-care and well-being and examined how the women use self-care strategies to negotiate, resist and/or reproduce role expectations. The major questions of this research were designed to increase understanding about how the women experience their changing bodies at midlife; how the women enact self-care to support their well-being; and how the women reproduce and resist the social role expectations placed on them as they support their well-being through self-care.

This chapter will provide a summary of the methodology of narrative research and highlight the synergies between the methodology and critical constructivism prior to outlining the method I used for my research project.

Narrative Research

Just as critical constructivism holds that language helps to construct the world (Kincheloe & McLaren, 2004), narrative research acknowledges that “people use stories to shape their understanding of the world around them and to convey meanings to others” (Berry 2016, p. 11). Historically, narrative research is grounded in interpretive hermeneutics and phenomenology (Andrews, Squire & Tamouko, 2008), and flows from the understanding that stories do not merely describe a record of events as they happened, but instead offer insight into how those events were experienced by the story-teller. Consequently, the audience (reader or listener) has the opportunity to share in the story-
teller’s experience and be personally affected and potentially changed by it. As Mattingly (1998) explained, narratives
do not merely describe what someone does in the world but what the world does
to that someone. They allow us to infer something about what it feels like to be in
that story world. Narratives also recount those events that happen unwilled,
unpredicted, and often unwished for by the actors, even if those very actors set the
events in motion in the first place. Narratives do not merely refer to past
experience but create experiences for their audiences. (p. 8)
Thus, narrative research acknowledges the influences of both outside forces and personal
agency in an experience.

Narrative research is also a “collaboration between researcher and participants,
over time, in a place or series of places, and in social interaction” (Clandinin &
Connelly, 2000, p. 20). As co-creator of the narrative, the researcher joins the experience
“in the midst” and leaves the experience also in the midst of “living and telling, reliving
and retelling, the stories of the experiences” that make up people’s lives (Clandinin &
Connelly, 2000, p. 20). The process of narrative research involves coming alongside the
participant “to call forth the stories that we, and they, tell” (Clandinin, 2013, p. 45).
Clandinin (2013) suggested that, when engaging in narrative research, researchers attend
to what she terms commonplaces. Commonplaces specify dimensions of an inquiry, and
include the temporality commonplace, the sociality commonplace and the place
commonplace.

Because Clandinin (2013) also wrote that “stories live in us, in our bodies, as we
move and live in the world” (p. 22), I would argue that corporeality commonplace is an
important focus of inquiry as well. Adding this fourth focus would then allow the narrative research commonplaces to align with the four lifeworld existentials described by Van Manen (1990) in reference to phenomenology. There is certainly evidence of narrative research that has explored the lived experience of the physical body (See, for example, Bennett, Hurd Clarke, Kowalski & Crocker, 2017; Phoenix, Smith & Sparkes, 2010). Important, too, however, is embodied knowledge, including emotions (Fraser & MacDougall, 2017). As the authors articulated, in narrative research investigators are interested not only in what happened in the stories, “but also how the participants felt about it; the emotions they experienced at a particular time, and those elicited in the retelling” (Fraser & MacDougall, 2017, p. 245).

Yet, narrative research is also interested in how the stories affect others. Narratives acknowledge that “storytellers are not static and bounded entities, but are affected by time and context, and that context influences the story” (Berry, 2016, p. 11). Nor are the narratives themselves static and bound, as co-creation extends beyond the research to also incorporate the reader (Jones, 2016). As Jones (2016) explained, “Narrative is co-reflective. In other words, narrative requires that a participant reflect on prior experiences but also calls on the listener to reflect and identify with the teller of the narrative” (p. 481).

Furthermore, as Clandinin (2013) wrote, because narrative research is a relational inquiry, “we might change not only our own lives and those who live in relation with us, but also the lives of participants and those who live in relation with them” (p. 23) as a result of our research. Significantly, then, Clandinin states that relational ethics “live at the very heart” of narrative research, and “[calls] us to social responsibilities regarding
how we live in relation with others” (p. 30). As we are shaped by the retelling of stories, then, “in which neither the researchers nor participants walk away unchanged” (Clandinin, 2013, p. 51), we proceed to live our own stories differently. In this way, narrative research can affect change in the researcher (me), the participants and the reader (society).

As narratives are gathered, they are re-storied (Clandinin, 2013). This re-storying creates a collective narrative, such that the stories no longer represent individual narratives (Clandinin, 2013). As Fraser and MacDougall (2017) explained, narrative research as a process of co-construction in which “stories are woven within the interaction of telling, listening, and conversation, rather than representing a single truth through the recounting of a specific time or event” (p. 244).

Critical Constructivism and Narrative Research

At this point, it becomes clear how narrative research links with critical constructivist research. With a nod to the constructivist epistemology, narrative research relies on the co-construction of knowledge. At the heart of it is the understanding that a “narrative is not as simple as a story” (Bhattacharya, 2016, p. 710). The shared narrative is itself a construction, and attention must be paid to “how the story was constructed, for whom was the story constructed and for what purpose” (Bhattacharya, 2016, p. 710).

Keeping in mind that “all being in the world of human beings is an interpreted form of being” (Kincheloe, 2005, p. 20), critical constructivism engages critical hermeneutics. Hermeneutics is the art of understanding and involves the act of interpretation. In part, then, narrative researchers “interrogate language” and do so to understand “how and why events are storied” (Hickson, 2016, p. 387). By incorporating
critical theory, critical hermeneutics is “directly concerned with how power enters into the interpretive act” (Kincheloe, 2005, p. 20). Roberge (2011) explained that, “from an ontological point of view…critical hermeneutics reflects the many discrepancies that constitute our historical, social, and cultural universe” (p. 17) and “deploys a ‘depth interpretation’ of the ways that structures of domination often exploit their victims, unbeknownst to them” (Leonardo, 2003, p. 343).

Words are important in critical hermeneutics, and their power is also acknowledged (Kincheloe & McLaren, 2004). Kincheloe and McLaren (2004) explained that critical research is cognisant that “language is not a neutral and objective conduit of description of the ‘real world’ … but instead serve[s] to construct it” (p. 310). Unlike historical hermeneutics in which the goal is to understand what is being said in the text, then, in critical hermeneutics the focus moves from the speaker to the “articulation of how she understands her world and being” (Leonardo, 2003, p. 335). Thus, the task of critical hermeneutics is to interpret the world that is projected through the text (Leonardo, 2003). Stated more simply, critical hermeneutics considers the language used to construct a narrative.

Both critical constructivism and narrative research provide opportunities to disrupt “power relations and [allow] participants to present themselves as agentic people” (Fraser & MacDougall, 2017, p. 247). Arguably, participants not only present themselves as agentic, but may also become agentic through story-telling. As O’Toole (2018) wrote, narratives “tend to reside in the taken-for-granted background assumptions of everyday life, resting in the realm of common sense where certain matters are depicted as simply being just the way things are” (p. 178). Squire (2008) explained, however, that narrative
research “rests on a phenomenological assumption that experience can, through stories, become part of consciousness” (p. 2). In other words, in telling their stories people can become more aware of them and may begin to question aspects of those stories.

Certainly, narrative research that uses a critical lens enables better understanding of social structures and systems that create inequality (Kirkham & Anderson, 2002). As Fraser and MacDougall (2017) explained, narrative research welcomes exploration of the “potential effects of class, skin colour, ethnicity, ability or other embodied aspects of identities” (p. 246), which would include social roles. Significantly, and particularly in reference to my interest in the role of reproduction and resistance concerning self-care, Squire, Andrews and Tamboukou (2008) suggested that narratives are also produced “as modes of resistance to existing structures of power” (p. 5). With consciousness thus raised, narratives “promote ponderings on what causes the suffering and conversations about how best to alleviate it” (Barone, 2009, p. 596). O’Toole (2018) suggested that benefits to society move beyond thoughts and conversations when she wrote that “narratives can also mobilise people to collective action” (p. 178).

Again, in reference to my own research and my goal to understand how women experience well-being at midlife in the context of the expectations placed on them, I began this research with the hope that telling their stories would give these women the opportunity to become present to their current experiences so they might evaluate and perhaps re-evaluate choice-making. I was also excited to witness what might happen when women’s stories become part of their consciousness. Rather than being a cause for concern, however, my interest in provoking change (and experiencing personal change as
a result) aligns both with the relational aspects of narrative research and the goal of critical constructivism to be personally changed by it (Kincheloe, 2005).

Despite the fact that both critical constructivism and narrative research involve co-creation, they also require researchers to be “aware of how we interpret actions, perceptions and responses” (Hickson, 2016, p. 386). Undoubtedly, researchers are always present as they “adjudicate (consciously and otherwise), which stories they will tell, how they will tell it, and in the process, what they will stress or leave out” (Fraser & MacDougall, 2017, p. 244). As Berry (2016) wrote, “the researcher’s presence therefore affects the story” (p. 12). In narrative research, however, this presence is much more concrete. As Jones (2016) articulated, “positionality requires that the researcher acknowledge his or her own worldview, opinions, biases, and stance” (p. 482) in narrative research, as I have done from the opening pages of this text. Indeed, Clandinin and Connelly (2000) explained that failing to include an autobiographical presence of the researcher in narrative research equates to deception that would tarnish the validity of the research. The critical constructivist position goes further, however, and involves researchers themselves “gaining a new level of self-understanding” concerning the “oppressive forces that shape them[elves]” (Kincheloe, 2005, p. 48). Both narrative research and critical constructivism, then, acknowledge the researcher as being actively involved and affected by the research.

In sum, then, with its requirement for self-reflection on the part of the researcher, acknowledgement of social context and different ways of knowing, the focus on the co-creation of understanding between the participant and the researcher, the re-construction involved in creating knowledge, and the goal to influence social change, the methodology
of narrative research aligns well with the epistemology of critical constructivism. What follows is an explanation of the methods used for this study.

**Methods and Procedures**

The subsequent sections will provide detailed descriptions of the following: participant recruitment, data collection, analysis, trustworthiness and ethical considerations.

**Participant recruitment.** In qualitative research, sample size varies depending on the aim of the study, the number of interviews per participant and the qualitative method used (Morse, 2000). Morse (2000) explained there is an inverse relationship between the amount of useable data obtained from each participant due to the number of interviews and the number of participants required, or because of the quality of the data provided by participants. For example, some participants might be more reflexive, more articulate, have more experience with the topic or more willing to share their experiences than others, which would impact the number of participants required. I certainly found that some participants had more to say on some topics than other topics, and that some participants needed more prompting on my part. Morse also (2000) wrote that sample size can also be influenced by “shadowed data” which results when participants discuss the experience of others, as well as how and why their own experience is different. Shadowed data certainly found its way into this research as women told stories about their friends’ experiences and compared their own lives with those their parents, for example. Indeed, the intergenerational findings in this research are derived solely from shadowed data.
Sandelowski (1995) explained that there “are no computations or power analyses that can be done in qualitative research to determine a priori” the number of participants a study will require (p. 179). Data collection continues until data saturation has been reached (Saunders et al., 2018), which occurs “when the researcher begins to hear the same comments again and again (Grady, 1998, p. 26). At this point, researchers can halt data collection and begin analysis (Grady, 1998). Although the concept of data saturation originated in grounded theory (Saunders, et al., 2018), across qualitative methods it has “become the gold standard by which purposive sample sizes are determined in health science research” (Guest, Bunce & Johnson, 2006, p. 60). Data saturation, then, is closely related to the notion of theoretical sampling, in which sampling, data collection and data analysis are intertwined rather than pursued as separate stages of research that are followed in a linear process (Saunders, et al., 2018).

Green and Thoroughgood (2009) wrote that most qualitative researchers find “little that is ‘new’ comes out of transcripts after you have interviewed 20 or so people” (p. 120). In his examination of qualitative PhD dissertations that did not include narrative research, Mason (2010) found a mean sample size of 31 participants, and reported the most common sample sizes were 10, 20, 30, and 40. In reference to narrative research, Guetterman (2015) found that sample sizes in 10 highly cited studies had a mean of 21 participants. Squire (2008) wrote that “relatively small numbers of participants – 15 for instance” are common in narrative research.

Although it may seem that “more is better” in research, Guetterman (2015) explained that “consistent findings provide evidence that sample sizes may tend to exceed what may be needed” (p. 15) in qualitative research. The author also noted that
superfluous sampling may lead to repetitive data, unnecessary consumption of resources, and may have ethical implications if researches are burdening more participants than are required (Guetterman, 2015).

In light of the above recommendations and the requirements of a doctoral program, my intention was to recruit at least 20 women through purposive sampling and snow-ball sampling, as is common in narrative research (see Haines, Poland, & Johnson, 2009; Pinnock et al., 2011.) Purposive sampling refers to recruitment that is intentionally focused on individuals who are well-informed about or experienced with a phenomenon of interest and therefore are potentially rich sources information (Patton, 2002). Criteria for my research included that participants were English-speaking women who are part of Generation X (born 1965-1980), had access to a camera, and were willing and able to participate in this study. I am grateful to my supervisor who suggested adding dates to recruitment material as she suspected that some women would not realize that they were part of Generation X. It became clear in the research conversations that she was correct in her assumption.

Enrolment procedures initially involved a social media campaign using Facebook. Social media has been found to be an effective platform for participant recruitment for in-person research (Hirsch, Thompson & Every, 2014). Although there has been some concern about potential bias toward professionals and those of higher economic status when using social media platforms for participant recruitment (Hirsch, Thompson & Every, 2014; Moloney, Dietrich, Strickland & Myerburg, 2003), recent estimates suggest that roughly 80% of Canadian adults aged 45-54, and 81% of Canadian females across diverse demographic groups engage with Facebook (McKinnon, 2017). By comparison,
users of LinkedIn tend to be between the ages of 30-64 and have a postsecondary degree (McKinnon, 2016). Arguably, then, Facebook is a preferred platform to recruit participants from diverse backgrounds.

Women who are part of Generation X (born between 1965-1980) were invited to participate through a Facebook posting on my personal Facebook account. I chose to use my personal Facebook account rather than a depersonalized researcher account to help potential participants to “see the reciprocal nature of sharing involved in social media as conducive to the rapport that is key to high-quality research” (Lunnay, Borlagdan, McNaughton & Ward, 2015, p. 102). The invitation was formatted to fit Facebook specifications and indicated the study details, approval of the university ethics board, researcher details and contact information (see Appendix A). I also reached out to one woman’s group on Facebook, and the moderator gave consent for me to post details of the research on the group’s wall. One participant shared the Facebook post on her Instagram page, which led to several new participants. Eleven women were recruited through social media.

I put posters up at a local coffee shop and at a health food store in southwestern Ontario. One participant responded through this strategy. Finally, I attended a women’s networking breakfast, and all attendees took one minute to introduce themselves. I used the opportunity to talk about my research and left with twelve business cards of women who were interested in learning more about participating the study. Seven women consented to participate; of these, two women each recruited a friend to join the research project. As a result of these recruitment activities, 21 women agreed to participate in this research. One woman chose not to participate in the second interview because she started
a new job. At this point in the project, there was no new information coming from the interviews and I determined that I had reached data saturation (Saunders, et al., 2018). I stopped recruitment activities. In total, then, I conducted 21 first interviews and 20 second interviews.

After first contact, women who had expressed interest in the study were then contacted via email to arrange an interview (See Appendix B). During this initial contact, the women learned about their rights as participants and were asked to sign a letter of consent. This letter reminded them of the voluntary nature of their involvement reiterated the research process (See Appendix C). Participants were given the choice of meeting place. Many of the earliest meetings took place at a public location such as a coffee shop or library. Meeting in a public place addressed Morse’s (2007) concern that safety is an often-overlooked aspect of qualitative research. For interviews in public settings, participants were reminded of the possibility that our conversations might be overheard.

The networking event I attended was an international meeting and included several women who lived well outside of the Greater Toronto Area. Although all participants are Canadian, one participant lives in Ottawa, one was in the United States at the time of our research, and several participants are from the west coast of Canada. These interviews were all conducted using Skype videoconferencing technology. Because I had personally engaged with most of these women at the networking event, I had no problems establishing rapport with them using Skype to conduct the interviews.

Participants were offered an honourium of $20 for taking part in this research.

**Data collection.** In this section, I will first outline the procedures I used, and then offer more detailed description of the process of co-creating knowledge. In this narrative
research, I used two rounds of reflexive, dyadic and semi-structured interviews to investigate the midlife experience of well-being and self-care for Generation X women in reference to the expectations placed on them. Squire (2008) explained that “re-interviews and other post-interview interactions” help to equalize power in the research relationship and allow participants “to ‘look back’ historically, or to continue the conversation” (p. 11). Riessman (2008) agreed that forging dialogic relationships takes time and recommended that researchers meet with participants more than once. Each interview lasted approximately 60-90 minutes and was digitally recorded.

During the first interview with each participant, I had the women sign the Letter of Consent and secured their written authorization to proceed. All participants were assigned an anonymous Generation X (GNX) number for their interviews and documentation. GNX numbers were consecutive. Participants were also asked to complete a form that recorded their age, height, weight, relationship status, income and education levels, and motherhood/ grandmootherhood status (see Appendix E). Once administration was finished, we began our research conversations. Research prompts included questions such as “What have you noticed about being a woman who is part of Generation X?” and “How would you describe your life right now (e.g. expectations tied to social roles, such as career, relationships, motherhood, caregiver)?” (See Appendix D for prompts.)

At the end of the first research conversation, participants were guided to take 5-10 photographs that reflect their experiences of self-care before our next interview. Participants were instructed to take photographs of themselves or others, inanimate objects, or artistic representations that depict what self-care means to them as they
experience it or, alternately, do not experience it in their lives (see Appendix F). The women were also given guidelines about appropriate picture-taking, including avoiding images of minor children or people who are unaware that their photograph has been taken (Lunnay, et al., 2015). We scheduled second interviews 2-4 weeks in the future.

At the second interview, the photographs were shown and discussed, and verbal reflections about the photographs became part of the interview transcript used for analysis. Generally, I asked the women to “Tell me what is going on in this picture” or “How is this self-care?” to encourage conversation about the images captured in the photographs (see Appendix D). Typically, after the second or third image, no prompt was required as the women got into the rhythm of sharing stories about their photographs.

After viewing all the photographs, I asked the women what it was like for them to participate in this research. This line of inquiry is in alignment with critical constructivism, in which the experience of deep reflection can help to “identify previously unperceived patterns in which the self is implicated” (p. 93). This self-discovery may lead to “changes in attitudes and dispositions” (p. 82) and the enhanced possibility of personal growth (Kincheloe, 2005).

All participants signed a release for use of photographs in this report and for use in any future exhibition. Based on the work of Lunnay, et al. (2015), the release was designed so that participants can choose different levels of consent for the use of their photographs, ranging from use in analysis only, to display in my thesis, to unrestricted use in academic articles and presentations (see Appendix G). To maintain anonymity of participants and protect privacy of people in their photographs, facial features will be masked in any photographs that are used in any public display. In this manuscript, no
pictures have been included that betray the identity of a participant. Photographs have been stored digitally in the University’s password protected cloud. At the conclusion of the interviews, the participants were offered a $20 honorarium.

The co-creation of knowledge. Reissman (2008) wrote that “knowledge is constructed in the everyday world through an ordinary communicative act – storytelling” (p. 14). An important method of accessing these stories in narrative research is the interview (Beuthin, 2014). As Beuthin (2014) described in her reflection on the tensions that can arise in a narrative interview, the “researcher is an active participant in the interview, ideally engaged, genuinely present, and authentic” (p. 126; italics in original). The researcher’s goal is not “to get” the story but instead to enter “into and [explore] the story with the participant such that they co-construct it together” (Beuthin, 2014, p. 126; italics in original). As Riessman explains, “when the interview is viewed as a conversation – a discourse between speakers – rules of everyday conversation will apply” (p. 24). These conventions include taking turns, getting clarification, seeking detail, and allowing the conversation to diverge or travel unexpected paths.

I chose to position myself as an active participant in the research and found that using reflexive, dyadic interviews was a useful strategy to equalize the power dynamic. Ellis and Adams (2014) described this style as one in which the researcher “not only intentionally contributes to the interview but also” with conscious reflection, makes note of “personal feelings and struggles before, during, and after the interview” (p. 24). Hickson explained that reflexivity involves our “capacity for self-awareness” and recognition of how “we interpret actions, perceptions and responses” (p. 386).
There is no set formula for interviewing in narrative research (Reissman, 2008). Hickson (2016) articulated that interviews in qualitative research should be minimally structured and flexible. The composition of questions is critical, however, for inviting participants to open up and “construct answers in ways they find meaningful” (p. 25). Elliott (2005) suggested that in narrative research, participants more readily respond to questions tied to specific events, transitions and trajectories in the life course. Because my research investigated the lived experience of Generation X women at midlife, it was very easy to initiate our research conversation by asking what it was like to grow up as a Generation X woman. As mentioned previously, some women were not aware that they were part of Generation X until they saw the dates on my recruitment material. Occasionally, if a participant did not resonate with the Generation X identity, I would rephrase the opening question and instead ask about what their growing up experience was like.

In this interview style, prompts can be used to encourage details such as when, how and why events occurred, the feelings that women associated with the various situations, and how these experiences reflected on their various roles (see Appendix D). With a nod to the phenomenological roots of narrative (Andrews, Squire & Tamouko, 2008), I also clarified how participants used words in the telling of their narratives when the meaning was not clear.

Along with research interviews, Moen (2006) wrote that data collection in narrative research can also include field notes, journals, documents, videos and photographs. Photos have been used along with interviews in narrative research to explore the experiences of school principals (Ketelle, 2010), to understand patient
experiences during hospital stays (Radley & Taylor, 2013) and in narrative medicine (Helle, 2010). More complex than simply adding a photograph into a research interview, photographs “can be used to understand the world of others” (Ketelle, 2010, p. 549). Ketelle (2010) explained that although photographs “appear to document something “real” or “true” that was in front of the camera, they in fact capture what may be more important – the cultural context that underpins the captured image” (p. 549). Photographs help to “evoke feelings, memory and thoughts that require verbalization to be accessible to researchers” (Padgett, Smith, Derejko1, Henwood & Tiderington, 2013, p. 2).

Murry and Nash (2017) explained that photographs “provide insight into participants’ social context and contribute to the way meaning is conveyed” (p. 923) along with increasing the reflexive process for participants (Harris & Guillemin, 2012). Reflexive or respondent-controlled photography “leaves the decision on what to photograph up to the respondent, with the subsequent interview an exercise in joint meaning making with the interviewer” (Padgett et al., p. 2). According to Murry and Nash (2017) researchers frequently combine in-depth interviews with the taking and sharing of photographs, and the ensuing conversations about the images enhance data collection. As did Wiebe (2013), I found that the photographs led to stories not only about the image we were looking at, but also stories “lying behind” and “lying between” the images, which were also added to the data.

For me as the researcher, allowing participants to share their experiences in their own words and at their own pace meant giving up control of the interview, which Beuthin (2014) wrote is a way to promote greater equality in the research relationship. It is also important to acknowledge the influence that I had on the stories I heard. Riessman (2008)
emphasized that as researchers we “play a major part in constituting the narrative data that we analyze. Through our presence, and by listening and questioning in particular ways, we critically shape the stories participants choose to tell” (p. 50).

As the participants and I engaged in conversation, I was frequently asked to share why I became interested in researching self-care and well-being for women. In answering this question, I shared information about my background in nutrition. I noticed that the women who had found out about my expertise would occasionally refer to it, or ask a question related to nutrition as they told their stories. Incorporating knowledge from my previous health and nutrition training into the interviews aligns with bricolage in critical constructivism (Kincheloe & McLaren, 2004). Plus, the additional information that these women had about me and my interests seemed to increase their comfort level in sharing their stories with me, and in some ways improved the depth of the conversations.

On the other hand, occasionally I became aware of the eagerness of participants to give me the information they thought I wanted. When I noticed this happening, I would gently refocus the conversation to make sure the women were sharing their perspective rather than what they thought I wanted or needed. For example, when I asked Karen to describe the greatest concern she had about her well-being, she commented about “women’s rights being revoked in some states in the US, and sex education being revised in Ontario and just tedious healthcare. Things like that, those larger things that are happening that affect people’s access to maintain their well-being.” While these are all important issues, I felt in the moment that she was not reflecting on her personal well-being. I carefully redirected Karen’s focus back to herself with a little joke when I said: “It sounds like your ‘social connection well-being’ is your major concern right now. It’s
not about you at all.” We both laughed as she realized that she had turned the spotlight away from herself. She then refocused and spoke about the importance of being aware of her own well-being.

Furthermore, Ellis and Adams (2014) suggested that researchers “might reflect deeply on the personal experience that brought them to the topic, what they learned about and from themselves and their emotional responses in the course of the interview” (p. 24). While my purpose obviously was to learn from the women in my research, I am also a Generation X woman at midlife. At times, my empathy for these women’s experiences led me to forget for a moment that we were not friends sharing stories and offering mutual support over a beverage.

One participant, in particular, has a similar body shape as I have, is in a similar area of professional work, and her stories about her changing body at midlife echoed many of my own concerns, frustrations and confusion. Her experience so closely matched my own that after one of her comments, I was the one talking and she was encouraging me along as I shared my experience with her. In this case, my emotional response drew me right in to the experience of being part of the cohort rather than being the researcher. Yet, with reflection, it became clear to me that in this exchange, she and I had an important moment that deepened the quality of our conversation for the remainder of that interview and for the next one. Ellis and Adams (2014) wrote that shared personal experiences can help researchers to “to understand what the interviewee was saying” (p. 24) in ways that “complement interview data” and support the co-creation of knowledge.

Coding (which will be described presently) took place concurrently with interviews. After I had interviewed and had coded transcripts for the first ten participants,
I became aware of two issues that were concerning to me. The first issue emerged as the result of a conversation with several female academics during a break in a research meeting. Two of these women showed some resistance to the term self-care. One of the women viewed self-care as a privileged activity. The other expressed concern that the term casts blame on the sick for being sick. The conversations elicited a deeper reflection on my own definition of self-care.

While I do not blame the sick for being sick, I do believe that we have agency in terms of some of the choices we make, although certainly, there are limitations on agency imposed by socio-economic and other factors. But I started to question whether the term self-care itself implies a sense of personal responsibility. I also reflected, again, on the role of privilege in self-care. By this point, some women had told me that activities such as house-cleaning were self-care for them, and these activities certainly do not suggest economic privilege. I pondered whether time-privilege was a factor in self-care, which would certainly circle back to economic privilege. I wondered whether a problem with self-care is that some women do not like the term and I started to question whether we need a different word to describe the engagement in care for oneself. After consulting with my supervisor, I decided to ask future participants whether they like the term self-care, and if they have a term they prefer. I also emailed all the participants with whom I had already completed two interviews to get their responses to the question. Their responses were added into the data.

At the midway point of recruitment, I was also aware of lack of racial diversity in the participants in the research. To this point, all of the women were white. I started to wonder if self-care is a practice that only white women engage in. Again, after
consultation with my supervisor, I decided to specifically reach out to women of colour. I approached a woman’s group on social media but did not receive a response to my email. When women in the study would ask if I still needed participants, I explicitly asked if they knew women of colour who might be interested in the research. This specific request led to the inclusion of two women of colour in the study. This exercise, however, added to my ongoing questioning about the resonance of the term self-care for different cultures and communities of women.

**Data analysis.** Squire (2008) wrote that there are two perspectives when conducting narrative research: The event-centred perspective and the experience-centred perspective. The event-centred approach defines narrative in terms of the representation of events. Also known as the Labovian approach, event-centred narrative research also focuses on the text and pays little attention to the context of the narrative (Squire, 2008). Sociolinguist Labov and his colleagues originated a method that produces structural analysis of personal narratives with a focus on the “telling” rather than the “told” (Riessman, 2008).

The Labovian method involves matching a verbal sequence of clauses to the sequence of events, based on six key elements: 1) an abstract that summaries the “point” of the story; 2) orientation to time, place, characters; 3) a complicating action, which is often a crisis or turning point; 4) evaluation, wherein the researcher comments on the meaning and addresses the “so what?”; 5) resolution or outcome; and 6) the coda, which brings the story to an end and marks the return to the present (Patterson, 2008; Riessman, 2008).
With its focus on the key elements, this method may be a good starting point for analysis as it could help to identify important narratives (Patterson, 2008). A significant drawback of this method for my research, however, is the underlying assumption that the narrative is a “representation of ‘what actually happened’: an objective reality is being assumed when this ‘reality’ has been constructed by the method” (Patterson, 2008, p. 10), which, of course, is contrary to constructivism. Furthermore, an event-focused perspective ignores the meaning that a story-teller would give to events, which is a key concern in my proposed research.

Specifically, as Hickson (2016) articulated, “critical reflection researchers are less interested” in clauses, “preferring to focus holistically on deconstructing assumptions and exploring the ways people make meaning from their experiences” (p. 381). Unlike event-centred approaches, Squire (2008) explained that experience-centred narratives assume that stories are “are sequential and meaningful; are definitively human; ‘re-present’ experience, reconstituting it, as well as expressing it; [and] display transformation or change” (p. 3). While an experience-centred narrative might concern an event, it might just as easily involve a turning point, a transition through a trauma or major life event, or an imagined event (Squire, 2008). We can see here how the experience-centred perspective aligns with the life course perspective.

Squire (2008) wrote that narration might move away from a first person, past tense recounting, and instead “include present and future stories about others as well as oneself” (p. 3). Also, experience-focused narrative research makes room for other sources of representation, such as documentation, participant reflections or photographs. An experience-centred perspective also “takes a hermeneutic approach to analysing stories,
aiming at full understanding” (p. 2). Researchers might also consider the meaning of “contradictions and gaps within narratives, as well as the words themselves; or at the paralanguage of, for instance, tone, pauses and laughter ‘around’ words” (Squire, 2008, p. 4). Rather than focusing on clauses, then, experience-centred narratives addresses themes and could include the entire narrative that is shared with a researcher. With these distinctions in mind, I chose to use the experience-centred focus for analysis to better understand the self-care and well-being experiences of Generation X women at midlife.

Interviews were transcribed and all participants were given a pseudonym. To assign pseudonyms, I googled the most popular names for females who were born between 1965 and 1980. I immediately removed any names that belonged to participants in the research or anyone on my committee, and then randomly assigned the pseudonyms. I did not give myself a pseudonym, but appropriately, the name Lisa was one of the top three most popular names each year in the 1960s and 1970s.

Transcripts were then uploaded to NVivo qualitative analysis software. Initial analysis involved reading through each transcript several times to become familiar with them, and then using the software to code the developing themes. Beuthin (2014) wrote that it is important to be aware “that narratives are social acts, a way for us to perform our identity and to use language in certain ways to achieve the telling we desire” (p. 126). Significantly, both researcher and participant are engaged in this identity performance (Beuthin, 2014). Because I am both the researcher and a woman who is part of Generation X, I followed the advice of Braun and Clarke (2008), who suggested the “jotting down of ideas and potential coding schemes” (p.86) during the entire coding and
analysis process. I kept both hand-written memos in a notebook, within the NVivo program and on individual word documents dedicated to each code.

Riessman’s (2008) asserted that “data are interpreted in light of thematics developed by the investigator” (p. 54) which she termed *units of analysis*. Alternately, units of analysis might be considered as deductive codes that align with the research questions (Neale, 2016). To start the coding process, I created initial codes (which are called nodes on the NVivo platform) that represented my research questions. Initial nodes included: Baby Boomer, Body Image, Coping, Employment, Generation X, Having it All, Impact of Study, Self-Care, Social Roles and Well-Being. In the NVivo program, these nodes are called *parent nodes* and they act as a general bucket or folder into which data is added. Specific data is further sorted into *child nodes* that describe the many aspects of the parent code. Child nodes are evidence of inductive analysis.

Through careful reading and re-reading of the initial codes and the women’s stories, I looked “for patterns, categories or explanations” (Neale, 2016, p. 1103), and these became the child nodes. For example, in the parent node Baby Boomer, the women’s stories led to child nodes that I called: Different Experiences, Financial Differences, Impact of Boomers, Millennial, Parental Influence and Same Experiences. As may be obvious from reviewing the names of these child nodes, a more appropriate name for the parent node might have been Generations rather than Baby Boomers, but I had not anticipated the various multi-generational discussions that arose with the participants. Regardless, the parent node came to represent different generational experiences and perceptions of experiences that were evident in the women’s stories. Each of the other parent nodes were developed in a similar process. Importantly, a
passage of narrative was often added to more than one child node. For example, a passage might be coded in “Different experiences,” “Same experiences” and “Parental influence,” or in any of the other nodes that arose from the narratives.

The next step in analysis was to go back to the parent nodes and consider each of the child nodes within them, one at a time. I began with the child node “Definition of Self-care” as it made sense to me to have an understanding of how these women perceived self-care to build a foundation for the rest of the analysis. I ran a query to pull up all the data within this node, then copied it over to a Word document for easier viewing and commenting. While in the node, I continued to look for similarities, differences and contradictions within and across the stories (Neale, 2016). I highlighted text and made notes or short descriptions of the passages in the margins of the document. Within the “Definition of Self-Care” node, for example, there were common threads such as “making self a priority” and “achieving a positive mental/emotional state.” I noted these observations in my work journal. Later, the Word documents of each child node also became invaluable sources of quotations to support and articulate findings.

In continuing to analyse the Self-Care parent node, I realised that several nodes captured a similar experience. For example, the child nodes I had created through initial coding that I called “Boundaries,” “Advocating for Self” and “Scheduling” captured similar concepts. I ran the queries on these nodes and analysed them in succession using the strategy outlined above. I repeated this process of analysis throughout the rest of the Self-Care parent node. When I was done analysing all the nodes, I wrote the following summary paragraph in my work journal:
DEFINITION* not yet clear. Self-care involves making self a priority and creating and protecting boundaries through scheduling (time, space, relationships) and is primarily directed toward mental and emotional well-being goals.

Definition ideas: as contested term. Self-care is (a) personal responsibility (b) indulgence

I repeated this strategy of analysis throughout the remainder of the parent nodes.

Occasionally, I would make a note in my journal about how a participant articulated a particular concept. For example, at one point I jotted down “Self-care is marketed to us/GNX1-2.” These notes also helped me to locate important quotations later to add to the description of findings. Throughout analysis, I kept my research questions top of mind by having them in an open document on my computer. This strategy helped to sensitise me to the women’s insights as I read through the various nodes.

After analysing all of the nodes using this process, I then created a 3-4 page summary paper for each parent node entitled “Everything I know About…” Van Manen (1990) explained that writing “teaches us what we know, and in what way we know what we know” (p. 127). Braun and Clarke (2008) agreed and proposed that “writing is an integral part of analysis, not something that takes place at the end” (p. 86). I found that writing these short papers helped me to focus on the key messages shared by the women and also to track the dissenting or outlying voices. I submitted these papers to my supervisor for feedback and to inspire critical conversations.
The next step involved determining the major themes, which was guided by my supervisor’s suggestion that I consider what stories need to be told in reference to my research questions. The following is an excerpt from my work journal:

Clearly, the definition of self-care has to be explained. Also how pervasive guilt/and self-care shame is for these women. Moving through menopause while social role expectations are still high is big. Context (life-course) must be addressed, as well as obstacles+tactics for well-being. Doing it all.

To organise my thoughts, I created an Excel spreadsheet that included five columns with the following tentative major theme headings: (a) What is self-care?/Impact on Well-being, (b) Self-care shaming/impact on well-being, (c) Body Image, (d) Doing it all and (e) Life course and Context. I then went back through the “Everything I know About…” papers and the transcripts, and then fleshed out the lists. I was able to combine similar concepts and more clearly recognise nuances as well as dissenting voices.

This Excel spreadsheet was a valuable resource for easily moving key points between the various major themes until a clear picture of the themes and subthemes evolved. Throughout this organization process and the early stages of writing the findings, I decided it made more sense to integrate the influence of context and life-course within the other appropriate themes rather than as a stand-alone topic. Next, I went back into the transcripts for supporting quotations that illustrated the themes and began to write up the findings. By this point, I was quite familiar with “who said what,” and was easily able to locate verbatim evidence for the findings. However, I also made use of a thesaurus and the “text search” feature of NVivo to be sure that evidence was not lost due to early decisions I made when coding. For example, when writing up the findings for the
theme Checking In, I searched for the words “reflect,” “reflection” and “mindful” in the transcripts in case the passages containing these words supported or alternately contradicted the finding.

After I presented the first draft of the findings to my supervisor for feedback, it became clear that, rather than being its own theme, guilt is a thread that runs through all the other themes. As a result, I eliminated it as a theme and instead wrote guilt into the other findings. The subthemes concerning shame and generational perspectives were then moved into other themes where I think they more powerfully illustrate the experiences of these women. Wherever possible, themes and subtheme titles were derived from participant verbatim quotations. Thus, the four major thematic areas include (a) The Multiple Meanings of Self-Care: It’s Whatever is Important to You, (b) The Big Lie: Having Doing it All, (c) Who is she? What is this?: Changing Bodies, and (d) Navigating Self-Care: Something has to Give. These themes will be taken up in Chapter 4.

Narrating the findings. Through the process of listening within and across all narratives, analysis, and interpretation, a narrative researcher finds threads that are “story worthy” (Jones, Torres & Arminio, 2014, p. 85). The next step is to re-story the narrative. This process places the researcher in the role of narrator of the participants’ stories (Jones, Torres, & Arminio, 2014). Because it is “unavoidable that the text produced will be as much that of the researcher as the participants” (Byrne, 2017, p. 38), it is critical that, as narrator, my presence is felt in the representation of findings.

Chase (2005) describes three voices available to narrators when presenting findings in research reports: authoritative, supportive and interactive. When using the authoritative voice, a narrator would use long excepts from participants’ stories and
intersperse interpretations throughout. With a supportive voice, a narrator focuses on the
collectors’ stories and does not dwell on the interpretative process. Finally, when using
an interactive voice, the narrative strategy is to show the intersubjectivity between
researcher and participant, and examine “their subject positions, social locations,
interpretations and personal experiences” (Chase, 2005, p. 666). In keeping with critical
constructivism and my own position as a woman who is part of Generation X, I have used
the interactive voice as narrator of the research findings.

Significantly, as Byrne (2017) acknowledged, the “process of re-storying
inevitably produces a new story” (p. 38). Perhaps not surprising in a method that relies on
stories, however, creative representation of findings is common in narrative research (See
Byrne, 2017; Happel-Parkins & Azim, 2017). Indeed, Sandelowski (1994) wrote that she
preferred “a research report that reads like a novel” and maintained that “scholarship can
be both rigorous and imaginative, true and beautifully rendered” (p. 60). Happel-Parkins
and Azim (2017) agreed and suggested that creative analytic practice (CAP) is useful for
researchers to “(re)present their data in accessible and provocative ways” (p. 5). In line
with the critical constructivist goal to engage the reader, CAP also provides
“opportunities for different ways of knowing” and for “inspiring creativity on the part of
the researcher and the reader” (Byrne, 2017, p 42). Along with Reissman’s (2008)
narrative thematic analysis and report writing, then, I had initially intended to illustrate
my research findings in story form through vignettes.

As I sat in front of my blank computer screen, however, I was plagued by the
burden of how to honour these women’s voices. As I wrote in my work journal, I was
“troubled by the idea of anonymising the voices of these women as they spoke about
already feeling invisible (at midlife) and also as part of Generation X that is invisible and ignored.” In considering the connection between constructivism and narrative Beuthin (2014) wrote that “any description rendered, such as a story, is not seen as a mirror or a straightforward representation of reality but a complex representation containing the plural voices of many” (p. 127). I was puzzled as to how to present so many voices in a coherent way.

I spent a great deal of time in the literature looking for both guidance and examples of how to present findings of qualitative research with a larger number of participants. Most examples used composite characters. I took some time to try to “build” composite characters to tell the stories for these women. Beyond the character whom I would have called “Self-Care Advocate” and Myself as a non-composite character, I felt as if I were creating something disingenuous simply to be creative. I abandoned the idea of composite characters.

At this point, I went back into the literature and discovered the concept of narrative pastiche. Ely, Vinz, Downing and Anzul (1997) describe pastiche as textual experiments that “interweave data, descriptions, analysis or multiple genres into diverse configurations” (p. 96) on the page, much like a quilt. As the authors creatively stated, “pastiche produces a texture – a weave of co-existing meanings. These textures, then, create a thematic statement” (p. 98). The goal of pastiche is to “[direct] the readers’ attention to multiple realities by combining various representations” as separate pieces that reader must stitch together (p. 97). This form of representation, then, allows individual voices to be heard, including the dissenting ones. Pastiche invites the reader to consider paradoxical stances simultaneously, and in doing so, provides an opportunity to
analyse and reflect. In other words, readers are invited to construct their own meanings rather than having meaning constructed by the narrator (me). I decided that I would present my findings in pastiche form to introduce each theme in this report.

To create the pastiches that introduce each theme, I went back to the participants’ verbatim quotations for each node. Choosing which quotations to feature on the pastiche was truly a matter of length: Since I wanted to get as many illustrations of a theme on a two-page spread as possible, shorter quotations were copied over to the Power Point page dedicated to each theme and longer quotations were reserved for the written report. The pastiches provided space to introduce the voices of the outliers, to highlight the nuances in the women’s stories, and to show counter-dialogues and conflicting stories.

To highlight the individual voices, every participant quotation appears in a different font to emphasize the different voices. My own contributions, also lifted verbatim from our conversations, are italicized. Some text is sideways, often because the story is potentially unexpected or uncomfortable. I initially had the text of some resistance narratives upside-down, but it was suggested that these would be too difficult to read on a computer screen. Participant photographs are also showcased in the pastiches to support or contrast with the text. I moved back and forth between the pastiches, the written analysis and the transcripts to make sure that all aspects of the women’s stories were represented. I took care to be sure that, although not all women are represented in each theme, all the women’s voices are heard in this report, either in the pastiche or in the thematic analysis.

Although there are some limitations to the pastiche caused by the Power Point software and the format of this report, like other forms of CAP, I found that pastiche
helps “to reflect experiences in ways that represent their personal and social meanings rather than simplifying and reducing to generalize” (Parry & Johnson, 2007, p.120). In doing so, the pastiches invite the reader to participate in the analysis and knowledge creation, in alignment with critical constructivism. With the language of texture, patch work, and stitches, the concept of pastiche introduced the metaphor of quilting that I used to thread together the narrative thematic analysis writing that follows.

Trustworthiness. In narrative research, it is not expected that only one interpretation will emerge (Squire, 2008). Furthermore, it is also important to remember that the reader, too, plays an active role in interpreting research findings. In other words, “the hermeneutic circle never closes” (Squire, 2008, p. 13). How, then, does a narrative researcher justify his or her interpretation?

Riessman (2008) wrote that “there is no cannon, clear set of rules or list of established procedures and abstract criteria for validation that fit all projects” (p. 200). Nonetheless, Riessman proposes several facets of validity that are relevant to my research. First and foremost, she addresses the trustworthiness of narrative research, and noted that trustworthiness of both the participant and the researcher must be considered. Riessman explained that in historical narrative research, for example, researchers might connect stories to documented events to assure that they correspond to one another and to check the validity of a participant’s narrative. Yet, it would be impossible, as Riessman (2008) wrote, to double-check the accuracy of events that were recounted by participants in a first-person narrative. Although participant stories are situated in historical context, this research focused on the meanings that participants gave to those events, and how “one articulation told from a point of view…seeks to persuade others to see the events in
a similar way” (Riessman, 2008, p. 187). As a result, I did very little fact-checking about the historical context of the women’s stories as they reflected the women’s own memories and interpretations of events.

In further consideration of the “truthfulness” of narratives, Polkinghorne (2007) explained that participants “may leave out or obscure aspects of the meaning of experiences” they share in our research conversations (p. 480). Constraints could be the result of the limits of language to adequately express the experience, limited reflection on the meanings of an experience, or because of a participant’s desire to present a specific self-image (Polkinghorne, 2007). Polkinghorne (2007) suggested that interviewers can address the limitations of language by encouraging participants to use figurative expressions as they share their experiences. Fortunately, this was not a situation that arose in this research.

Polkinghorne (2007) explained that researchers can encourage deeper reflection from participants by developing their trust, which typically occurs when more than one interview occurs. Deeper reflection is also possible when researchers encourage reflection in the interview, by allowing adequate time for reflection, using focused listening and asking follow-up questions (Polkinghorne, 2007). In reference to the tendency of participants to present a cultured self-image, Polkinghorne (2007) wrote that participants “will be more open to sharing their experienced meanings if they trust that the interviewer is open to accept their felt meanings without judgment” (p. 481). In conducting two reflexive, dyadic interviews separated by several weeks, I was able to promote trust with participants, which, by extension, increases the trustworthiness of their narratives.
As a researcher, my own trustworthiness will be assessed by my ability to “bring
the reader along” with me as I “uncover a trail of evidence, and critically evaluate each
piece in relation to others” (Riessman, 2008, p. 188). Thus, in this report I have shared
explicit, ongoing documentation of how I developed and used the methods “appropriate
to my research questions, epistemologies, and situated perspectives my research” to
enhance trustworthiness of my research. Validity is likewise enhanced by “actively
seeking out contrary cases” (Squire, 2008, p. 13) that challenge accepted truths. I was
particularly interested in contrary perspectives while conducting this research, as should
be evident from the pastiches.

Squire (2008) also proposed that submitting my “analysis to external assessment
by interested others” as a method of triangulation (Lietz, Langer, & Furman, 2007) can
also improve research validity, especially if the interested others are familiar with the
materials. I certainly took advantage of the feedback of interested others including my
supervisor and the two female academics who troubled the term self-care while I was in
the midst of recruitment and data collection. The steps I took as a result of their feedback
arguably strengthened the validity of this research.

There is debate among qualitative researchers in general and narrative researchers
specifically as to the value of member checks in promoting trustworthiness and validity
(Morse, 2015; Reissman, 2008; Squire, 2008). Squire (2008) suggested that researchers
have used strategies such as providing transcripts to participants for review or
considering participant feedback about interpretations. I am inclined to agree with Morse
(2015), however, who wrote that it is not “clear why one should provide the participant
with such an opportunity to change his or her mind” after reading a transcript (p. 1216).
Alternately, as Riessman (2008) wrote, “life stories are not static; memories and meanings of experiences change as time passes” (p. 198). Participants may not necessarily change their minds about what was said, then, but the meaning they give to an experience may no longer match the moment captured in the transcript. Furthermore, Morse argued that it is impractical to have participant feedback on the analysis, because the analysis represents a synthesis of all interviews and it is unlikely a person would identify himself or herself in the combined text. For these reasons, I chose not to use member-checking strategies in my research. I did, however, send participants a summary of findings from the research and, to this point, no one has offered any feedback.

As mentioned previously, I digitally recorded research conversations with participants, as this helps both to “represent what they said with greater accuracy” (Riessman, 2008, p. 191). The quotations used in my written report are verbatim, except where such practices might threaten the anonymity of the participant. This concept will be addressed below in a consideration of ethics related to my research. These strategies provide an important part of the research audit trail, and together add to the trustworthiness of this research.

Along with trustworthiness, Reissman (2008) wrote that coherence and persuasiveness are key facets of validity that are relevant to my research. Riessman (2008) explained that the “validity of a project should be assessed from within the situated perspective and traditions that frame it”, and that these have clearly articulated “up-front” (p. 185) in the research project. If research is coherent, wrote Riessman, there will be evidence that theoretical arguments are “linked and consistent” (p. 189). To be clear, coherence is not a requirement of the underlying narratives, because, as articulated
by Ricouer, life does not have coherence (Wood, 1991). As Polkinghorne (2007) explained, “readers should be able to retrace the steps in the argument to the text and to judge the plausibility of the offered interpretation (p. 484).

Coherent research, then, involves explicit documentation that articulates how researchers “moved from a piece of evidence, for example, to a theoretical formulation” (Riessman, 2008, p. 186). Good narrative research persuades readers by demonstrating that “data are genuine, and that interpretations of them are plausible, reasonable and convincing” (p. 191). Recorded conversations that permit the use of verbatim quotations also help to strengthen the persuasiveness of a research text, particularly when the context of the conversation excerpts is included (Riessman, 2008). If research has validity, readers will not be surprised by conclusions, even if they are counter-intuitive (Riessman, 2008).

Reflexivity, a requirement in both narrative research and critical constructivist research, plays an important role here in supporting the validity of my research. Sandelowki (1986) suggested that researchers enrich the credibility of studies when they interpret and describe their own behaviour concerning participant experiences. My reflexivity is evident from the opening pages of this report, and it continues through participant recruitment, data collection, analysis and the re-storying phase of this study. By documenting the process of my research, explaining how interpretations were produced, and making connections to theory and theoretical frameworks, then, I have added to the validity of this research project.

**Ethical considerations.** Prior to beginning recruitment and conversations with participants, approval of the research project was obtained from the university ethics
board. This approval is required in all research involving humans and ensures that research observes Tri-Council guidelines. An important ethical consideration in this study is to protect the anonymity of my participants, and I protected the privacy of study participants by changing their names to an anonymous GNX number when transcribing their interviews, and then a pseudonym for this report. I have used care during the writing of the study to ensure that quotations and descriptions of participants does not link them to particular locations or specific events. Transcripts have not been shared with my supervisor or committee. Furthermore, in keeping with Squire (2008), specific personal data may have been omitted or changed in order to guarantee confidentiality of participants.

Research conversations were transcribed using a secure transcription service and audio files were erased once the conversations were transcribed. All information regarding this research, including the transcripts, have be stored on my home office personal computer and Brock University’s cloud system, which is password protected. Data will be kept for two years after completion of the study. After this, the transcribed conversations will be removed from my personal computer and paper copies of transcribed conversations will be shredded.

No participants in this study experienced distress as a result of our research conversation, but I was prepared with resources had this occurred. For example, Ontario has a Mental Health Helpline (www.mentalhealthhelpline.ca) that offers support via email, computer live chat or telephone at 1-866-531-2600.
Chapter 4: Findings

In this chapter, I present four major themes, which include (a) The Multiple Meanings of Self-Care: It’s Whatever is Important to You, (b) The Big Lie: Having Doing it All, (c) Who is she? What is this?: Changing Bodies, (d) Navigating Self-Care: Something has to Give. Each thematic area includes various subthemes that together illustrate the richly textured experiences for these women. When possible, the themes and subthemes were named using verbatim quotations from participants. Titles were chosen for their potential to pique curiosity and suggest the content of the finding (Caulley, 2008).

Findings are presented in a combination of creative analytic practice and my own interpretation of the women’s narratives. The presentation of each theme opens with a pastiche of narrative descriptions snipped verbatim from the fabric of our conversations, including my own dialogue, along with some of the photographs taken by the women through their participation in the research. Each pastiche provides a patchwork of subthemes that includes repeating patterns, overlaps and glimpses of the threads that run through all thematic areas of this research. The pastiches also include discordant patches to draw attention to dissenting voices and perspectives.

The pastiches, then, show the women’s stories, including my own, without interpretation. I invite the reader to reflect on whether the various patches on the pastiche resonate or conflict with past, current or imagined experiences. Engagement with the pastiches may help readers to initiate their own interpretation of the findings (Parry & Johnson, 2007). Following each pastiche, I will share my interpretation of the findings from a critical constructivist perspective. In keeping with Byrne (2017), I am also present
in the representation of the findings. A Participant Profile Compilation Chart is available as a reader resource. (See Appendix G).
Multiple Meanings

It's a responsibility, it's not an indulgence. I think there are indulgences, absolutely and that's nice; "If you can do it, do it." I don't think you can eat a terrible diet, stay up late, have terrible sleeping habits and then, spend a day getting massage and feel like, "I'm good." It has to be ingrained in how you live life because otherwise, it all kind of falls apart. It's definitely a responsibility to yourself, but also to the other people whose lives you are part of and whose lives don't work as well if you're not part of it. Cynthia

Getting therapy, for me, is self-care, because I really felt last fall a few times like I was hanging on by a thread. Amy

Self-care means that I am in a position to deal with everybody else's shit. If I don't have this time to myself, if I don't take care of myself, if I don't feed myself properly, then I'm not going to have the patience to deal with your issue. Jacqueline

Peace. I think that with self-care, we're fuelling the cells and the mind and the spirit and with that, if we become peaceful and grounded, it's a beautiful place to be. Susan

It means that I am doing things for me that bring me more joy and help me be more grounded and to show up as my best self. Carrie

I think that self-care is about giving yourself permission to put yourself first even in the moment and take care of yourself. It's a value system. I think just like cars need gas to run properly or to be charged to run properly, people are the same. If we don't charge ourselves properly, we're not going to be able to go very far or serve others. It's really like a value system and that's what I would say about that. Rachel

Certainly, self-care is marketed to us as "Use this bath bomb" and it's not. It's not about bath bombs. Self-care is - it has to be part of your lifestyle. Michelle

I think the only connotation that comes to mind when I hear “self-care” is that it occasionally comes off as condescending. Michelle

Self-care is almost something that we have to constantly check in with ourselves about and gain new strategies for. I don't know, just shift. Shift to maintain that space in our life where we can practice it, I guess. Karen

You're giving, giving, giving, but you're not actually putting back. You have to constantly refill or you just lose yourself. I take time to work on me and make myself happy and I just feel if I'm happy, then any relationship will run smoother. I'm not grumpy. If I was grumpy, then I will start an argument. Denise

It's a responsibility, it's not an indulgence. I think there are indulgences, absolutely and that's nice; "If you can do it, do it." I don't think you can eat a terrible diet, stay up late, have terrible sleeping habits and then, spend a day getting massage and feel like, "I'm good." It has to be ingrained in how you live life because otherwise, it all kind of falls apart. It's definitely a responsibility to yourself, but also to the other people whose lives you are part of and whose lives don't work as well if you're not part of it. Cynthia
I think it's whatever is important to you, quite frankly. Tara

Oh, self-care, okay. Looking after yourself without saying it's selfish. Grabbing even a small moment and just putting me in the agenda, not literally me in the agenda, but just saying, "This is for me." Whatever form that takes. If that means the time where you're talking a walk, or if that means you're sat and reading or you're taking a bubble bath, or just doing something new for you, but, yes, looking after this self-want in the soul without regard for everybody else at that moment. Melanie

I really feel I'm no good to anyone if I'm not feeling good. Denise

We're supposed to be like, "It's like, I'm going for a paint night with the girls. I'm going to go to the spa." That to me, that's not self-care. Self-care is real, like, work. You work on yourself. I think that's what we're fed as women. I think that's what we're sort of, we're supposed to think is self-care but it's not. It's fun and you can do those things. Of course, it's nice to have recreational time, but I think even as women now we're still being fed on bullshit because people want to help themselves. Jacqueline

A pedicure is like a band-aid solution. It's like, "I'm going to go and get my nails done and pretend that I don't have problems," but to me, fixing your problems is self-care in practical ways. Jacqueline

I love pyjama days. Lisa

That's going to make me feel better. I think cleanliness and orderliness in everything around me just makes me feel so good. Tara

I don't have an issue with the term and how somebody interprets it or what they do with it. It's more about whether it's soulful and in-depth, versus something that's more superficial. Denise

I am a Christian and self-care involves being connected to a community that way. Karen

I think the general perception of self-care is that it's this thing where just relax, and you don't do anything. It's not something that you actually put in your calendar. It feels to me that the perception of that would be that it's contrary to self-care. To actually schedule it is not self-care at all, because then it's an appointment. Michelle

I think if you're worried about what other people think, (A) you're stressed because you worry about what other people think, but you also don't allow yourself to have that happiness. Christine

But, yeah, I guess it can be self-care if it's making you feel better. Patricia

I think it's about making your needs as important as the needs of the people around you. It's not more, but it's not less. Shelley
The Multiple Meanings of ‘Self-Care’: It’s Whatever is Important to You

The opening pastiche provides a patchwork of themes that illustrate how the women in this research describe self-care. The findings reveal that the perception that these women have about self-care is well outside the medical model that focuses on health management and deviations from health. For these women, the goal of self-care is instead to reach a predetermined state of being that could be physical, mental, emotional, or spiritual. The strategies that the women use to reach their own desired state of being are varied and include activities focused on physical health such as exercising or getting a massage along with other pursuits including going to a concert or doodling in a note-pad.

Similarly, the women have diverse opinions about the term self-care, with some believing the term captures an essence of personal responsibility and others suggesting the term elicits undertones of gendered activities, thereby undermining the value of self-care. Regardless of diverse interpretations of the term, all of the women in this research identify their relationships with others as a primary motivation for participating in self-care. The subthemes to be discussed include (a) Beyond the Biomedical Model, (b) Achieving a State of Being, (c) Connotation Complication, and (d) Give me Oxygen.

Below, I pull the threads that connect the themes.

Beyond the biomedical model. It is clear that how these women perceive self-care is distinct from the health promotion strategies proposed by Orem (2001) that promote well-being. Rather than situating self-care within the Western biomedical model, these women instead describe diverse activities that they include in their self-care repertoires. These activities involve visiting allied health professionals for preventive and
therapeutic care and can include a focus on food and exercise, although for some women
a sense of obligation to participate in these activities might detract from well-being. Other
practices involve visiting allied health professionals for preventive and therapeutic care as
well as leisure self-care activities such as spending time with friends or reading in
solitude.

Significantly, not one of the women in this study initiated a conversation about
activities such as going to her dentist or allopathic doctor as a form of self-care.
Allopathic medicine or Western medicine refers to a system in which healthcare
professionals (such as doctors, nurses, pharmacists, and therapists) treat symptoms and
diseases using drugs, radiation, or surgery. In all of the conversations I had with the
women, only one spoke about visiting a mental health professional. On the other hand,
several women talked about visiting complementary care practitioners (chiropractor,
naturopathic doctor, osteopath, massage therapists) for therapeutic care. As Tina explains:

I’ve seen the same chiropractor for, say, three years now. She helped me through
a time when I had a really bad back, like really bad. I learned that chiro works
really well for me when it’s combined with acupuncture. Once I healed – that took
a really long time – I also had a physio and a massage therapist and all of that;
Once I healed, I was feeling strong again. I just continued to go to see her because
I don’t ever want to have a bad back again. Her healing or whatever, because
she’s a chiropractor but she’s also very intuitive, which I really liked. I’ve just
continued to go regularly to see her, just to keep it tuned up, and it’s not always
my back; sometimes it’s other things that come up but I try to see her just to stay
in tune as opposed to going to her in crisis.
Many women in this research visit complementary care practitioners for prevention and health maintenance and describe these activities as part of their self-care practices.

Certainly, the women mentioned traditional health promotion activities such as eating a nutritious diet. Several women, like Michelle, described the complexities and added pressures involved in incorporating these strategies and the foods they ‘ought to’ eat:

Again, it’s the exercise and eating right. There are absolutely times where I eat my feelings, but I feel better. I feel like I am taking better care of myself and can do all the things I want to do when I’m making a conscious effort to eat right. It is a conscious effort for me… I also feel like sometimes that conscious effort to eat right flies in the face of self-care because I can absolutely get caught up in: “I had this earlier so I probably shouldn’t have this now.”

Michelle’s story shows how food choices can impair a woman’s sense of well-being when she judges her selection.

Alternately, the women share how food selection can nourish aspects of well-being beyond physical health. Cynthia explains that good quality chocolate feeds her soul while Rachel calls noodles her ‘soul food’ that she enjoys on busy or stressful days. Andrea also separates food into categories that feed different aspects of her well-being:

This is my first breakfast. I have this pretty much every day I would say, probably 350 days of the year. I have two cups of tea, usually smaller than that cup, and two chocolate biscuits. Then I have like an actual breakfast that has like nutritional value. That’s my second breakfast.
As she explained the benefits of her “first breakfast,” Andrea commented that “It’s comforting… Yes, I just really enjoy it. I guess there’s another element of this in terms of like the self-care piece. It is definitely a total indulgence.” Food, then, is not used to simply provide nutrients to cells in their bodies to promote health: It is also a means to nourish mental and emotional well-being.

There is a similar overlap of benefits associated with physical activity. Denise explains it simply: “I think it’s mental well-being and physical for me. It keeps me grounded. I feel a lot better mentally when I feel a lot better physically. That, to me, is how it relates to wellness.” Several of the women spoke about how physical exercise helped to mitigate stress or aggression and to support their sense of mental and emotional well-being. Beyond diet, exercise and visiting complementary care practitioners, women also spoke about taking nutritional supplements and committing to a healthy sleep schedule as self-care strategies that support the more traditional (biomedical) perspective on health.

The majority of the self-care stories they shared, however, were activities that are well-outside the scope of conventional medicine, and what the women do for self-care is as individual as they are. Significantly, while some of women told stories about enjoying regular beauty care treatments such hair-styling or soaking in a tub, there was very little mention of those more gendered activities. Many women shared stories about regularly watching the sun come up or go down. Several spoke about the importance of their spiritual practices and community. Perhaps surprisingly, some women explained that doing house-work or administrative tasks are forms of self-care for them. Anita, who is self-employed shared that “just having time to do my finances, to journal, to file away
papers. It sounds so mundane but there is a self-care component in there that I feel so good when I’m doing it.”

Several women told stories that involved their pets or time spent with animals. Patricia wondered whether petting her cat “counted” as self-care:

You know, like cats are de-stressing, right? So, does that help me? There’s actually studies on that. Is that self-care if I’m helping myself be less stressed? It probably is. But I don’t sit down and go “self-care” and play with the cats now.

On the other hand, the women also told stories about leaving the dog at home so they could enjoy complete solitude on their walks, and not have to consider their pet’s potentially competing agenda. As Carrie shared, “To make it even better for myself, I go without the dog. I’m like: I can’t feel guilty about the dog not coming because it’s less time for him, too, when I was pulling him on a leash.”

As will become obvious as we follow the threads through the findings, personal relationships are primary for these women. All of the women shared a story about their partner, or experiences with friends and extended family as being important for their well-being. While motherhood is certainly recognized as a demanding social role, many women shared that motherhood and being with their children supports their well-being. As Michelle shared, “Having the time to just be, whether we’re actually doing something together or just occupying the same space. For me that’s self-care.”

Like Michelle, my children are also an important part of my own well-being. In reflecting on self-care in the early stages of this research, I recorded this journal entry about a silly incident that happened on a road trip with my adult daughter:
My daughter and I stopped for ice cream. As I dug into my first bite, my salivary glands squeaked into action. My daughter laughed at the sound, knowing it meant that I was getting ready to enjoy my treat. Because of our close connection, her laughter didn’t embarrass me – nor did the betrayal of my salivary glands. I was able to laugh along with her. I realized that my well-being in that moment was the direct result of our close connection. Obviously, sharing a loving connection is a form of self-care that supports my well-being.

For me, the loving connections I enjoy most are with my children. And while being with family can sometimes be a source of self-care for some women, for others, removing family members from their lives was also considered to be a self-care strategy to promote well-being. Jacqueline described her toxic relationship with her parents and explained, “I don’t see my family anymore, which I suppose is also self-care.” Ongoing throughout this research, the women’s self-care stories will reveal the varied activities that they participate in to promote well-being. With this understanding in mind, then, what is most significant at this stage is to remember that these activities remain well outside the biomedical model of self-care.

**Achieving a “state of being.”** The diversity of experiences that these women identified as self-care activities ranged from solitary walks, to spiritual practices, time with pets, socializing with friends, exercise, watching the sunrise and even cleaning the house. No matter what diverse activities these women engaged in as self-care, however, the activities had one thing in common: The reason for participating was to achieve a predetermined and specific “state of being” as the outcome. For the purposes of this description, “state of being” is an umbrella term that refers to the quality of a present
experience. It encompasses both “state of mind” which is a term that has generally been used to describe the collection of thoughts and feelings that shape and are shaped by our experiences (Mill, 1991) and has been used in reference to leisure, as well as the physical experience of the body (tired, hungry, satiated). For example, Denise shared that she considers a variety of activities to be important self-care practices, including enjoying a massage, doing yoga, being with her friends or attending to a pimple on her face as long as she achieves her desired state in the end. Despite the varied nature of the activities, what they have in common is how they make Denise feel:

Happiness in achieving my goals. Does it make me feel good? I think anything to do with physical activity usually makes me feel good about myself – accomplished. It just makes your body feel good. Anything to do with – yes, making me feel happy.

Denise’s goal was to create a feeling of happiness. Other women had different “state of being” goals. Patricia told the story of going to see an Elton John concert with her husband as part of her self-care. She explained:

I think that it energizes you a bit to be able to have some time where you’re not expending energy on anything. You’re having fun, but you’re not thinking about what you’re doing, which is draining. You’re not doing anything that’s not just being in the moment.

Other women aim to achieve a sense of balance, mental peace, or feeling relaxed. Rachel told the story of a technology-free “mini silent retreat” she created for herself on an island off the coast of British Columbia. She wanted
silence of mind, not ruminating, not proactively thinking or proactively solving problems, just being present and fully in the moment and just feeling completely at peace. A greater sense of connection, not only with myself but to the Creator in a spiritual way through the power of nature, you could say.

Her quiet time alone helped her to experience herself as a relaxed person, whom she says was a “stark contrast” to the version of herself that she normally experiences when doing her job in Vancouver. Her goal now is to recreate those feelings as part of her regular routine. Other women spoke about self-care as any activity that leads to self-actualization. Jacqueline, for example, has again picked up the guitar after years of ignoring it, and would like to see how far she can take her song-writing. I, too, think of self-actualization as an important part of my well-being, which is a partial explanation for beginning a doctoral program at midlife.

Although it may seem obvious, all of the women wished to achieve a positive “state of being” through their self-care. When I asked Michelle whether self-care involved making herself feel good, she replied, “It has to; it can’t make me feel bad. I think it’s probably fine to also just be neutral. Certainly, anything that might cause stress is just not self-care.”

Yet, there is a decidedly negative state of being that shows through the fabric of the self-care stories that these women share: Many of the women admit that, in the context of their various social roles, self-care practices are tinged with guilt. Janet shared a story about managing a career and her ailing parents, and the guilt she feels when she finally sits on the couch at the end of the day:
My life, especially as it relates to things with my parents, is very busy because the roles are reversed now. The former caregivers are now the ones getting the care. One has dementia, one is frail. It’s a handful, and that weighs on me a lot. I find the part that’s probably the most overwhelming is: “Am I doing enough?” Thank God my daughter’s away, because I don’t have the guilt that I’m not spending the time with her I should, because she’s doing her own thing. But if I’m at work and I get a call about my parent, “Oh my god, I’m taking away from my work” and if I’m at home, I feel like I could be doing something else – I’m taking away from my parents.

Significantly, Janet sums up her story: “Again, I think that’s probably a woman thing.”

There might be some truth to Janet’s observation: Karen shared how she feels guilty about not attending the occasional hockey game of one of her sons when the laundry has piled up. Carrie shares a duplex with her parents. She told a story about feeling punished for sharing a lovely afternoon with a visiting friend when she came home to find that the landscapers had destroyed her mother’s favourite tree. Shelley feels guilty for wanting a few minutes away from her stepson when she comes home at the end of the day. For these women, guilt underlies motherhood, career, partnerships, friendships and self-care. You will see guilt thread its way into many of the findings. I will also pick up the “state of being” thread again when we explore the impact of aging for these women.

**Connotation complication.** Keeping in mind this ideal of achieving a specific “state of being” as part of the self-care experiences, the women have mixed feelings about self-care as a term. Some women like the term and believe it captures what they
consider to be its essence, which involves taking care of oneself. Several women explicitly stated that self-care is a personal responsibility. They indicate that we must take ownership of our personal well-being, and to do so intentionally and proactively.

Other women are critical of the term because they suggest it has a connotation of gendered activities such as visiting the spa or shopping that not only undermines its value as a vehicle for well-being, but also frames the concept in privilege. Michelle shared a story about a former employer who, when the work schedule was very hectic and employees were going without lunch breaks, would pull her aside and ask if she were making time for self-care. As Michelle explained, for her supervisor, making time for self-care meant:

“Are you taking a bubble bath?” That sort of thing, these sort of luxurious things that you treat yourself to. Where for me, I think self-care… it’s more of – it might not be daily, but it’s more of a daily practice, that I actually make time on a very frequent and regular basis, to do things that are meaningful to me, that again, really de-stress or just make me feel good, or that kind of thing… I think self-care, again, the way that my manager was talking about it, and I think the way it’s framed a lot of the time, it’s for women who can afford it, who either can afford it financially or can afford the time. I can’t even imagine – I’m not a big fan of bubble baths anyway, but I can’t imagine finding the time to just be like “I’m just going to lay in the bathtub for an hour.”

The women are also aware of the commodification of self-care, and the commodifiable activities tend to be the gendered ones, including beauty care, shopping, and “girl’s
getaways” rather than practices that support physical and mental well-being. Anita is herself a health care practitioner, and made this observation:

Yes, so I think by training I’ve had to see people go through stress and the lack of self-care over and over many times. It’s got me to change my model of me being the best doctor; I just want to listen to their symptoms. But I really do have to treat everybody and educate, bring awareness to them. But you’re right… like right next door to me, there’s an eyelash salon and I went to see it. It’s a $100 for eyelashes; my treatment is $72. Complete online booking and the smallest little gig there, hardly any overhead, just this gorgeous little spa, and they’re being booked. Gorgeous girls going there but my waiting room is not that booked. Yes, I do find between me and aesthetics it’s aesthetics that come first and it’s just heart stopping.

In other words, Anita has observed that many women opt for beauty care procedures over proactive health care treatments such as chiropractic care or physiotherapy.

While it could be argued that the women who choose to spend their time and money on eye-lash tinting may be living in healthy and pain-free bodies, Anita believes that beauty care treatments offer superficial fixes for women that propagate the gender role expectation that appearance is paramount. As Anita says,

“it’s so easy, I should say: better eye look, better nails. It’s that misconception I think as well…Look good on the outside, then I feel better; that’s the illusion… so it’s just an easier sell to make you feel better.”

Despite the fact that some women in this study use the services of complementary care practitioners as self-care to support their well-being, from Anita’s perspective as a
practitioner, there might be a disconnect between how some women practise self-care and their long-term well-being.

Still, some women have a more inclusive perspective on what self-care means and think that the term encompasses any activity that a woman might participate in that makes her feel better or simply better about herself. Cynthia likens the distaste for the term self-care to the concept of feminism. As she explained,

It’s a bit like feminism where there are people that don’t like the term and feel that it says something that is somehow judgmental or threatening. Maybe self-care has taken on a more self-indulgent connotation as opposed to “this is what I deserve to be a healthy, functioning person.”

What is clear in this research is that the term self-care does not mean the same thing to all women.

**Give me oxygen.** The familiar narrative in airline safety in which passengers are instructed by flight crew to preserve their well-being by applying their own oxygen masks before attempting to help those around them has become a metaphor for self-care for several women in this research. Furthermore, all of the women in this research describe their self-care practices as critical to their ability to meet the expectations placed on them in their various social roles and relationships (i.e. as mother, partner, friend, daughter). In other words, a primary motivation for these women to engage in self-care is to benefit other people.

Christine is one of the participants who uses the air safety metaphor to describe her rationale for engaging in self-care:
That whole thing about putting your oxygen mask on before you help somebody else. People don’t rely on me but there’s people in my life that I want to take care of; but I know that I need to be in a certain headspace in order to deal with other people’s stuff. So self-care is just my way of being available for people. If I don’t have this time to myself, if I don’t take care of myself, if I don’t feed myself properly then I’m not going to have the patience to deal with your issue.

Jodi shared a similar sentiment. In her story, exercise is essential for her to release tension. As she explains:

I do weights. I do cardio. I do other things, and that’s super important for me too because my job can be stressful. If I don’t do those things then – not the people I support but other people maybe are going to get the sharp edge of my tongue.

One of the staunchest advocates for self-care in the study, Denise also explained that being a more engaged mother is part of her motivation.

Yes, my kids try to guilt me sometimes, like they’re not trying it on me all the time, so they’re like… “Mommy, why do you have to go to yoga? Just stay home,” and my response is always, “Because when mommy gets to go out to workout, it’s physical activity; it makes me healthy, and I can have more energy to play with you.”

A self-proclaimed self-care advocate, Jacqueline shared that she often has to set limits on her self-care activities and make sure it doesn’t veer into complete selfishness because I do feel like I do need to take care of myself. Also, because I give so much of myself to other people all day long; all I do is give.
Clearly, the women see their own self-care as an important part of their healthy relationships as their lives link with others.

**Summary.** Understanding how women interpret the term self-care is a critical component of the framework for this study. What became clear is that these women do not define self-care within the biomedical lens and instead envision self-care as a variety of activities that range from the more traditional interpretations that support physical health including diet and exercise to self-care leisure activities including girls’ getaways, cooking for pleasure and early morning prayers at the mosque. Significantly, these women did not mention visiting allopathic health care practitioners as part of their self-care practices.

Self-care for these women instead involves the attainment of a specific state of being, related to any aspect of physical, mental, emotional, social or spiritual well-being. While the desired state of being for self-care is neutral at minimum and positive at best, many of these stories reveal that self-care practices are set against a backdrop of guilt for these women. In fact, guilt threads its way through all of the themes in this research.

It is also important to note that the term self-care is a contentious one: Some women respond favourably to the term and others feel that the term demeans the value of proactive care for oneself. Finally, no matter whether a woman is a staunch advocate of self-care or someone who struggles to incorporate any self-care into her busy life, every woman in this study linked her self-care practice with a goal to improve the way she shows up in her relationships with others. The relationship thread, too, runs through much of this research.
It's evolved over time, but right now, I feel like it's connected to what I consider to be negative and toxic attitudes around capitalism and that “more is better.” That we should all try to do as much as possible. Andrea

I don't know if 'having it all' is possible. You have to change what your definition of ‘all’ is, I think. Patricia

I'm just constantly running around checking that everything is stocked up. That is exhausting. I feel like the amount of decisions that I have to make every day is enough. On top of that, I have to try to learn something new. Sometimes by the time I get to college, I've already made like 25 decisions and I'm just like, “I'm done. I've done my work for today.” Christine

The minute I think, “I'm going to do nothing for a little while,” it's like, “No, do you know what? There's laundry upstairs. I'd better just go get that and fold it.” It's not onerous; it's not like I had to go down to the river and wash it or anything, but it was just that — there's just always something. The ability to just turn off, I don't feel like I'm very good at finding that switch. Cynthia

We don't even let our kids go to the park. Amy

Boomers went to school, they got great jobs, they had kids, but the kids were more like a token. Our parents, they didn't really give a shit where we were. We don't even let our kids go to the park. Amy

I think when we grew up, there was that pressure. If you were 25 years old and not married, you were verging on spinsterhood. Right? Lisa

There's a lot of pressure, in my opinion, to perform on all levels. You have to be the perfect, as in perfect, as you say, body image but perfect as in your timetable, everything. You do everything with your kids and your family and your work and give this image all the time that being busy is fine. You use all these code words, and then underneath that, in my opinion, we're like the ducks with our feet doing this frantically, and it's only when you really, perhaps, get really close to somebody in your very established friendships or family that you realize that everyone else is probably doing the same. There's a lot of structure and social pressure, in my opinion. Melanie
I think having it all means something different to everybody. Heidi

We were never taught that sometimes enough is enough, or that it’s okay to say, “You know what, I’m happy at the level I’m at”. Melanie

It never actually does get done and think people are just bad at recognizing that you’re actually not getting everything done. It’s not possible.

I remember when I was pregnant and it was being told, “Don’t leave too big a gap in your resume, even if you’re having kids. Do some freelance. Make sure.” Theresa

I just felt like I always had to be productive. I still struggle with that feeling of needing to always be productive. Which I think is a very, very, very hard thing. Carrie

That’s my disease, I’m not doing enough. Anita

I don’t like Boomers. My take on Boomers is that they just always have had it all, they just took on the work and sacrificed. Michelle
The Big Lie: Having Doing It All

This pastiche illustrates how the women in this research perceive the concept of ‘having it all’ throughout their lives and introduces an intergenerational conversation. From reflections on their coming of age experiences, it becomes clear that these women were caught at the crux of two inherently contradictory messages. The first message was that they could eschew traditional social roles of wife and mother and create different lives for themselves than their mothers had. The second message was that they should follow traditional gender role expectations. The findings also show that the combined expectations of being a modern woman with an education and a career along with the traditional expectations of wife and mother meant that ‘having it all’ equated to ‘doing it all,’ and with little support.

More challenging, the women perceive the expectation that they must perform all of their social roles perfectly, without the appearance of struggling. Over time, the women have begun to question the messaging that framed their coming-of-age, and they weave into their midlife stories the perception that ‘having it all’ is less important. Instead, the women are aiming for contentment. Subthemes include (a) Generation Gaps and Overlaps, (b) It Comes with a Lot of Doing, (c) Perfect by Magic: When Roles Collide; and (d) Now Those Things Don’t Matter.

Generation gaps and overlaps. The women in this research primarily grew up in traditional households, in which men and women followed prescribed social roles. Many women had mothers who would occasionally work out outside of the home, but typically it was not out of necessity. When young, these women were encouraged to break free from traditional gender expectations of marriage and raising a family, and to instead get
an education, travel the world and live the life of their dreams. Yet, these women struggled in this new world order, particularly as they had to navigate uncharted territory without the benefit of mentorship. And despite being encouraged to experience life beyond traditional role expectations, they were nonetheless also pressured into following traditional gender expectations. Their stories show the discomfort of being caught between traditional and modern social role expectations as women of Generation X.

Rachel’s story clearly articulates the unwinnable position in which these Generation X women found themselves:

I think that a lot of us, like ‘us’ meaning my generation, we were encouraged to expand our horizons and go after our dreams. I know my mom encouraged me…

The other thing was, just the anecdotal point here is that my mom’s perspective on our generation, Gen X, what she said to us is that, “You guys are not as mature as we were. When we were in our 20s, we were already married, owned a house, having kids…”

The inherent contradiction in the messaging to be traditional but move beyond traditional expectations permeates the lived experience for the Generation X women in this research. Carrie told the story of her first marriage right after graduating from university. She spoke about a pressure to be married, to “have the dream wedding.” She reflected on changes since her young adulthood:

I think, again, the conversation is different today. Now, it’s more acceptable to not be married at 25 or ever. There’s a whole different conversation, but there was definitely still the conversation around “When are you getting married?” I wanted
to, so it’s not like I was going against the conversation. I do believe in marriage … but that was definitely 25, 24. Time to get cracking.

Janet also experienced pressure to fit into traditional gender role norms and married young. Although she is still in that marriage, she reflected on getting married at age 25 and admitted, “I would never have done it then. Never. The pressure was: Get married.” She shared the story of being recalled by her parents from a work placement in Scotland. As she explained:

I had a return ticket, but I never planned to use it. My plan was to go over, get a job and just stay, but I came home because that was what was – I think those kind of things have shaped me as Gen X.

Although young Generation X women were encouraged to expand their life experiences beyond traditional roles, then, there was also cultural and family pressure to fulfill them. On the other hand, the participants in this research shared stories of not knowing how to be a young woman outside of traditional boundaries because there were no mentors, and nowhere to find reliable guidance. Tara told her story:

I don’t think you had any mentors as a woman, especially, to tell you about social behaviour back then when I was growing up. You just winged it. It was a whole big endeavour to figure something out when we were kids and teenagers. Yes, you’d look at the front page of a Cosmopolitan – “I’ve got to be skinny, beautiful. I need that makeup. I need that bag. I need that, this.” I don’t think when we were growing up in my era… There was not a lot of support. No one explained what those messages were to you, and how they affected your psyche or how you were going to grow up.
Thus, the Generation X in this research felt that they navigated how to move into non-traditional social role territory on their own.

It was not an easy transition. For example, several women told stories of how they experienced life in relation to men in this new culture. As Carrie shared:

I think that a lot of the conversations that we had when I was younger – we didn’t question a lot of the ways that women were treated. As a woman, I didn’t have the confidence or the ability to just understand that the fact that someone like me didn’t have to do with – whether or not I would participate in physical activities with them. If you know what I mean. I really didn’t get that messaging of: As a woman, you have value just as yourself. So I certainly got caught up in, for many, many years, as my self-worth was connected to that – to physical intimacy with men. The messaging is so different now, so different today. There’s so much more awareness of it; nobody talked about it, for sure.

Cynthia’s narrative captures the zeitgeist of being a young Generation X female:

I think there is, as you grow up; I did a lot of waitressing and bartending in my 20s. I think there is an underlying – We wouldn’t have called it sexual harassment back then. By today’s standards, it would absolutely have been. It was what you dealt with and almost expected. But, yes, it was horrible.

Cynthia’s narrative struck a chord with me as I remembered my own experience as a young, pregnant office administrator who was offered innuendo and kisses, and invited daily to local hotels by the manager “all in fun.” It was a terrible work environment, but I recall that mine was not a unique situation at the time.

When home on maternity leave with that same child, the Clarence Thomas senate
hearings were televised, and from Anita Hill I learned that what I was experiencing on a daily basis was not only not “in fun,” but was a form of assault. In 1992, my workplace included daily sexual harassment. As young women, these participants (and I) had to navigate hostile work environments and manage new gender role expectations, and to figure it all out on our own.

The sense of figuring it out is ongoing, as these participants still feel the pressure to be traditional and modern at the same time. Patricia spoke about the traditional upbringing that many women born in Generation X experienced, and how it is difficult to establish new ways of being:

I mean I think the big thing that I see, between myself and the people around me who are that next generation is that whole male-female responsibility, work-life balance, the “who owns what?” I think a lot of women my age grew up in very traditional households, so Mom did all of this and Dad did all of that, and I think it’s hard to break those patterns; so I think we tend, as a group, to continue to want to do those things while at the same time talking about how we want work-life balance and we don’t want to be responsible for all those things, but we don’t really let them go.

Patricia also reflected on the generational differences regarding care for aging parents. In terms of generationally different experiences, however, Generation X will inhabit the “sandwich generation” – those who care for a younger and an older generation simultaneously – for a much longer period of time than our parents did:

Yeah, I mean in terms of my Mom and my Mom’s peers, I think there’s an element of, people live longer now, so certainly I’m in that sandwich generation
situation that my Mom was never really in because my grandparents all died when I was quite young, so she never really dealt with that and we see more of that. On the flipside, I think kids leave home later than they used to leave home. So again, we were both out the door, my brother and I, at a pretty young age. My husband and I have five kids between us, and we’ve still got two at home, so at the same stages in life, it’s just a little different. I think that’s the big difference in terms of – and because I think that all influences “What are you responsible for and what do you do?”

As Patricia’s story shows, younger generations are staying in the family home longer at the same time that parents may live longer and require more physical resources, if not financial ones. This new reality adds pressure on these women to perform the traditional roles for much longer than previous generations of women have done.

And yet, just as Rachel heard criticism from her mother about Generation X, several women voiced frustration about the ongoing perceived criticism from the older generation. As Janet shared:

The Boomers, many of whom are retiring or didn’t work full time, they look at you kind of like, “Oh, but why are you so tired all of the time?” Well, I don’t know. Maybe because I work full time and I have a house to look after and have parents to look after. I’m tired.

Thus, Generation X women have received conflicting messages and little guidance or support as to how to break down traditional gender role expectations. As Karen said, “We want to try and do it differently, but without the enablers necessarily there” to allow it to happen.
**It comes with a lot of doing.** Rather than viewing the ideal of ‘having it all’ as space for empowerment in which they have choices about how they wish to create their lives, these women have instead experienced the ideal as pressure to ‘do it all.’ The women told stories about the pressures to attain material possessions, problems with division of labour at home, the gendered expectation to provide care and keep up appearances, and inequality in the workplace that could threaten financial well-being. There is an undercurrent of anger in these stories.

The anger is evident, for example, when Jaqueline shared her reflection on the concept of ‘having it all’:

I think it’s complete bullshit and it’s also another way to manipulate women into becoming overwhelmed because you can’t have it all. It’s a myth. It’s just a myth, there’s just nothing. Even I’ve got this daughter and I’m like, “How do you raise a daughter?” We raised these daughters that are like, “Supergirl.” That’s bullshit. You can’t be Supergirl. Don’t even try like, just do what you can. It’s like, “No, you can’t have it all.”… I think that our generation was kind of falsely brought up on that and I think men don’t help it because they’re like “Yes, sure go ahead and have a job, have babies, whatever but I’m not going to help you. Go ahead: Have it all.”

If having a partner, employment and family defines ‘having it all’, it is interesting to note that after achieving all the required elements, Jacqueline realized the ideal was not possible because men have not changed their expectations and behaviour.

Although most partnered women were employed (one was between jobs) many of them shared stories about managing most of the child-rearing and house-hold
responsibilities, particularly the mental labour involved in organisation. For some, it is an ongoing source of relationship conflict. Patricia’s story of an experience early in her second marriage frames the conflict as a Generation X experience, which she, like Jacqueline above, suggests is the result of how men were socialized to think of housework:

Whether they deliberately take advantage or not – I think from that same generation on the other sex – there’s an element of, whether it’s, like – I don’t know if they’re thinking this, but it’s almost like “It’s your job.”

Patricia’s observation certainly begs the question about how Generation X men were being guided to respond to the cultural shift toward women ‘having it all’ during their own formative years, and how that early socialisation might impact relationships for heterosexual partners of this generation. Regardless of its origins, unequal division of labour is an ongoing issue in many of these homes.

Jacqueline shared a similar story about the toll on well-being that results from having so many tasks to manage. As she shared, her husband will also say, “Well, just tell me what I have to do.”

It’s like, “Why do I have to fucking micromanage you? What are you? Two? You can’t look at a pile of clothes on the floor and think, that basket beside them is empty. I think they should probably go in that basket. I have to tell you to do that.” My head is filled with so many things and that’s another thing. Like women are supposed to be like we have bad memories and we’re all scattered. It’s because we’re full and we’re trying to do 1,000 things at once.”
Distraction caused by having so much to manage was also a common experience for these women.

Melanie’s story also carries the thread of ‘doing’ described by other women in this study and adds the social obligations of looking good and serving others’ needs:

If we women ‘have it all’ – the ideal solely, they’ve got this size 10 body; they go to the gym; they also look after all the household, all of kids’ stuff, as well as their husbands; and are there to provide anything that’s needed without complaints.

[Laughs.]

The gendered expectations of physical attractiveness and selflessness along with the other obligations add to the ‘doing’ for these women.

Of course, ‘having it all’ implies owning some material possessions, which involves financial considerations that have proved challenging for many of the women in this research. Janet’s reflection addresses the financial stress involved in meeting social expectations that indicate one has achieved ‘having it all.’ Her story captures a common experience for early Generation Xers in this research as she compares her experience with her brother, who, at thirteen years older, is a Baby Boomer. In situating her experience about ‘having it all’, she shares:

Boy, did we get sold a load. I’m very lucky. I do have a very good life, but all, I don’t know. All the debt. There’s expectation. I went through this when I was much younger with my daughter because I think I felt like I was failing to live up to a family standard, a generational standard, some arbitrary standard I set for myself. It was all coming out of school in 1990 when the first big recession hit and there were no journalism jobs. I was a waitress writing just stuff. I lived in
this tiny little house in the west side of [town], but we owned it. It was a tiny little house. We were trying to find ourselves.

I found myself always scratching to keep up, scratching to keep up. Other people could do this, but I can’t. Now, I don’t care anymore. I remember saying to myself a long time ago, “He is always going to be ahead of you in some way.” He came right out of high school into a big job and never had university debt…. He’s never had to interview for a job.”

Janet’s story highlights a common struggle shared by these Generation X women to try to achieve the same level of financial well-being as the Baby Boomers. She supported her well-being by eventually letting go of the expectation to achieve the same standard: She is still behind financially.

In fact, many of these women noted that, despite working hard toward ‘having it all,’ Generation X is not receiving the same financial rewards as our parents (or as in Janet’s case, an older sibling) who frequently walked into secure, well-paying jobs right out of high-school and, in some cases, are still holding on to those jobs. Michelle frequently spoke about her financial well-being relative to the previous generation:

Actually, when we were growing up, sometimes [my mother] would work and sometimes she wouldn’t because she didn’t have to. But I’m in my 40s renting and will never – Especially with real estate prices, I do not see probably ever owning a home.

It is important to keep this different lived experience in mind when considering ongoing financial well-being for Generation X.
Of course, a conversation about the financial well-being of these women would not be complete without sharing the stories about pay inequality in the workplace. Cynthia told a story about accidentally finding out she had been paid less than her male colleagues just a few years ago, and was shocked because “You read that [the female discount] is basically high 70 cents on the dollar, but I didn’t think I worked for that kind of company.” Although Cynthia was the only woman in this study to become aware that she was paid less than her male colleagues, several participants spoke about the “female discount” and shared stories about the struggle to be paid their worth.

Theresa told the story about how she had been hired for a part-time role and pay, but when the workload quickly escalated the pay did not keep pace, despite several requests:

If I would have understood the capacity of this position I would’ve asked for a ton more at negotiation but because it was a two-day, from home, flexible part-time with very different responsibilities to start, I accepted what I was offered without questioning and now that I’m there, it’s very difficult to now convince them to up it.

Clearly, these women have not experienced a level playing field in which they have been given the same pay and opportunity as their male counterparts. With less income for the same work as their male counterparts, short- and long-term financial well-being is at risk for these women.

The women’s stories show that instead of ‘having it all,’ they are experiencing pressure to ‘do it all’ at home and at work, but with less financial incentive than men who
do not seem to have the same social role expectations placed on them once the workday is done.

**Perfect by magic: When roles collide.** At times, the requirements of her various social roles are in conflict, which can drain a woman’s physical and mental well-being. These conflicting social roles also mean that a woman has difficulty meeting society’s exacting standards, and lead to feelings of failure for these women. For example, in reflecting on her perception of ‘having it all,’ Cynthia shares the story of her experience of going back to work after having a baby at age 36. On her maternity leave, she slept better than she ever had in her life. Then she went back to work:

> It was like being hit by a truck. Then all of a sudden the sleep went away because you were stressed about work and there was so much to do and so much guilt. I leave at 8:00, race to be, try and be home by 6:00, 6:30. Then deal with dinner, bedtime, a little bit more work because I couldn’t get it all done during the day. Then eventually bed. A little bit of time with my husband and it was just like holy crap. [Laughs.] There was no more yoga; we weren’t going out for dinner; it was just that sort of flat out and then if your child is up in the night; you hope you don’t have any big meetings the next day. [Laughs] To get to bed late and then have to wake up and go to work and pretend to be a grown-up, a manager and have a team to lead. My God, did I even wash my hair? It certainly changed a lot.

The early days of motherhood were overwhelming for Cynthia and many other women who straddle motherhood and employment.
In Patricia’s story, we also see how social expectations to become a mother for Generation X women conflict with social expectations for success in a career, especially as women were expected to do them both perfectly:

But it was way more of, I would say a detriment, to take 6 months off and have a kid; and all of sudden you’re that woman who needs child-care and you’re always calling in sick. And whether you were or weren’t, I think that more shaped the ‘having it all.’ There was a pressure at that point to not be that person. To somehow magically do everything at work and everything at home without either of them ever noticing that you were doing them, or that there was any challenge in doing them.

Many women in this research spoke about the challenges of conflicting expectations at work and as a mother, and the impossible situation they must magically resolve when children are young. Theresa is the mother of two young girls. Her story reflects how the conflicting roles of mother and employee impact her well-being by creating mental exhaustion:

One thing, I’m not a big fan of the multitasking, but I feel myself having to do that, not necessarily two things at once, but 500 gear changes a day. Get up, do my thing before the girls get up, then it’s like breakfast: Here. Get ready. Getting them ready, dropping them off at school. Then it’s into work mode. I’m on the path and I’m organizing the Christmas craft fair and then I’ve got whatever – gymnastics is after school. The brain switches a lot…My laptop, I often have 500 windows open because I’m researching all the time…I have 500 files open in my brain, too.
Certainly, the mental exhaustion involved in juggling so many social roles and tasks is a challenge to well-being for these women.

Several women in this research have opted for entrepreneurship or “work at home” situations in an attempt to relieve some of the career/motherhood role conflicts, but they, too, feel pulled in several directions. Theresa shared, for example, that even when she gets up early to get some work done when her children are still sleeping, she is “always half listening for [them].” Jacqueline situated her experience in a generational context:

Then we’re also in a world where they say that you can ‘have it all.’ That was another thing that was fed to us Gen Xers. Like, “Sure, you can have a family; you can work.” It’s like the working from home myth when you have kids. That is such bullshit, especially when it’s a toddler. A toddler doesn’t want to look at you until you pick up the phone. What makes you think you can have a job with a toddler? You can’t put a toddler in a playpen all day.

Rather than solving the social role conflicts between worker and mother, then, working from home simply introduces different challenges for these women.

Carrie has the added responsibility of home-schooling her daughter who has some health issues:

I’m still struggling with how to be a parent, and a wife, and a homemaker, and a business owner, and a homeschool parent. I have so many roles within the walls of my house that I just – and I don’t know exactly whose expectations are they; mostly mine. I think, at this time, they are mostly mine. There is no one standing there saying, “You should be doing this and that.” I actually feel we’re in a place
where I can do all these things, but I still feel like I’m not doing any of them supremely well and I really struggle with that.

Although Carrie’s story is her own, the underlying pressure to perform various social roles “supremely well” is common amongst the women in this research.

Melanie clearly articulates the impact that this pressure to be perfect has on the well-being of women:

We go right back, full circle, to how we started this conversation of how there’s all this pressure to be perfect in that society’s eyes. It doesn’t make sense because you can’t possibly, in my opinion, do that. You can’t be all of those things. The balance is off if you try to do that because you’re always literally trying to do it. The effort you’re putting in to be the person who’s perfect in every respect means you don’t look after the self. You’re hiding that self a lot of the time, I feel, if you do that, and putting more pressure to keep it up. How can you do that?”

Of course, with the perception of such high expectations on women, failure may be inevitable.

**Now those things don’t matter.** Some women in this research did not acquire all of the social roles expected by society: By choice or by chance, some did not marry or commit to a long-term relationship and some did not become mothers. Some of the women actively resist capitalism’s pull to acquire material goods. Others did become partners and mothers and bought homes and enjoy treating themselves to nice things. In all cases, the women have struggled with or against the ideal of having it all. Yet at this point in their lives, there is movement toward being less concerned about how their lives might be perceived by others, and instead being content with the lives they have created.
Women who did not take on the social role of motherhood have had to consider what ‘having it all’ means, whether or not they wanted children. We see in their stories that they are in the process of changing what ‘having it all’ means. Tina, for example, shared a story that suggests that not meeting social expectations was a painful journey for her – but she also acknowledges that meeting those expectations is a difficult road, too:

For me, because I didn’t get married, didn’t have kids, my ‘having it all’ has evolved. But I try not to compare myself to other people now because someone else’s ‘having it all’ is not necessarily mine. Did I fit that mold? Absolutely not. Was that tough? For sure… It’s interesting because I see my friends who are my age starting to sort of grasp that concept and re-evaluating, because they do have the kids, the house, the dog scenario – which is, you know, turns out for a lot of people to be very challenging. And so I think everyone’s sort of re-evaluating their ‘having it all’ at this age.

Like Tina, Shelley’s story does not include biological children and that was difficult for her. As she explained:

I think that I have everything I want. I would have liked to have things different. I would have liked to have had my own children and experience that and I think that will constantly be the one thing that takes it away from having all of it.

Considering that path, I have everything I could want. I have food in my fridge. I have a roof over my head and I have the love of my life.

Unlike Tina and Shelley who would have become mothers if their life circumstances had been different, Rachel did not want to become a mother, but she would like to find a life partner. When contemplating whether she ‘has it all,’ she responded:
No, probably not, but I challenge that message at all at this point… Going forward. I’m just challenging. I think that in order to move forward with real contentment, that letting go of that is a goal or an outcome. It is probably the only way to be happy because I don’t ‘have it all’ and who knows if I ever will. I think you have to make a choice to stop even caring about it.

In these stories, we see how the women in later Generation X are going through the process of making peace with where they are in context of ‘having it all.’

The next stories highlight the perspectives of women who were born earlier in Generation X and are therefore a few years older than the other women. They have released many of the expectations imposed on them. Janet told the story of realizing that some of the social pressures no longer matter to her:

I’m okay that I drive a Hyundai Accent and a Fiat. I don’t care. I could drive something else. It’s a car that gets me from A to B. I’ve just long since shuffled all of those expectations off because I just came to it: It doesn’t matter. Those things don’t matter. I can go on a vacation when I want to because of these choices I’ve made. I have a nice life in that respect. I’ve just learned to ignore a lot of those expectations.

Jacqueline’s story also shows that she has released social expectations that caused challenges for her when she was younger, including the focus on appearance:

I’m pretty content. I feel like my life is more in order now than it used to be. All that stuff that keeps you on the treadmill when you’re young, like just chasing after happiness and trying to work through the shit that happened with your family and stuff. You get older and if you take care of that stuff you are actually much
happier. I’m much happier and content and focused and confident than I ever was in my 20s even though I had what you’re supposed to think that you want, which is your looks. It’s interesting how you cannot have that one thing you were supposed to have, but have all the feelings that supposedly chasing that dream is supposed to give you.

Although these women do not recall questioning these pressures when they were younger, they certainly do now. The expectations have led to feelings of failure in one or more areas of their lives, that has certainly impacted well-being for these women. With time, however, they have learned to question the expectations placed on them and are starting to be content with the lives they have.

**Summary.** The refrain of ‘having it all’ has framed the lived experiences for women in Generation X. As young women, they were encouraged to break free of traditional social roles, pursue higher education and explore a world they were told was opening up to them. Yet, it seems, that world was not particularly welcoming for these women. In the early days of Generation X, many women spoke of challenges entering the work force and several told stories of sexual harassment at work. Numerous women also lamented the lack of mentorship concerning how to blend old and new ways of being. At the same time that these women heard encouragement about ‘having it all,’ the early Generation X women in particular also felt cultural and family pressure to adopt the traditional roles of wife and mother.

Through their stories, it became clear that ‘having it all’ meant stepping into more social roles for these women, which the women quickly equated with more ‘doing.’ The pressure to acquire material possessions like a house and car added to the pressure to do
well and advance in their careers. Yet, the expectation to be an equal wage earner with her partner did not carry over to equality in other social roles. The women who were partnered and had children told stories about the unequal distribution of house-hold labour within their homes, including the mental labour involved with organizing activities for all members of the household. Several women told stories about the unequal distribution of labour as an ongoing source of conflict in their relationships.

Mental labour was also a key character in the stories women told about inhabiting social roles that have conflicting agendas. For example, mothers who also work told stories about divided attention in which they were constantly aware of tasks they were not accomplishing in one role due to the demands of the others. Most women noticed that this pull lead to lost focus, and concentration as well as forgetfulness. The women were particularly aware of the pressure to move seamlessly back and forth between their various roles, doing each of them perfectly – as if by magic. Of course, this is an impossible goal, and most women talked about feeling like a failure in one or more social roles.

With time, women have started to question the framework of ‘having it all.’ The younger women in the cohort are now going through the process of redefining their lives based on what they have deemed to be important. The earlier born Generation X women seem to have passed through this process of re-evaluation for the most part. They have reached a place of gratitude and contentment with what they have are less keen to attain outer validation for how they are managing their lives.
"Who's she? What is this?": Stories of changing bodies

My face is changing. I used to be very comfortable with my own image, and then there's been a definite aging that has happened, and I have a different face. I don't know how to deal with it. I don't recognize it. I don't know what she looks pretty in. I don't know what colors she needs. I don't know what lighting she needs. She needs stuff, but I'm just not experienced enough. I knew how to deal with the old face. This face is new, and I don't know. She needs more. [Laughter.] Christine

And I have struggled with my weight for the last 5 years. So nothing would come off. I am a trainer. I work out. I eat right. My doctor would just pat me on the back—and I love her—and she'd say, "Susan, it's just your time. It's hormones." And I refuse to accept that as an answer. Cynthia

Take for example, girls' weekend, I'm sure you can imagine, is not the healthiest. We start with mimosas and that sort of thing. But I feel it the next week. At this stage of the game, it's still worth it. But I have a feeling we're getting to that point now where girls' weekend might have to be a little less indulgent because we all kind of look and feel like hell on Monday. Tina

Why can't I accept that this is what a 54-year-old body looks like. Why do I judge myself against my 28-year-old body? Lisa

I feel better about myself than I have for my entire life, even though if you ask a doctor I am overweight. I think some of it has to do with age and other things that I've done, but I feel better about myself when I'm physically active than when I'm not. Jodi

Self-care means listening to yourself. If you're feeling a little tired, it's rest. Anita

Now that I know as much as I do about digestion, I realize that's the center for me to feel good. I can tell you this, like a bowel movement is just like the best thing ever! That's self care right there! Constipation is just the worst. So, just, keeping the, you know again, sort of balance idea, just keeping everything sort of in check. Self care is a good bowel movement. Tina
I have been menopause for about three years. This year I realized that the sleep disruption that I've been experiencing – after having really good sleep in my 30s and 40s – that's gone. I actually became depressed I think because of the sleep, so I started getting HRT and antidepressants this spring. I'm still figuring out if it's actually doing what it needed to do. I do feel better in terms of the sleep. I blame it on the sleep, but it could've been more complicated life stuff.

Andrea

Menopause has been really humbling in terms of just the impact on your mood, on sleep and then figuring out how to manage that.

Anita

Well, it's weird. When you get older you become more invisible.

Jacqueline

It's something I still struggle with – if I'm going to have sugar, it has to be in very, very small doses because it just gets worse and worse and worse. Like, so you eat the healthy diet, but as the sugar takes up a bigger chunk of it, it negatively affects my moods.

Carrie

What motivates me [to exercise] is mostly the 'what's coming' part. So, you know, you read studies about losing muscle mass and that affects mobility and balance, so it's partly right now, just want to be healthy and look good, but it's also preparing for aging, which I think is, again, as I watch my Dad – it's like, yeah, you gotta make sure you stay on the bandwagon because it's way harder to start doing it again when you're 80 than it is to just keep doing it.

Patricia

I just think that it's like I said, I had a lot of self-loathing. When you put on your pants you're like, "That muffin top." Again, it's not like I've ever been super overweight, maybe overweight in my head or whatever, but that to me just added more hatred of myself. I feel like that's like that's lightened up a lot, which is good because, on top of everything else that's going on, that would be awful for me to also be dealing with.

Amy

Well, again, I wish I was 25 some days. I'm not. I can't really delude myself into thinking that I am, so I guess my image is, "Look at me doing something good for me." Janet

I have struggled with my weight for the last 5 years. So nothing would come off. I am a trainer. I work out. I eat right. My doctor would just pat me on the back and she'd say, "Sue, it's just your time. It's hormones."

Susan

Menopause has been really humbling in terms of just the impact on your mood, on sleep and then figuring out how to manage that.

Anita

Certainly as a kid, I think probably all of us around this generation had moms who were like, "Watch this, watch that. Don't eat this, don't eat that." kind of thing.

Michelle

Now that I'm a mom, I feel actually fairly invisible and I'm actually okay with that. It's enough that it's noticeable.

Karen

Certainly as a kid, I think probably all of us around this generation had moms who were like, "Watch this, watch that. Don't eat this, don't eat that." kind of thing.

Michelle

I have learned that my body does not define me as a person and as a woman. But will I prance around in a bathing suit and have I written about body confidence? I believe in body confidence but I'm not going that far in it. So I'm talking out both sides of my mouth.

Susan
Who is she? What is this?: Changing Bodies

The opening pastiche provides a glimpse of how these women are experiencing their bodies at midlife. At the time of writing, the women in this research, including me, are between the ages of 40 and 55 years old. As they considered the experience of being in their bodies during this time frame, all the women told stories about how they have been impacted by transitioning through perimenopause to menopause. Parallel to the menopausal transition, the women have also noticed that their bodies are aging, and they frequently do not recognize nor understand how to care for this “new” older body. They often feel powerless, as if they are merely bystanders watching their bodies change, and for many, expand.

The women have also perceived that sometimes they are not noticed: Midlife has wrapped them in a cloak of invisibility. Despite the challenges, however, the women try to support their well-being by tuning in to what their bodies require of them. For perhaps the first time in their lives, they are more concerned about how their bodies function than how they look. The subthemes in this chapter include (a) Menopause is Humbling, (b) This Face is New, (c) One Day You Become Invisible and (d) Mindful Connection: Just Listening to My Body.

Menopause is humbling. The women in this research all self-identify as being in perimenopause or menopausal. Symptoms associated with the transition to menopause that these women describe include exacerbation of symptoms of pre-menstrual syndrome (breast tenderness, bloating, mood swings) along with sleep disturbances, mood changes, fatigue and weight gain – whether or not they are over-weight. As the following stories
show, menopausal body changes can be disruptive and unpredictable, and women often feel powerless.

Rachel, for example, is a busy executive for a start-up company who has noticed that her PMS symptoms have increased. She tells the story of how her menstrual cycle has changed:

I’m 43 now. The last couple of years, I’ve noticed that the PMS gets worse. It’s getting longer. The PMS started last Friday, then I got my period [the following] Saturday, so that’s seven days or whatever. I feel before I get my period that I’ve been hit by a truck. I feel exhausted, I feel like I’m getting sick. I get headaches. I literally feel like I’m getting a cold. I start to get congested kind of.

As Rachel explained, her changing menstrual symptoms as she transitions to menopause leave her feeling exhausted and unwell for a week each month and have done so for perhaps three years.

Several women told stories about how sleep patterns have changed through perimenopause, with either delayed sleep onset or repetitive waking through the night that leaves them feeling tired in the morning. Many of the women identified sleep as an important part of their self-care and explained that sleep deficiencies lead to lack of focus or irritability, which could then negatively impact their intimate and family relationships. Strategies shared by the women to mitigate sleep issues include light therapy, exercise, use of supplements and meditation.

Andrea already has gone through menopause, which she links to serious insomnia and depression. For more than five years, Andrea has worked all day but was not able to experience restorative sleep at night. Eventually, she began to feel “brittle.” Like a few
other women in this research, Andrea eventually sought medical attention for her menopausal symptoms, and her doctor prescribed both hormone replacement therapy (HRT) and anti-depressants.

While the stories about menopausal symptoms shared by Rachel and Andrea represent the experiences of some women in this research, without exception the women shared stories about body composition and weight changes as they transition through menopause. Whether it was a few pounds or 50 pounds, the added weight impacted the women physically, emotionally, mentally and socially. Many of the women also spoke about the powerlessness they experienced in managing their weight.

Anita, for example, describes herself as a small person who has been fit her entire life. Now, however, she is frustrated by her new silhouette, and her new “pooch” over her tummy. Anita is not concerned about her current weight but, like me, is aware that laying down additional fat on her abdomen now makes weight gain more likely – and potentially more damaging to well-being – in the years to come. She shared her frustration about not being able to lose the addition to her midriff:

Now I’m like, “What’s going on?” and I don’t want to go that direction… I think who I compare myself with – and I just realized this – is the silhouette of what I used to be or… what I think like the silhouette should be. I want that silhouette again.

Tina shared a similar perspective on the impact of gaining even a few pounds on how she feels in her body. As she explained, “I know when I gain 5 pounds, and I feel less mobile… That actually makes me feel not good.”
Amy also described herself as being fit but was troubled by the “muffin-top” that recently appeared, and her concerns link back to the social expectations on women to maintain a certain body shape: “They always say, like, ‘Weight is not the important thing,’ but you’re still a woman and you’re still in society and it’s still like: ‘How much do you weigh?’” Tara, who admits that she is at a healthy weight, explained that “pounds still matter” even though she feels great.

For some women, like Jacqueline and Susan, the additional weight at menopause was a potential health risk. Jacqueline’s story reveals both the physical and social impact of weight gain: As her weight approached 200 pounds and her knees began to hurt, she also felt uncomfortable about being in public. Susan, who is on her own weight management journey, feels particular pressure because she is a personal trainer with a public persona.

Susan’s story also highlights the pervasiveness of the weight issue for women in transition to menopause and the indifference of the medical community. As she explained, “I probably gained over 40 pounds in five years. 40-50 pounds. And they say, you know, you’re going into menopause and you just have to accept it…” Like many of her menopausal clients, Susan felt like a failure because she was unable to shift the weight. As Susan shared, accepting the added weight was difficult because “We feel really heavy, not weight-wise, emotionally. We don’t understand the skin, and the body shape, and how we’re feeling, and we feel lost.”

As a fitness professional, Susan is aware that the traditional advice to “eat less and exercise more” is not effective for many women, and that the medical community has not been particularly sympathetic about her body weight experience. Her story also illustrates
the emotional toll that feeling powerless about their own bodies can have on these women. Importantly, even for women whose weight gain was not as extreme, there is clearly discomfort about how the added weight makes them feel physically and emotionally.

**This face is new.** Not all the changes that the women are experiencing are associated with the transition to menopause. These women are also keenly aware that their bodies are transforming as a function of age, and they sometimes struggle to identify themselves in the changes. These women frequently do not recognize their own reflections in the mirror, for example, or they are shocked by what they see. At the same time that faces are changing, bodies are also morphing in unpredictable and unmanageable ways. Chin hairs, grey hairs, wrinkles and sagging skin take the place of youthful, vibrant beauty and were characters in the midlife narrative for these women.

Christine told the story about realizing that she now has a different face than the one she has always known when she looks at photographs or catches her reflection in a mirror or window. So disconnected is she from what she sees that she uses the third person to tell the story:

> Every now and again I see her, and I think, “Who’s she? What is this?”  

[Laughter].

*How does that make you feel when you don’t recognize yourself?*

Makes you uncomfortable. I think it makes me – you lose a little bit of confidence. I knew what my face was doing at all times. I knew how I looked. Sometimes now when I’m talking to people, I’m not sure what my face is doing. I’m not sure what my face looks like.
Jacqueline told a similar story about how her appearance no longer reflects her internalized understanding of how she looks. She, too, experiences dissonance between how she feels about her appearance and what the mirror reveals:

My husband makes me feel beautiful and gorgeous and sometimes I feel so beautiful and then I look in the mirror and I’m like, “Yes, right, I’m delusional. I forgot.” But it would be nice just to look in the mirror and feel good. You know what I mean?

While Christine expresses uncertainty about who is looking back at her in the mirror, with Jacqueline there is a “sense of looking in the mirror being: Oh fuck, that’s what I look like to other people.” For Susan, whose work puts her in the public eye, age-associated appearance changes have led to lost sponsorships and work opportunities, and she is frequently subject to social media feedback about how she looks. With every year that she ages, Susan perceives a “decrease in something… in this world that I work in.” In other words, Susan is experiencing ageism in her work life as a result of her changing appearance.

Of course, faces are not the only body part that reveal the process of aging and the women tell stories about other body changes they are experiencing. In a similar fashion, the women talked about these changes as being separate from themselves and beyond their control. Anita spoke about her body as if it is an ungrateful life force separate from herself that she would happily care for if she knew how. When she told the story of what it’s like to experience unpredictable changes in her body, she explained, “[It’s] a little frustrating and surprising; this sort of feeling like ‘if I knew who you are now, we’d get along. I do a lot for you and now what are you doing?’ “
Several of the women mentioned aches and pains as new realities in their aging bodies. Andrea told the story about a bunion that is forming on her foot. Like Christine, Andrea spoke about her body part as if it were separate from herself as she explained that “My left foot is trying to create a bunion. It’s doing its very best to create a bunion.” In response, Andrea is doing her very best to prevent that from happening.

The women have also noticed that they no longer have the same level of stamina or recovery from physical activity that they had in the past. Melanie observed that this is common experience amongst her friends:

I also to notice that there is quite a decline in health and well-being within my group. I’ve really noticed that. There’s a lot more conversations around the lines of, “I hurt my back, but I don’t recover in the same way,” or obviously the menopause is a huge thing at this point, too. It’s hard work being a woman out there.

Clearly there is evidence that the women in this research are experiencing body changes that lead to challenges to their well-being, including not recognizing themselves and feeling disconnected from their bodies as they age.

One day you become invisible. A significant change for these women involves realising that they have become socially invisible with a voice that no-one hears. While some women told stories of enjoying newfound anonymity at midlife, some are ambivalent about it and others, like me, feel that parts of our identity have disappeared. Yet, for women in Generation X, or, as Carrie calls it, the “Forgotten Generation,” invisibility is nothing new.
Christine has recently returned to college, so she finds herself surrounded by people who are much younger than she is. Her story acknowledges that the midlife disappearing act is not new to Generation X, but it is new for her:

I remember someone telling me when I was in my early 20s, there was a much older woman – she was close to retirement age, and I remember her telling me one day, she said, “One day you become invisible.” I’ve noticed that, just recently, and especially then when I was around – This time we were on vacation with a lot of young girls and pretty girls. People spoke to me, but they didn’t give me the attention that they got. When we were in a room, there was other people that were spoken to first. I was always maybe spoken to. I wasn’t ignored but I wasn’t as visible like an adult.

Christine describes herself as an introvert, and quite enjoys the anonymity associated with her newfound invisibility:

Actually, I quite enjoy it. I’m pretty introverted… I don’t like attention. In some ways it’s quite nice. I’m not looking for anybody, I’m not looking for any male attention. I have a boyfriend, I’m perfectly happy. I don’t seek out that kind of attention from people. I don’t need it. I’m okay. It’s been interesting to see it happen.

Like Christine, Jacqueline finds a certain freedom in her invisibility. I left my voice (in italics) in this story, as it shows that I am not as comfortable with my new invisibility as these women say they are:

It is funny, it’s almost liberating in a way, because you don’t have to care, and you can do whatever you want. You can be under the radar. I think for girls
because they feel always so seen and judged. I remember what that feels like.

There was a certain freedom to getting older.

_I think there’s an adjustment period though, where you go from being used to having a certain presence in the world and then you don’t have it anymore and I think that shakes you. I know it shook me. Now I’m like, “Well, nobody sees me, so who cares,” but then there are times you want to be seen, right? You do it all up and you’re like, “Hello, here I am.”_

Can you just notice this for a second?

_I look really good today._

You go from damn you look good, to you still look good, to you look good for your age.

[We both laughed.]

While some of the women in this research seem to accept their invisibility, others are frustrated by it. Janet told the story about how she experiences invisibility at work:

_I think there’s a – I don’t want to say bias, because I don’t know that that’s the right word from my own personal experience. I’m mid-level management. I don’t know that it’s a personality thing or a generational thing, but I do find that a lot of times, it is kind of that trying to just have your voice heard because you’re not some young upstart that knows everything and you’re not some old wizened person yet that knows everything._

Perhaps not surprisingly, considering her public persona, Susan is also frustrated the way society made her become less visible:
And I sit back and go wow, I didn’t realize that at 51 I would potentially, by society, lose my voice. And it’s interesting because it started, for me, in my forties, as a public figure and working in fitness. I don’t want to go off on a tangent, but this might help. In my forties, all of a sudden I got the “Psst, you’re 40 now and your body has changed,” and now some of your sponsors are giving you a heads-up. I lost sponsorship because of gaining weight and having a changed body. Whereas my male counterpart, who is not that much younger than me, still stays. I was replaced by a younger blonde after being with them for 7, 6 years. Not even a closure or thank you for your time and efforts, nothing. And I say this with no ill-will. But I found it very fascinating that at 40 I lost part of my voice in terms of how the world perceives me because of changes of age and body change… And now it’s like “Hi, I’m here!” Hello?” And now I’m wiser, smarter, more in tune and more at peace, so you would think I’d have more to offer the world, but I’m actually stale-dated.

These two stories also suggest that invisibility links to ageism in their employment. On the one hand, Susan is judged as being too old while Janet feels that is somehow neither young enough or old enough to be given opportunities at work. Consistent in all stories, whether or not a woman is accepting of her new midlife invisibility, it is a common experience in this research.

It is also important to consider the impact of invisibility for midlife women who are part of a generation that is known colloquially as the “Forgotten Generation” (Hays, 2015). When asked to consider their lived experience as part of Generation X, the women
spoke of a life-time of not being seen, heard or acknowledged. Carrie shared this narrative:

It’s like the forgotten generation to me. It doesn’t really mean much. We don’t really get much press. Nobody really talks about us. I feel like there isn’t really much research actually on our generation because we are a smaller generation, so maybe there’s less financial impact. There’s very little on this generation and what we’re going through and I think we’re the ones going through a lot of stuff that’s going to catch up with the other generations that are coming up behind us.

It’s good to know we’re talking about this now.

Janet shared a similar position:

We’re a little bit of the – I don’t want to say a lost generation but I think we’re the – I kind of jokingly say we’re like the Lorax generation. We’re like, “We’re here! We’re here! We’re here!” because Baby Boomers get all the attention because they’re getting older, and the Millennials get all the attention because – Millennials – and the rest of us are like, “Hi, there’s a whole big lot of us that are here; we’re also aging, not as fast as the Boomers maybe but we are aging. We are also caring for our elderly parents; we are trying to make headways in our career with Baby Boomers who won’t [retire].

Several participants spoke about a recent CBS television news story that referenced the various generational cohorts but that omitted Generation X (Mazza, 2019). For Generation X women who have a lifetime of experience being invisible, then, the invisibility that comes with midlife is a somewhat familiar experience.
Mindful connection: Just listening to my body. As these women become aware of the appearance changes in their bodies as they age and through the menopausal transition (body image), they are particularly concerned with how they feel in their bodies, and what their bodies can do (body function). The women have noticed that their bodies respond differently to foods and activities than they have in the past: Some choices lead to uncomfortable consequences, while others lead to a positive state of being. This process of learning how to be in their bodies is one of trial and error and includes both resignation and resistance.

Andrea, for example, has just started to make the connections: She has noticed that she now has constipation issues, which is a new experience for her. She is learning how to alter portion sizes to manage digestive troubles. She has also discovered that a weekend menu of tea and cookies with little else can lead to feelings of depression. As Andrea considered the connections between her choices and her state of being, she explained:

I’m expecting it’ll be more of that. More times when I will notice that my body’s reacting to things that when I was younger just didn’t really care about. So that could change some eating habits in particular.

Several of the women made similar connections to foods, and the consequences are not always associated with the digestive tract. Sugar (dessert) is a common cause of fatigue or depressed mood for these women. Other symptoms that women connect with sugar consumption include brain fog and heart burn.
Tina tells a story about how the menu at her annual girls’ weekend retreat has evolved over the years, because she and her friends have made connections between food selection and how they feel afterwards:

After girls’ weekend, to be honest, after all the margaritas, and chips, and all that stuff, we all talk about how – every year, our eating gets cleaner and cleaner because we’re getting older and older. [Laughs]. Yes, so I definitely just feel I don’t sleep as well. It just so quickly impacts everything…My get-up-and-go energy is not there. I definitely don’t sleep as well. It almost makes me feel like I’m starting to get the flu, I get a bit achy.

Tina also shared that regular bowel movements make her feel healthy so she is sure to drink plenty of water and to limit her intake of bread, which she has connected with indigestion.

Perhaps not surprising in light of the finding that weight is concern for these women, the women also try to become attuned to hunger signals. Carrie, who lost some weight between our first and second interviews, shared the story of how she is changing her relationship with food through “more listening to my body.” She now asks herself, “Am I eating because I’m hungry or am I eating because it’s time for dinner? I think that’s going to be an important part of my well-being is paying more attention to when I’m actually hungry.”

Yet, the mindful connection that the women are trying to establish with their bodies is not simply related to food. The women also talk about the impacts of social leisure, activity and rest on how they feel in their bodies. Christine shared this story about the impact of socializing on her physical well-being:
I’m very introverted, but I’m an outgoing introvert… I love going out, I love meeting people, I love socializing, but it will make me very ill. If I have a social event the next day, I probably won’t speak to anybody. I physically can’t speak. I lose the ability to articulate myself. I’ve no thoughts. There’s just nothing. I’m spent. I could have had the best night.

Christine must carefully weigh the benefits and consequences of her social calendar on her physical well-being. Similarly, Carrie told a story about the struggle to get enough rest in light of her social role expectations as mother, entrepreneur and home-schooler of her daughter. As she explained, she focuses on “figuring out how to make that work because I also want to listen to my body and go and have a nap when I need to have a nap.”

Similarly, the women shared stories about the importance of exercise in determining how they feel in their bodies. Karen told a story about the benefits she perceives from exercising:

I get a lot of energy from it. I always feel better, no matter how much I drag myself, I always feel better afterwards and because I have the competitive sports background with the rowing in the past. It is a part of my identity and I just really value all the health benefits that I get from it.

*When you said that you feel better, does that mean emotionally or physically?*

Both. Definitely both.

Many of the women in this research shared that exercise helps them to feel physically well and promotes a positive state of being. Some have noticed that missing exercise can lead to low mood or irritability.
Importantly, this increased focus on “listening to their bodies” so that the women can provide what is necessary for healthy functioning indicates that appearance concerns are becoming less significant for these women. Cynthia quantified her shifting focus from body image to body function and stated “I think it’s probably evolving. I think probably previously it was more about body image and now it’s maybe 60/40 body function and maybe even more that way.” Although like many women in this research Cynthia admitted she will always be concerned about her appearance, it is less important to her now than it has been in the past.

**Summary.** Physically, this time period can be challenging for these women. Menopause might exacerbate symptoms of PMS, leading to intensified discomfort that can threaten productivity and irritability that can impact relationships. Many women in this research told stories about insomnia and fatigue, while several spoke about low mood and depression. While a few women talked about seeking medical attention for their symptoms, most did not.

Consistent in all of the stories, however, was the concern about weight gain during the menopausal transition. Whether a woman’s health was at risk due to her weight gain or she was frustrated by a “muffin top” or other body composition changes, the women experienced challenges to their well-being. Many told stories about the lack of support from the medical community, and the unsympathetic advice to “accept it” because of their age. The women also felt powerless against the body composition changes because diet and lifestyle changes made no difference.

A sense of powerless is also evident when the women spoke about other changes associated with aging, such as changes to their appearance. The women often spoke about
their bodies as being outside of themselves and frequently unrecognizable. They also told stories about noticing that, although they are used to being the invisible generation, they are now invisible in their daily experiences. For some, the invisibility feels freeing, but for others invisibility is a challenge to professional and mental well-being. Finally, the women told stories about how they are establishing a new relationship with their bodies through mindful connection to its needs. Their mindful connection then guides them to provide what is required for them to achieve a specific well-being goal. For these women, although appearance does still matter, feeling good in their bodies is now the primary focus of their attention.
Navigating Self-Care: Something has to Give

I admire people that can [maintain boundaries after work hours] because they get judged and I admire it. I want to be that way where I don't care if people have a problem that I didn't get back to them right away; but I'm not there yet, but I'm very aware and I'm going to keep striving for it. Theresa

Yesterday, I had the highest amount of haters I've ever had in my career. I think I blocked 12 people. And I block for protection; I block for focus. I don't block from a place of anger. Susan

That was permission to – I was like, “Oh, so there's nothing wrong with me. It's okay that I'm the way I am.” Jodi

If you're calling me past 9:00 PM you better have texted me first or somebody better be dying. Michelle

That was permission to – I was like, “Oh, so there's nothing wrong with me. It's okay that I'm the way I am.” Jodi

I haven't figured out my formula yet, I think is what I would tell you. Tara

I think it's all about just being conscious of it. The sheer fact of even participating in a study feels good because it means that you're saying this is important. I'm doing this study with you as – I see it as support not only for myself but for the world. The study itself that you're doing has a lot of purposes. I feel good because I feel part of my purpose in this world is also to promote self-care and healing with women in the world. That probably transitions into more health practice work, which I've kind of given a bit on the side. I feel like me in this alone feels like an accomplishment, because it's like I'm supporting somebody that's doing this important work and it's also enjoyable to have someone really listen. Rachel

[On my 40th birthday], I realized I was happy with where I was at. That's what really mattered because, in the end, you find people spend most of their time worrying about what everybody else thinks and I know that I spent a good portion of my life doing that exact same thing. When it comes down to it and push comes to shove, you're the only one who sits there, so who cares? Tina

It's up to us to define our boundaries, to define what's right or not right for us. I think self-care is a place of empowerment and it's good to focus on the self. Rachel

That was permission to – I was like, “Oh, so there's nothing wrong with me. It's okay that I'm the way I am.” Jodi

I haven't figured out my formula yet, I think is what I would tell you. Tara

I think it's all about just being conscious of it. The sheer fact of even participating in a study feels good because it means that you're saying this is important. I'm doing this study with you as – I see it as support not only for myself but for the world. The study itself that you're doing has a lot of purposes. I feel good because I feel part of my purpose in this world is also to promote self-care and healing with women in the world. That probably transitions into more health practice work, which I've kind of given a bit on the side. I feel like me in this alone feels like an accomplishment, because it's like I'm supporting somebody that's doing this important work and it's also enjoyable to have someone really listen. Rachel
I have had moments where my well-being has had to be more of the focus. I feel like I'm well supported now, but you're right. I do have to check in with myself on a regular basis to assess how my well-being is.

Karen

I left my husband 11 years ago. It's been trial and error since that point. Winters can sometimes be bad for me. What do I need to be okay in the winter? How does that look? Just working that out over time. Jodi

I think we're constantly shifting, constantly moving. So to try to have balance might be for a moment, or a mindful moment, but to try to keep that? I think the secret is trying to figure out how to maintain being level when everything is moving around. Susan

Even when we talked last time about “what does self-care even mean?” I don’t even know that it’s self-care. It’s almost just the thinking about yourself. Do you know what I mean? The “what you’re doing” doesn’t really matter; it’s just the fact that you’re not always last. It makes you say, “I’m just going to do that, because I want to,” whether it’s an actual self-care activity. I thought a lot about those things, that it’s really just that whole, as women, we’re so concerned with parents or the kids or the – everything. It’s just being a little more you-centric, almost.

Patricia

I think if you’re worried about what other people think, (A) you’re stressed because you worry about what other people think, but you also don’t allow yourself to have that happiness. Christine

As you get older, you just know whether something is worth your time or not. I’m just very good now at hearing something or seeing something or thinking about something and deciding whether or not to push it to one side or whether or not I need to move forward with it.

I just make a decision, and then I move on. I try not to dwell on things too much, or I don’t mull things over. I make a decision and then I just live with it because I could be all day trying to decide.

I’ve caught myself doing that sometimes when I’m going through a rough patch, or a spiritual junkie route, whatever. I find I go outward for answers, and then suddenly I’m like: “Wait a minute, they’re not telling me anything I don’t know,” or as you said, “I know the answers.” Lisa

I work very hard to have the money to be okay with spending it on my hair and eyelashes. I’m okay with it. I’ll do what I can to find discounts and deals and things like that. That’s how I justify it because there is a lot of other – there’s a lot of judgment that comes around.

Shelley
Navigating Self-Care: Something has to Give

The opening pastiche highlights the strategies these women use to allow for and protect their self-care practices. Throughout the stories, there is evidence of ongoing negotiation as the women attempt to determine how to honour the expectations of their social roles while simultaneously making choices that promote personal well-being. The women spoke about engaging in personal reflection or mindfulness as an important aspect of self-care and, for some, the significance of personal reflection became clear even as they participated in this research project.

Findings also reveal that self-care behaviours for these women are often initiated by influences outside of themselves, including encouragement from another woman or their calendar, as well inanimate objects they leave in the environment as prompts to engage in self-care. The women’s stories also show that they use boundaries around their time and space, and within relationships as a self-care strategy to protect their well-being. Despite these boundaries, however, the women also experience self-care shaming that is both self-directed and from outside influences. Subthemes include (a) Checking in with Myself, (b) Outside Influences: Outside Authority and Self-Care Prompts, (c) Maintaining Boundaries and (d) Self-Care Shaming.

Checking in with myself. When practicing mindfulness, one purposefully and non-judgmentally focuses on the present moment (Kabat-Zinn, 2003). With focused attention on the moment, we become aware of our thoughts, feelings and physical sensations in bodies. For the women in this research, mindfulness is both a means and an end in their self-care practice. In other words, some women engage in mindfulness practices such as meditation as a technique that itself promotes well-being. For most
women in this research, however being mindful is the first step in figuring out what they require to promote well-being. Often, the women described being mindful as “checking in.”

Cynthia’s story provides an underlay for considering the importance of self-reflection as a starting place for self-care at the same time that it introduces some of the strategies the women use to address obstacles they face:

I think self-care is about ensuring that you are doing a little bit more than the minimum to support your own health and wellness both physically and emotionally and mentally. It’s not like: “Oh, well I went spent the day at the spa and that’s my self-care.” Maybe that is; [but] it’s more like: Okay, are you checking in with yourself? Are you making time to get that exercise that you need because you know what happens when you let it totally slide – and it’s easy. It’s the one thing that is really easy to eliminate and procrastinate.

Rachel shared a similar story about the importance of ‘checking in’ on herself, particularly in difficult times. In her story, we see how Rachel uses mindfulness to explore what might be challenging her well-being.

I think it’s about that old thing: Do what you can and don’t worry about stuff you can’t change or whatever that thing is. What can I do about that? What are some steps? The other thing I might do is reflect a lot. If I am feeling worried, let’s say, or sad or strapped or something, then I ask myself: “Okay, so what do you think is causing this right now? Okay, what are some steps that you can do right now to move this forward?” If I’m not going to do that, don’t worry about things. If I decide I’m going to consciously solve this, then: “What are a couple of things that
you can do right now? How could you just let this go?”… If you can get to that
place or even write it down, then you can get yourself out of it.

Rachel’s story clearly shows that her path to self-care starts with mindfulness. We also
see that she uses writing as a means of working through her problems.

Writing and journaling are common practices employed by the women in this
research as part of their “checking in” strategy. For example, Susan records her mindful
reflections in her journal and considers this to be an important part of her self-care. As
she shared:

[The journal] becomes the blueprint to my emotional well-being and how I’m
seeing myself physically, mentally, spiritually. So, I will track my food; I will
track my exercise; I will track my movement of the day. I’m a little guilty that I
don’t do as much as I used to in the day, but definitely my food, my well-being,
are aspects I journaled. And it’s really clear for me to see – and I’ve been teaching
this idea of journals to my clients for nearly 16 years – the importance of having
something to go back to see. Like if you have a crappy day – well, probably,
chances are, there’s something you’ve written in your journal.

While Susan’s journal provides the blueprint for her self-care, it is interesting to see that
“guilt” threads its way into how she described this positive experience. In this story,
Susan feels guilty when engaged in a self-care practice because, in her estimation, she
does not engage in it frequently enough. Certainly, her feeling of guilt has the potential to
diminishing the positive impact of journaling on Susan’s well-being. This is also a different
aspect of guilt compared to the one in which the women feel guilty for privileging time to
their own over the well-being of others.
The women also observed that participating in this research provided an opportunity to pause and reflect on their well-being. Janet focused on the importance of self-reflection:

It’s caused me – as I’ve been taking photos and doing things – it’s caused me to think a lot of things. Anytime that you can reflect on what you’re doing, what you’re doing for yourself, what you are doing for others, why you’re doing what you’re doing… For me, I just found it very positive. You can look and go, “Yes I’m on the right course here,” or “What can I change up with things?”

Theresa shared a story about how reflecting on her well-being for this research lead to changes in her self-care behaviour, including taking walks in the middle of the day because she had been “feeling really burnt out” and so she does not “get to a point of no return.” As she explained, she found benefit “just having discussions with you and talking more about it and realizing this is a thing that I really need – to take care of myself better.”

Like others in this research, Rachel also found value in participating in this study because it allowed her time to pause and reflect on her well-being. As she explained, she felt acknowledged in the simple act of telling her story: “To share my story has been powerful and to speak and to keep a commitment. It makes it real… You’re like – in a way you’re not validating, but I guess just being heard is a form of validation.” Although Rachel did not suggest that she learned anything new about self-care from participating in this project, she did express that she experienced validation from the process.

**Outside influences: Outside authority and self-care prompts.** Although self-care is by its very nature a self-directed activity, these women told stories about the
influence of people and things outside of themselves that are important aspects of their self-care behaviours. For some women, receiving “authorization” from someone else to ignore gender role expectations instigated changes in self-care behaviours. This concept of “outside authority” was common in these women’s experiences. In other cases, the outside authority was not human at all, and instead the women intentionally cede power to their calendars. Following the thread of influence from inanimate objects, several women also spoke about the importance of visual triggers they keep in their environments to prompt self-care behaviour.

As illustration, the women frequently spoke of an older female who offered guidance at different points in their lives when they felt hemmed in by social role expectations. Jodi told the story of learning to enjoy time alone after her divorce when her children were away with their father:

Well, it was hard at first. It was actually an Al-Anon friend who’d come over and said – because I figured I just needed to be anxious or upset the whole time they were away. But she said, “Enjoy your time by yourself” and that was a bit of a revelation for me, because I was Uber Mom. I guess, for me I could make peace with it because they were okay.

Receiving “consent” to enjoy her alone-time from an older woman who had also gone through a divorce was a relief to Jodi. She learned to take advantage of the freedom she had to explore other interests and pursue additional education “because every other week it didn’t matter when dinner was on the table or when I went to bed.”

---

1 Alcoholics Anonymous is an international support group to help alcoholics achieve sobriety. The organization also provides support the families of alcoholics.
Karen shared a similar story about how her graduate advisor gave her permission to let go of the social role expectations she had about being a mother and home-maker while trying to meet deadlines for graduate school:

I remember [her] actually telling me some stories about when I was trying to reach deadlines and she was always very candid about her life and using the nature of her work, and how demanding it is; and she would just say, “Yes, Karen, I’m right in my kitchen right now. There’s a stack of dishes; they’ve been there for three days.” That really gave me a lot of – I don’t know; it was beyond relating. It was like it enabled me to focus on that deadline and knowing that when I got there then things could balance again or resume some normalcy.

In confessing her own occasional compromises to high standards, the supervisor cleared a path for Karen to do the same.

The outside authority was not always a friend. Andrea shared the story of a consultation with a health care provider that went in an unexpected direction and gave her permission to admit she wanted extra support:

I had an appointment to review the hormone therapy. In that conversation she recommended getting a mental health evaluation, which I was not expecting that from that meeting… Once the first doctor had suggested it and I was like, “Okay, you know what? This makes a lot of sense. I definitely want to do that.” I did feel better immediately from having someone else say, “This is the problem and I think you can get help with this.”

The health care provider’s acknowledgement of Andrea’s possibly unspoken needs and the subsequent offer of additional support provided instant improvement in Andrea’s
The women also talked about the support they received from their female friendships, which often included friend get-aways from the role expectations of partner, mother and caregiver. Janet’s morning ritual includes a phone call with her best friend as she drives to work. As she shared,

We make our time in the morning to catch up. That’s the best part of the day because you can both bitch a little bit or, “Oh, my god, you should hear what [my husband] did last night.” It’s very liberating.

Tina mentioned, “I just went away on my 23rd annual girls’ weekend. So I keep my friends close because I’ve got some pretty great ones.” While the friends were not expressly identified as sources of permission, by also engaging in these activities with them, the friends provided implied consent for breaking gender role norms of selfless mother or care-giver.

For these women, however, not all outside sources of authority were human. The women also spoke about ceding authority to their calendars to manage their time, for example. Denise told the story of how the calendar keeps her on track with her self-care:

I treat it as work, like self-report…You go through your week: I always put in my personals, so I put in my workouts. I put in whatever it is I’m doing: For example, whether it’s a mani, pedi, whether it’s a nap. I don’t care what it is; I put all of that in and that’s blocked off and everything else works around that. Obviously, there’s times where I have to cancel, but I always cancel and reschedule immediately.

Denise believes that it is critical to reschedule self-care right away if plans have to change. because
if you don’t reschedule immediately, it’ll get forgotten. Then it’s so easy to break
a habit. Like you do it once and twice and three times and all of a sudden, you’re
like, “That’s four years later, I haven’t been going [to yoga].”

Denise uses a low-tech system of paper and coloured pens for her calendar. For her,
filling in the calendar is an enjoyable part of the activity:

I colour-coordinate my weekly calendar, my schedule, my agenda, bright
beautiful colours. My personal, green for the colour of money for work and blue
for all the Monday administrative. [Laugh] It’s really stupid and simple but it
makes it more attractive for me.

Although Denise prefers a paper calendar, other women told stories about how
their digital calendars controlled their activities. Many of the women book regular
activities like hair appointments for several months in advance and then schedule other
activities around their self-care.

The women also talked about using inanimate objects as prompts to inspire self-
care activities. Susan told this story:

All the roles that I have, of being wife, mother, entrepreneur, dealing with clients,
I have to come up with tools and because I’m so visual, I literally have to lay
everything out. Like my wheatgrass shot needs to be on the kitchen counter like
Pavlov’s dog every morning. I can’t put the vitamins away that I need to be
taking, even though it would look prettier: I have to have them front and centre,almost to force myself. I have a morning, an afternoon coloured bottle, and an
evening bottle to make sure that I’m getting my water in. I have to use tools and I
have to be visual so that I can attempt to bring the bare minimum of what I need
to do for my health right now, in.

Several of the women shared similar stories of using self-care prompts. Andrea, for
eexample, leaves her meditation cushion out so she is reminded on a regular basis to
meditate, while Rachel has placed a medicine bag gifted to her by a friend from First
Nations in a special spot in her living room as a reminder to take care of her spiritual
well-being.

**Maintaining boundaries.** Tied to the concept of an authority outside of
themselves that permits or inspires self-care is the idea of creating and maintaining
boundaries to protect time, space, and within their relationships. Arguably, the authority
yielded to a calendar is an important way that the women create boundaries around their
time. The challenge that many women experience, however, is maintaining those time
boundaries once they have been established.

Michelle agreed that maintaining boundaries is a challenge for her since she
entered local government. She explained a strategy she uses when others resist the
boundaries she places on her time:

> You don’t have to give an excuse. If you don’t want to do something, the answer
> is “No.” If you have an excuse, then they’ll try to talk you out of that. I really
> firmly believe that the answer can just be “No,” and you don’t have to provide
> any explanation. With all of the requests I get and it’s certainly since opening the
> club and then, of course, with the political stuff and everything else, I have made
> a point of saying to people: “I’m sorry, I have another commitment with my
> children.” Because I feel like I need them to recognize that this is not the only
thing I do. This is not where 100% of my time is; you need to recognize that I have other very important commitments.

Heidi has also had to learn how to put boundaries around her after-work time since her husband was diagnosed with Parkinson’s disease. As she explained, putting up boundaries “felt awful and it felt good” because she was accustomed to providing a certain level of customer service to her clients, but she found alternate strategies like hiring additional staff to free up her time. “That’s why it feels good that I think I’m learning a bit more about boundaries,” she added.

Rachel has also put boundaries around her time after work hours:

No work on weekends. I’m not touching Slack and emails and I’m not playing that game. Some people are anxious that if they don’t respond right away, then they’re not part of the conversation. At this stage in my career, I’m like, “I don’t really care.” I’m not going to do that. Yes, I think I contribute a lot and my personal time is sacred and I’m not willing to compromise that for a job. So, I do have boundaries around that. I will step in, if absolutely necessary periodically to support stuff but I have a boundary around that.

Although it is a work in progress for the women in this research, they believe they are getting better at protecting their time.

They have also put boundaries around other aspects of their lives that impact their well-being. For Michelle, the telephone is a source of anxiety. She explained:

Again, I don’t know if it falls under self-care, but I know I don’t like talking on the phone and I will do all of the things to avoid talking on the phone or to justify not talking on the phone. “Can just text you?
To protect her well-being, she uses two phones so that she can be sure she does not accidentally answer a work call at an inconvenient time.

Denise protects her well-being by controlling who she lets into her personal space. She tells this story about creating boundaries to shield her from people who have criticized how she manages her self-care:

To me, if anyone is judgey or whatever, I just feel like that’s a negative vibe, and I just choose not to be around negative individuals. That, for me, is important when it comes to my self-care. My mental well-being, which is – negativity breeds negativity, and I would rather not be around it.

Michelle, too, is very protective of her personal space and potential criticism she might experience from others. As she shared:

I do invite people over. That’s the other thing. I don’t invite people over who I think are going to care if the house is not tidy. I’m just like, if we’re still at that point in our friendship or whatever where I think you’re going to care what my house looks like, you can’t come over.

Carrie also supports her well-being by establishing personal boundaries, but in a way that has led to negative feedback from others. She told the story about sleeping arrangements with her husband that are outside of social expectations:

We don’t share a bed because we sleep better when we sleep separately, because he snores. … I do get people look at me really funny: “What do you mean you guys don’t share a bed?” I’m like, sleep is so important and I am super grumpy when I don’t sleep.

Most of the women shared stories of putting boundaries around their personal space in
moments of solitude either in nature, in the bathtub, bedroom or in their car. Susan told a story about taking part of her vacation without her husband:

He came for two weeks. One week at the beginning, one week at the end. So that was nice, and it was good actually because absence makes the heart grow fonder, and I would be able to just be free in terms of what I wanted to do. I didn’t have to wear another role at that point.

Having a break from one of her social roles (wife) proved to be valuable self-care for Susan because, as she explained,

I could just focus on Susan outside of being ‘mother,’ because I was with my daughter. And so the rules of having to take care of everybody else were lessened. And so it was really nice to have that space to fill for my own stuff and not have to worry about my spouse and his well-being and balancing time. I could be in a pink bubble.

Being able to abandon for a short time the social role expectations that lead to demands on these women is an important way that they engage in self-care.

Perhaps the most significant boundary that these women are starting to build is the one that protects personal identity. Despite ongoing criticism from others when they veer away from prescribed norms, the women are starting to notice that they also no longer care as much about the disapproval.

Christine, for example, enjoys fantasy books and likes to lose herself in drawing as forms of self-care. As she shares:

I love this kind of thing. I just love it and it’s not something I talk about a lot because people think you’re weird. I’m just like, I don’t care. I just want to buy
this book and indulge myself in it and enjoy what I get from this book. I like that.

I like the fact that I’m at the point in my life where I can just – I don’t care what other people think about me anymore. I’m just going to indulge in my little nerdisms, whatever they may be. I don’t care what people think of them.

Janet wondered about women in the Generation X cohort who are younger than she is:


I think in the earlier years, I really did.

Melanie agrees that letting go of social role expectations gets easier with time, and explained, “I don’t let things bother me as much, I just don’t. I think, again, it’s an age thing. You get to a certain age and you are like, “Why am I worried about what other people think?” The ultimate boundary might the one that allows these women to free themselves of judgment by others.

**Self-care shaming.** Before considering self-care shaming, it is important to distinguish terminology and provide context for the concept. Fossum and Mason (1986) explain that “while guilt is a painful feeling of regret and responsibility for one’s actions, shame is a painful feeling about oneself as a person” (p. 5). Shame is a self-conscious emotion (Unoka & Vizin, 2017) that arises when one’s imperfections are exposed to others (Schalkwijk, Stams, Dekker, & Elison, 2016). Shaming, on the other hand, is a form of social censure with the goal of triggering feelings of shame in another person as a method of directing behaviour (Eyal, 2014). By extension, self-shaming is a form of self-
directed abasement that encourages us to comply with social expectations (Cramerus, 1990).

The idea of self-care shaming is similar to the better-known concepts of fat-shaming, in which the message that “fat is bad” is publicly directed at a person who may (or may not be) overweight (Ravary, Baldwin, & Bartz, 2019); or the concept of slut-shaming, which is a form of sexual regulation that involves an attack on a woman’s character for perceived high levels of sexual activity (Papp et al., 2015). For the women in this research, self-care shaming is evident as the women castigate themselves for not meeting one or more social expectations. As the earlier discussion about body image in Chapter 2 showed, midlife women are prone to belittling themselves for not meeting social expectations of weight and youth through ‘fat talk’ and ‘age talk’ (Becker et al., 2013). It is not surprising, then, that these women also judge themselves harshly concerning the quality of care they provide for themselves vis-à-vis social expectations.

While the women use the words guilt and shame interchangeably, their stories reveal a sense that they feel deficient when they fail to meet their own or others’ expectations for self-care. Notably, shaming occurs whether or not the women engage in self-care. For example, Theresa explained her feelings about not being able to manage everything on her plate and allowing her well-being to suffer:

Yes, it’s really on my mind right now. Yes, I’m ashamed to admit that I’m right in the throes of the understanding that something has to give because I’m big into fitness and I’m not getting to the gym. I’m not exercising and that’s affecting mental health, and I’m not sleeping well, I’m not eating well… I struggle with that concept of other women are doing it: Why am I struggling with it?
Rather than having positive feelings about self-care, then, Theresa is shaming herself for not being able to fit it into her schedule and judging herself to be deficient compared to others whom she believes are engaging in self-care.

Anita shared a similar story of shaming herself for her food choices, particularly when she falls into her occasional habit of getting Tim Horton’s coffee in the morning:

I’m in that drill right now and I’m so mad at myself. I actually get happy when they don’t put DD – double-double – on top of the cup because I’m so embarrassed that I’m having a double-double… I was really disappointed in myself. I know it’s being too hard on to myself, but – Anita’s embarrassment and disappointment in herself indicates that she has failed to meet the standard of behaviour she believes she should meet, despite knowing that she is being unreasonably hard on herself.

Nor are women immune to media messages that shame them about how to practice self-care ‘properly.’ For example, Cynthia shared her reaction to a media interview about how to care for herself through menopause:

I heard something on the radio last week: This woman was talking about how we need to change our mindset around it and look at it as a positive, and this is a transition to a time when we no longer have to worry about fertility and child-raising is no longer our job. Now, we can impart all of the wisdom we’ve learned through that in our lives. I thought, “That’s crazy, like; our children are not grown up. That’s nice. I could see if you had children when you were 20, we would be hitting this period with grandchildren. You’d be retired, but this is very different.”
In this story, Cynthia felt personally attacked about how she was caring for herself as she moves through menopause by social messaging that she felt was out of touch with her current reality.

Theresa explained that alongside all the other expectations placed on her in her various roles, she now feels pressure to engage in self-care:

This concept of self-care is quite out there right now. It’s highlighting for everyone what they’re not doing for themselves…Yes, I want to be able to do that, but I feel guilty and there’s not enough hours in the day. Maybe that concept is now bringing another aspect of heaviness to our lives because we know we’re now not doing for ourselves what we should be.

Theresa’s use of the word “should” in this explanation indicates that she believes she is not meeting a perceived social expectation attached to self-care. Because she is not meeting that expectation, her well-being is negatively impacted. Theresa’s story also reveals that engaging in self-care has become another responsibility for women to check off their chore lists, and the women feel shame about not doing enough to care for their well-being.

If there is social pressure for women to engage in self-care, there is also criticism for women when they participate because they are not maintaining gender role expectations to be selfless. Shelley’s story illustrates the dilemma:

It’s the guilt of the expectations. I feel a lot is to be selfless as a woman and as a mom. In a mom role, it’s to always put everything and everyone else around you first. As a leader, you have to lead by example. You have to put yourself a certain way and show people the way it’s supposed to be done. It’s important that I try
not to seem selfish. I think that’s what it is. I feel very selfish when I’ve made a choice. Like I even justify in my own head when I go and get my hair and lashes done.

Shelley justifies her self-care by listing off all the ways she “pays” for it: she works hard, she can financially afford it, she looks for discounts on the services she uses, and she treats other people to join her at the salon. Yet she still perceives judgement from others, particularly her sisters, who call her “fancy” or make passive-aggressive comments like “I wish I had the time to go to the salon on Saturday mornings.” Of course, the judgment negatively impacts her well-being. As she shared, “I absolutely feel guilty and it will still get to me… I just internalize the guilt, I guess. I don’t know.” Shelley’s story is an intricate tapestry of guilt, shame and social role expectations that negatively impact her experience of self-care.

Shaming, however, is not limited to their peer group who might be envious of extra resources in terms of time, money or spousal support that allow for different kinds of self-care for some women. We also see an inter-generational conversation taking place. Patricia’s story revealed how she is self-shaming because of the contrast she perceives in life experiences between Generation X and older generations:

I’m thinking, so what did our mothers’ generation do? Right? Because there was no such thing as self-care, and there were not as many conveniences as there are now. So, when my Mum or even my Grandma…my Dad’s grandma was raising six kids. Was she sitting down and thinking, “Well I’m just going to have a little self-care and go to the spa?” Like, I don’t even think there was a spa. Was she
getting her nails done? I’m pretty sure that wasn’t happening because she was running the washer through that winding thing.

Patricia’s story reveals her belief that women today are privileged compared to previous generations, which suggests a belief that self-care is perhaps not essential. By extension, engaging in self-care herself means that she does not measure up to the experiences of earlier generations of women in her family.

Some of the women in this research tell stories that suggest that the older generation agree with Patricia’s musing. As Karen described:

I’ve had discussions with the Baby Boomer generation about – do they even use the word ‘self-care’ in their generation? I think it would be self-indulgence… I think that they still look at it through the lens of when they were growing up, that those things were more privileged. That now it’s not necessarily something I’d have to think about – the time to make for yourself as a woman to exercise when you’re a mom. That’s not self-indulgent; that’s essential.

Denise succinctly stated her mother’s opinion about self-care: “She thinks it’s a generational thing. She says, “You guys are so selfish.” Denise’s strategy for managing self-care shaming circles back to the concepts of not caring about other peoples’ opinions and holding boundaries:

There are definitely people who look down or have passed comment or don’t agree or stuff like that. Even, I’ve had people say, “Oh, well, you’re super thin. If I was super thin like you, then why would I work out?” I’m like, “I damn well work out to be like this. I don’t just sit there. It doesn’t come.” Those people I don’t hang out with anymore.
Carrie has also learned to deflect criticism. In finishing her thoughts about negative feedback she receives for not sleeping in the same bed with her husband, Carrie says, without apology, “So sorry; it’s just the way it goes. I invite him back in the bed all the time.”

As these women navigate how to incorporate self-care into their lives, there is ongoing tension between expectations placed on them in their various social roles and the goal to promote personal well-being. The findings reveal that the women use a variety of strategies in an attempt to strike a balance that works for them. Certainly, the women stress the importance of ‘checking in’ to assess what they need at a specific point in time to promote well-being. Taking a moment for mindful reflection allows the women to gauge their needs and, for some, to create a plan of action to support their well-being. Significantly, many women acknowledged that the self-reflection inspired by their participation in this research was valuable for them.

While self-reflection is important, the women also respond to factors outside of themselves to make self-care decisions. Permission from an outside authority to occasionally release expectations attached to specific social roles has been valuable for several women in this research. Other outside influences include granting authority to a calendar to manage self-care activities or using prompts in the environment as self-care triggers.

Once a decision has been made about which activities they will enact to support their well-being, the women create boundaries to protect it. Boundaries can guard personal time or space as well as the quality of their relationships. The women consider boundary creation and maintenance to be critical self-care activities, although they are not
always successful in their attempts. As evidence of the permeability of these boundaries, the women told stories about self-care shaming. Shaming can be self-directed when the women criticize their own self-care behaviour or lack of it, and it can also come from others. Self-care shaming can also be situated in an intergenerational dialogue. Regardless of its source, self-care shaming negatively impacts well-being for these women.

**Summary.** Enacting self-care requires ongoing negotiation as these women weigh their own needs against those of the many others for whom they feel responsible. Frequently, these women leave themselves visible prompts to as reminders to address their self-care needs. The women also use moments of mindful connection to assess their current physical, mental and emotional state and to then make decisions about required self-care strategies to help them reach their desired state of being.

The women’s stories illustrate the influence of other people on their self-care behaviours. Although some women felt pressure to engage in self-care that has potential negative impacts on well-being, other women experienced self-care shaming from friends and family for giving their own care priority over others. Some women told stories of receiving permission from an outside authority to liberate themselves from the perceived shackles of social role expectations. The women also shared that friendships are an important well-being resource and provide a safe space for resisting social role expectations. Finally, these women have begun to build and honour boundaries and consider these boundaries to be an important part of their self-care strategy.
Chapter 5: Discussion and Concluding Thoughts

The purpose of this research was to better understand the lived experience of Generation X women at midlife. Specifically, the study investigated the relationship between self-care and well-being as the women navigate their changing bodies and negotiate, resist and/or reproduce social role expectations. The central research questions that guided this study included:

1. How do women experience their changing bodies at midlife? (e.g., body image, self-objectification, embodiment, body function)
2. How do midlife women reproduce and resist the social role expectations placed on them? (e.g., mother, wife, caregiver, woman)
3. How do midlife women enact self-care strategies to support their well-being in relation to their changing bodies and social role expectations?

In order to explore these experiences, I completed a narrative study that involved two reflexive, dyadic interviews with 21 Generation X women (born between 1965-1980). As part of the study, women took photographs that represent the relationship they experience with self-care and well-being, and discussed the photographs with me. In keeping with critical constructivist narrative research, my own reflections as a Generation X woman were included in the findings.

Findings will be discussed using the guiding principles of the Life Course framework, including The Principles of Time and Place, Timing, Life Span Development, Linked Lives and Agency. The Principle of Time and Place helps to provide context for the majority of the findings that appear later in the discussion. In keeping with the quilt
metaphor, discussion points occasionally overlap from one principle to another, and threads of reproduction, resistance, mental labour, and perfectionism run throughout.

The discussion will then draw together the various threads that run through this investigation and highlight how this research contributes to what is known about the lived experience for Generation X women concerning their self-care practices. This chapter includes a consideration of study limitations and suggests new questions to consider. I then offer final reflections on the project.

The Principle of Time and Place

For these Generation X women, the Principle of Time and Place provides a helpful structure for discussing their experiences at midlife. This principle acknowledges that lives of individuals and cohorts are embedded in and shaped by place (geographical space, culture and meaning) as well as historical context (Elder et al., 2004). From a socio-cultural perspective, the message of the late 1970s and 1980s that women could ‘have it all’ has framed the lived experience for these women including their relationship with self-care, from their coming-of-age until today. The following discussion will introduce many concepts that will be further explored in later sections.

Cultural zeitgeist. When the women were younger, messages about appearance were most influential, but as they got older, the women interpreted the license to ‘have it all’ instead as an obligation: They felt pressure to get an education, find a lucrative career, marry and start a family. In other words, ‘having it all’ quickly turning into ‘doing’ activities for these women, as was apparent in the findings from theme The Big Lie: Having Doing it All. The women born earliest in Generation X, in particular, told stories of the tension they felt as a result of being encouraged to achieve “modern” goals
including a successful career at the same time that they felt compelled to fulfill the traditional gender role expectations to be a wife and mother. Several told stories about not having support or mentorship as they navigated the border between traditional and modern expectations. Many women told stories of feeling social pressure to be married young. Some resisted that pressure; others did not.

Married or not, these women continue to do the majority of household and childcare tasks while maintaining employment, and this finding is consistent with research (Treas & Lui, 2013). As other studies have also shown (Evertsson & Nermo, 2007; Schober, 2013), the women identified the transition to motherhood as the turning point at which the imbalance in household tasks became untenable for them, and self-care became most challenging. The women also told stories of how scheduling tasks for children and parents under their care also fall to them and adds to their mental labour, which is conceptualized as the “planning, organization, coordination, and management of everyday tasks and duties” (Offer, 2014, p. 916). This concept will be taken up more fully in the discussion about the Principle of Linked Lives.

It is also important to consider the impact of being born when these women were born. For many, the shadow cast on their financial well-being by the Baby Boomer generation continues to loom large. From an economic standpoint, several of the women spoke of the challenges they experienced coming-of-age in a recession that delayed their ability to find employment in their chosen careers after graduating from post-secondary education. These late starts combined with being stalled from career advancement because of the reticence of Baby Boomers to retire from lucrative positions has created concerns about financial well-being for many of these women. Several women told
stories about not having the same financial well-being that their parents have experienced and are concerned about their financial futures, at the same time that they are starting to think about providing financial support for their parents as they age. The findings about economic impact and financial security for Generation X have been reported elsewhere (Milan & Bohnert, 2011). The current research suggests health care infrastructure and economic policy should reflect potential financial challenges for Generation X both to care for their parents and to support their own well-being as they age.

Clearly, the messaging of their early years about ‘having it all’ has followed these women throughout their lives. Only at midlife are they starting to question whether or not that messaging serves their well-being.

**The Principle of Timing**

The Principle of Timing acknowledges that individuals and cohorts are impacted differently depending on when in a developmental stage (childhood, adolescence, adulthood) an event or experience occurs, as well as whether the events occur early, late or “on time” (Elder et al., 2004). Certainly, the women’s stories revealed the influence of time on their lived experiences, particularly in reference to the present time. This discussion will consider the influence of time from Chapter 4’s subthemes *Just Listening to My Body* and *Menopause is Humbling*. The findings extend what is known about time orientation in reference to their self-care practices and the timing of menopause in the context of their busy lives. Both topics relate to body function. First, I will consider the concept of time orientation.

**Time orientation and self-care behaviours.** Time orientation or time perspective is the “often nonconscious process whereby the continual flows of personal and social
experiences are assigned – to temporal categories, or time frames, that help to give order, coherence, and meaning to those events” (Zimbardo & Boyd, 1999, p. 1271). The Zimbardo Time Perspective Inventory (ZTPI) is an instrument widely used to assess time perspectives (Zimbardo & Boyd, 1999) and uses subscales to measure affective relations with time perspectives: (1) past positive, which refers to a nostalgic and positive attitude about the past; (2) past negative, which refers to a negative view of the past; (3) present hedonistic, which refers to present pleasures (instant gratification) versus concern for future consequences; (4) present fatalistic, which refer to a helpless or hopeless attitude about life; (5) future orientation, which refers to striving for future goals and rewards.

Researchers have explored the impact of time orientation on health behaviour (Crockett, Weinman, Hankins & Marteau, 2009), and some studies have shown that people tend to be motivated either by present or future goals in making decisions about health behaviours (Simons, Vansteenkiste, Lens, & Lacante, 2004). Some evidence shows that present time perspectives correlate positively with risky behaviours (Zimbardo, Keough, & Boyd, 1997) which may indicate that people with a present time orientation are most concerned about immediate gratification than long-term health. Alternately, future time perspectives appear to be protective against risk (Barnett et al., 2013), which suggests that focusing on the future leads to delayed gratification or making choices now that support or protect health in the future.

Very little is known about time orientation as a motivation for activities that promote well-being for midlife adults as most studies that investigate time orientation involve students (Crockett, Weinman, Hankins & Marteau, 2009). Some studies show that age may be a factor in time orientation to health behaviours (Steptoe, Pollard,
Wardle, 1995). Griva, Tseferidia and Anagnostopoulos (2014) found that the present hedonistic time orientation was positively associated with exercise for adults between 18-65, which is arguably a health promoting activity rather than a risky behaviour as described in the ZTPI. Although the researchers did not describe the impact of age on their findings, they did note that people with a tendency to enjoy the present might consider exercising to be a pleasurable activity.

This interpretation of the present-hedonistic time orientation may describe the immediate positive impact that women experience (or alternately, a negative impact they wish to avoid) when participating in self-care. In the subtheme Listening to my Body, the women described how they consider the almost immediate impact that self-care choices regarding food, exercise and sleep have on their well-being. For example, Tina shared the story about the connection she has made between the food she eats and how she feels in her body after the indulgences of girls’ weekend. Other women shared similar stories of the connections they had made to foods and lifestyle habits with their present well-being.

Of note, however, is the acknowledgement of Webster, Bohlmeijer and Westerhof (2014) that while most adults likely have a dominant time orientation, outside factors such as family dynamics, culture and everyday stress may impact time perspectives, and that “there is an inherent developmental component to time perspective” (p. 1046). In their cross-sectional investigation of the relationship between time orientation, wisdom and well-being across adulthood, the researchers measured balanced time perspective (BTP), which was envisioned as the ability and motivation to be flexible with time orientations depending on situational forces. The researchers’ findings were consistent with other studies in which younger adults tended toward future orientation and older
adults tended toward past orientation. Midlife adults in their study (mean 52.7 years) fell between the two other cohorts.

Researchers suggested that, at midlife, adults are perhaps “uniquely positioned in the lifespan with respect to time perspective, accumulating as they have a rich and extensive past upon which they can draw and reflect, while at the same time remaining in active pursuit of valued future goals” (Webster, Bohlmeijer & Westerhof, 2014, p. 1053). The balanced time perspective, then, would allow the women in this research to apply in the present what they have learned from previous experiences, and might most accurately describe the time orientation used to make self-care choices that immediately impact their well-being so that they are able to function in their various roles. The finding that the women focus primarily on immediate well-being adds to the time orientation literature and may be at odds with health promotion messages that use a future time orientation.

**The timing of menopause.** To put the impact of menopause for these women into social context, we must consider the age of first motherhood, the age of menopause, and employment participation rates for Generation X women compared to previous generations. When the tail end of Generation X women was being born in the mid 1970s, the statistical average age of their mothers was 26.7 years. By 2011, the average age of first births was 28.5 and the modern time frame for all childbearing has increasingly concentrated around age 30. Women also started to compact the time span for childbearing, meaning that there is a shorter gap between children (Statistics Canada, 2018). As mentioned, menopause occurs one year after a woman’s last menstrual period (Gold, 2011). The transition to menopause, also known as perimenopause, has an average
onset of 47.5 years. The median age of menopause (for white women in industrialized countries) ranges between 50 and 52 years (Gold, 2011).

At the same time that the age of motherhood trended upwards, the employment landscape also shifted. In 1981, 52% of mothers with children under age 6 were in the workforce; by 1991, that number had climbed to 68% (Anderson, 2019). Fast-forwarding from early motherhood to now, we can also see that the number of women in the workforce at the typical ages of perimenopause and menopause has also increased. Statistics show that 52.7% of Baby Boomer women aged 45-49 participated in the workforce in 1977; 76.8% of women aged 45-49 participated in the workforce in 1997 (Earl, 1999). In 2008, over 90% of women aged 45-49 participated in the labour force, and Bélanger and Bastien (2013) estimated a similar participation rate in 2018. While data for ages 50-55 is scarce, in 1976, 11% of the workforce was over age 55; in 2017, that number had increased to 21% (Langton, 2019). The number of workers over age 55 is projected to increase to 25% by 2036 (Langton, 2019). Certainly, Generation X women are currently active in the workforce as they experience perimenopause and menopause, as this cohort of women is expected to have lifelong careers (Mitchell, 1993).

In terms of timing, then, Generation X women are undergoing the physical, mental and emotional impacts of the menopausal transition at older ages and with younger children than previous generations, while also engaging in full-time employment. The women’s stories reveal the toll on their self-care activities and, by extension, on their well-being. Andrea, for example, links insomnia and depression to the onset of perimenopause. In fact, Andrea believes she needs time to recover from three years of sleep deficit. Without question, symptoms of the menopausal transition
negatively impact the quality of life for these women, and this finding aligns with other research (Bankowski, Gallicchio, Whiteman, Zacur & Flaws, 2005).

Like Andrea, most of the women in this research have full-time employment or were looking for employment at the time of this study. Stated differently, these women are undergoing physical changes that impact them in myriad ways while continuing to work daily. Research has shown that women find it difficult to manage symptoms of menopause in the workplace, and often keep their experiences hidden to avoid embarrassment (Kopenhager & Guidozzi, 2015; Hardy, Thorne, Griffiths, & Hunter, 2018). As Hardy et al. (2018) wrote, secrecy means that “menopause taboos are not challenged and women may not obtain practical support that could be helpful” (p. 1).

Although there may be a more open dialogue about menopause than there has been in the past, conversations have not led to substantial changes in the workplace to accommodate women’s needs (Kopenhager & Guidozzi, 2015).

Along with full-time employment, some of these women still have young children in their care even as they experience sometimes debilitating insomnia and symptoms such as irritability that could impact their personal safety and as well as their relationships. Women in Generation X in general are now also the “sandwich generation” responsible for the care of aging of parents in addition to their own offspring that increase the stress load and add to the burden of physical, emotional and mental symptoms (O’Sullivan, 2015) associated with the menopausal transition.

While women of previous generations would also have had to navigate the transition to menopause, the current research has highlighted the fact that the timing of menopause now occurs in a different social context for Generation X women than for
previous generations. Rather than being retired, semi-retired or post-maternal during the menopausal transition as previous generations might have been (Earl, 1999), these women are engaged in full-time employment, and several are also actively mothering young children as they attempt to engage in self-care to manage the symptoms of perimenopause and menopause. The impact of timing on the roles of mother and caregiver will be explored in the discussion of the Principle of Linked Lives.

The Principle of Life Span Development

This principle acknowledges that an individual’s development is ongoing and is impacted by social and environmental changes (Elder et al., 2004). The current research speaks to the call of Becker et al. (2013) to explore the influence of earlier life experiences on the cohort of women currently in midlife, or at least the experiences of some women in Generation X. Certainly, the experiences of the women in this research have been influenced by the social prescription for them to ‘have it all.’ Using a critical constructivist lens, this research also considered the ongoing pressures that these women encounter in bodies that are changing as they transition to menopause. In this section, I will focus on the impact of aging and menopause for women who were raised in a social environment that encourages female accomplishment but continues to expect a high standard for personal appearance.

Bodies in transition. Since the 1980s when the earliest Generation X women in this research were coming of age, covers of women’s magazines have blasted images of youthful, fecund beauty. The expectation to achieve the ideal physique became part of the refrain for ‘having it all’ that has framed the lived experience for these women. Although
the women on the magazine covers are perpetually young, the women in this research now live in bodies that are changing in response to age and the transition to menopause.

The narrative of body changes for these women generally aligns with previous research. The finding that the women no longer recognize themselves in the mirror because of the facial changes associated with aging including sagging skin, wrinkles and gray hair have been reported elsewhere (Bannister, 1999; McQuaid, 1998) including my own master’s research (Petty, 2016). Rather than comparing themselves to others, mournful comparisons to their younger selves was common for these women. The sense of lost youth and beauty has also been reported elsewhere (Bannister, 1999; McQuaid, 1998).

Similar to previous studies, (Bannister, 1999; McQuaid, 1998) the women in this research are also transitioning to invisibility as midlife women, and this experience transcends generations. As McQuaid (1998) wrote about women at midlife, their “sense of “personhood” was stronger than ever, yet society and the media were fading them into an invisibility that does not sit well with the Baby Boomer generation” (p.30). For Generation X women who, as a cohort feel invisible and largely ignored, this is a familiar experience.

For the women in this research, the body image narrative is one that is shifting from concern primarily about appearance to a focus on body function, or how they feel in their bodies. This finding has been reported elsewhere (Liechty, 2012; Ogle & Damhorst, 2005). Similar to Petty, Engel, Salfi and Trussell (2018), these women talk about “listening to their bodies” as they notice their reactions to different food choices and then
make calculated choices about what they eat and drink to support how they wish to feel. This idea will be considered more fully in the *Principle of Agency*.

**Weighy concerns.** Of note, every participant in this research was concerned about weight gain associated with the menopausal transition, whether or not the weight gain meant that she had become overweight. The women were concerned both with how the additional weight made them look and how it made them feel physically. They described the weight gain as being physically uncomfortable and that it impacted decisions about attending social events and self-care activities such as participating in physical activity. Certainly, these activities are important to support well-being. Several women linked weight gain with feelings of powerless over and hopelessness about their bodies because the strategies they have used to mitigate the weight gain have frequently been unsuccessful. As Susan, the personal trainer, explained, this is a common experience among her midlife customers. These findings align with my own previous research into the relationship between body image and physical activity (Petty & Gammage, 2017).

The women in this research also voiced concern about potential impact of weight gain on their long-term health, particularly as the additional fat accumulates around the abdomen. Abdominal fat has been linked with increased risk of cardiovascular, cancer and all-cause mortality, even in non-obese women (Zhang, Rexrode, Van Dam, Li & Hu, 2008). Yet, the women could not turn to the medical practitioner for help: Their stories revealed frustration with the healthcare community that dismisses their weight concerns as merely a physical change that they should expect at midlife. The complaint of apathy in the medical community to the concern of midlife women, sadly, is not new. In fact, Baby Boomers voiced the same concerns decades ago (Bannister, 1998; McQuaid, 1999).
It is somewhat ironic that the medical community considers a physician visit to be important self-care, yet the women in this study and others frequently confront apathy in their visits. Certainly, understanding the mechanisms of weight gain and providing support as women navigate this process are areas for future research and health care policy implementation.

While there is evidence of weight gain as a future health risk, less is known about the impact of the gaining weight process on all aspects of well-being for midlife women. Neither is there research on the impact of gaining weight for midlife women whose weight remains within healthy parameters. By revealing its impacts on well-being, this research adds to literature about weight-gain at midlife, particularly for women whose weight gain does not lead to becoming overweight. As weight gain is likely at midlife for women, it is important to understand the impact that the process of weight gain may have well-being.

The Principle of Linked Lives

This principle acknowledges the interdependent nature of lives, and the social influences on micro-level experiences (Elder et al., 2004). Perhaps not surprising, given the ubiquity of gender role expectations in women’s lives (Gonyea, Paris & de Saxe Zerden, 2008; Huyck, 1999), this principle permeates the stories in this research. As the lives are linked, so, too, are the various social roles that these women inhabit. In other words, these social roles do not run parallel to one another but instead overlap, in keeping with the metaphor of a patchwork quilt. Various social roles are stitched together with threads of mental labour and perfectionism that negatively impact well-being for the women in this research. What follows is a discussion of the social roles that were
prominent in these women’s stories as well as the impact of social expectations on their self-care and well-being. Much of this discussion refers to findings that are revealed in the theme *The Big Lie: Having-Doing It All.*

**Social role: Caregiver.** As Morgan, Williams, Trussardi and Gott (2016) wrote, the majority of elder care falls to women. Notably, only one woman in this research had a role in the care of her parents, who were significantly older than parents of other participants in this research. Her narrative shows the negative impact on her well-being caused by the additional responsibility of caring for her parents and aligns with previous research. O’Sullivan (2015) wrote that caregivers face stressors including “emotional (guilt, depression, isolation), changes in relationships, physical issues (fatigue, caregiver health issues, physical capacity to provide needed help), environmental challenges, time constraints (amount and type of care needed, travel time), and competing demands (home, family, social)” (p. 491).

By and large, however, elder care is not an active responsibility for these Generation X women. Yet, statistics show that generations co-exist for longer periods of time than they have in the past (Putney & Bengtson, 2005) so it is quite likely that elder-care will become part of the lived experience for these women even as they themselves age. Indeed, all the women in this research had begun to think about and plan for providing care to their parents. Major concerns include financing long-term care as well as the significant distance that many women in this study live from their parents (i.e. across the province, country or overseas). Future research could investigate how Generation X women manage additional financial and time commitments associated with elder care and the impacts of those additional responsibilities on their well-being,
particularly in light of the general reduction in financial resources for this generation compared to the previous one.

**Social role: Mother.** The findings of this research support the observations of Silverstein and Giarrusso (2011) that families are affected by the timing of life course transitions, including motherhood. As mentioned earlier, the *Principle of Timing* impacts the role of mother for Generation X women in significant ways. In keeping with the encouragement to become educated and pursue a career in a bid to ‘have it all,’ the Generation X women in this research who became mothers did so at later ages than did the previous generation. As a result, they have reached midlife with younger offspring than the previous generation would have had at the same age.

Also different from the previous generation, (Shaw, 2008), the women in this research show evidence of enacting the intensive mothering ideology. As the stories of several participants illustrate, Generation X was the “latchkey” generation – meaning that, from an early age, after-school hours were often unsupervised and leisure time was predominantly unscripted. Baby Boomer parents were much less likely to actively be involved in their children’s leisure time (Shaw, 2008). In comparison, for these Generation X mothers, family time is constructed to create a “particular value or quality” (Shaw, 2008, p. 694). The women focus “primarily, if not exclusively, on their children’s needs rather than on their own desires and needs” (Shaw, 2008, p. 689). Extending Shaw’s (2008) finding that intensive mothering leads to having little time or energy for their own leisure, the mothers in this research had minimal residual resources available to engage in self-care. Furthermore, the intergenerational differences in mothering
ideologies may partially explain the tension between Baby Boomers and Generation X in reference to self-care engagement.

Later motherhood also postpones grandmothering, and as a result only two of the women in this research have grandchildren. Of note, neither of these women had their own biological children and instead became stepmothers to their spouses’ older children when they entered their marriages. The experiences of these two Generation X women disrupt the narrative of mothering in which there is a linear progression from mother to grandmother and speak to the changes in family composition for this cohort of women. Researchers have explored the experiences of “skip generation” grandparents, which is the term for step-grandparents who did not provide primary care for the parent of a grandchild (Chapman, Coleman, & Ganong, 2016). However, in the literature investigated for this paper, there is a paucity of information about the experiences of women who came to grandmothering without first being mothers. Clearly this is an area for future exploration as more Generation X women who did not have children potentially move into a grandmother role.

This research addresses the concern voiced by Baruch and Brooks-Gunn (1984) that descriptions of midlife experiences frequently do not offer insight on the experience of women who are not mothers. In total, six women in this research were not biological mothers, nor were any women adoptive mothers. Two of these women, as mentioned above, became stepmothers of older children through marriage. For women in this research who were neither biological mothers nor stepped into a mother role through marriage, two chose not to become mothers and two would have preferred to be mothers. Regardless of whether or not they wished to become mothers, all have been and continue
to be stigmatized by their status. This finding is in keeping with other research about women who do not have children either by choice (Ashburn-Nardo, 2017; Kelly, 2009) or by circumstance (Miall, 1986). Also in alignment with other research, the midlife women who would have preferred to be mothers felt regret as the time for child-bearing draws to a close, while those who were voluntarily childfree did not experience regret about the end of fertility (DeLyser, 2012; Jeffries & Konnert, 2002).

In the context of the Generation X social expectation framework, the women in this research who were not mothers faced pressure to reframe what ‘having it all’ means to them. Depending on whether they had a desire for motherhood or not, the women in this research made one of two choices. They chose either to make peace with the fact that they could not achieve the socially prescribed goal of ‘having it all,’ or they had to consciously redefine what ‘having it all’ meant to them with the motherhood piece removed from the picture. For the women in this research who did not have the social role of mother, then, the negotiating process associated with ‘having it all’ persists into midlife.

**Social role: Wife.** Without exception, the partnered women in this research told stories about the unequal division of labour in their households, with mental or cognitive labour (Daminger, 2019) being the most significant burden. As other literature about dual earner families has shown (Offer, 2014), the mothers in this research are primarily responsible for maintaining the mental spreadsheet of household routine activities and daily needs, and to manage unexpected events for the family over and above their employment. Mental labour has been described as a gendered activity that plays a role in
reproducing gender inequality within families (Daminger, 2019; Offer, 2014; Shaw, 2008).

As Shaw (2008) explained in her investigation of family leisure and ideologies of parenthood, mental labour often relates to the social role expectations associated with intensive mothering, described earlier. Similar to Daminger (2019), as well, the additional burden of cognitive labour is a source of ongoing spousal relationship conflict for the women in this study as they work to resist household inequality. Here we see the overlap between the social role of mother with gender inequality in the role of wife.

Participants in this research raised questions about the socialization of Generation X men who became their partners. How were young men socialized during the time period when these women were exposed to the ‘having it all’ messaging? Specifically, the women considered how social messaging for the men may have impacted the ongoing gendering of household chores and mental labour. Although not an investigation of the men’s socialization in their developing years, Singleton and Maher (2004) found in their research that Generation X men were “largely disinterested in the identity and housework possibilities that flow from discourses of equity and fairness,” which the authors saw as a “major impediment in achieving equality” (p. 227). Understanding how young Generation X men were socialized at a time when women were encouraged to expand their horizons is an intriguing focus for future research.

**Social role: Employee.** For the purposes of this discussion, the employee social role describes all forms of workforce labour, including entrepreneurship and self-employment. As was evident the subtheme *Perfect By Magic: When Roles Collide*, there are blurred lines between the roles of employee and mother, and the blending occurs
again by way of mental labour. Because of their mental labour load, thoughts of family responsibilities often infiltrate working hours for these women. As a result, the women feel guilty about not contributing adequately to their employment, which has led to them bringing their work home and negatively impacted time available for self-care.

These women also describe the pressure they perceive to be perfect in the performance of their roles. As Chrisler (2008) wrote, the pursuit of perfection is embedded in social role expectations for women, particularly in their gender roles but also in other role identities such as employee. In keeping with other research (Blair-Loy, 2004), the mothers in this study felt obligated to perform well at work while also prioritizing their children. Perfectionism has been characterized as a tendency to strive for flawlessness and setting exceptionally high standards for performance, along with overly critical self-evaluations (Flett & Hewitt, 2002), and has been associated with psychological distress in various studies. (See Shafran & Mansell, 2001 for a review.) We can certainly see that perfectionism leads to damaging impacts on well-being for these women.

In this research, the women who are not mothers have been very career-focused and several have reached senior-level positions in major corporations or have returned to post secondary education for skills upgrading while also being employed. For these women, the sense of personal fulfillment and both personal and social expectation of accomplishment has led to similar feelings of guilt about how they use their time. As a result, they, too, have had a habit of bringing work home.

**Social role: Friend.** In alignment with other literature social networks and intimate friendships (Baruch & Brooks-Dunn, 1984; Rao, Apte & Subbakrishna, 2003)
are a self-care resource (Hutchinson, 2013) that are critical to the emotional well-being of the midlife women in this research. As McQuaid (1998) wrote, women’s ability “to participate in a social world by having a confidante or a group of women friends, as well as having positive models, was also predictive of midlife satisfaction” (p. 29.) Furthermore, friendships provide space for resistance to social role expectations. Events like ‘girls’ getaways’ that are important self-care for the women in this research “provide a forum within which to re-construct gendered identities, especially those elements which challenge socially acceptable ‘womanly’ behaviour” (Green, 1998, p. 176). I will explore the influence of friendships on self-care and well-being more explicitly in the consideration of the Principle of Agency.

Social role: Woman. The social role of woman centres on her outer appearance (Wolff, 1991; Chrisler, 2011). As described fully in the exploration of the Principle of Life Span Development, the Generation X women in this research are experiencing body changes associated with aging and the transition to menopause. Significantly, as their appearance moves farther away from the cultural ideal of youthful beauty, the women in this research are developing new relationships with their physical bodies through mindful connection and a focus on how their bodies feel rather than how they look.

Building and blurring boundaries. Clearly, we see role overlap as these women move throughout their busy days, which leads to increased expectations and negative impacts on well-being. At this stage, of their lives, however, all the women in this research are starting to or have developed personal boundaries around their finite resources of time and energy. Boundaries are dynamic and flexible “lines of demarcation between an individual’s internal (body, mind, and spirit) and external environments”
(Scott, 1993, p. 12) that vary in permeability. Scott (1993) wrote that boundaries function “as a filtering device to protect the individual from environmental overload” (p. 12) and ambiguity arises if boundaries are not clearly marked. Factors that influence permeability include culture and environment (Scott, 1993), which clearly comprise the culture expectations placed on women in their various social roles.

The strategy of creating personal boundaries to support work-life balance (i.e. the social roles of employee and wife or mother) used by these women parallels research that has been reported elsewhere (Wepfer, Allen, Brauchli, Jenny & Bauer, 2018). Beyond protecting work-life balance, however, the majority of boundary research investigated for this discussion focused on protecting the therapist/patient relationship in clinical practice. (For examples, see Smith & Fitzpatrick, 1995; Zur, 2007.)

Yet, along with creating a division between the roles of employee and wife or mother, the women in this research also create boundaries between other social roles in order to protect various aspects of well-being. They construct boundaries around their personal space by controlling who they welcome into it; around their time and energy by managing use of technology; and around their well-being by discontinuing or changing relationships with extended family. Certainly, these boundary-making activities are forms of resistance to socially prescribed gender roles that promote selflessness in women. Significant, too, is the fact that these women identify boundaries and boundary-making as part of their self-care. This research extends the concept of boundary-making as a self-care activity that protects personal well-being from expectations associated with gendered social roles such as wife, mother, sister and daughter.
In sum, the current research shows that the lived experience of these women in their various roles has been framed by the expectation that they should ‘have it all/do it all’ and to be perfect in each role. The unattainable expectation of perfection leads to challenges including stress, irritability and low self-appraisal for women in this research. The overlapping social roles lead to mental labour that negatively impacts various aspects of their well-being, including cognitive health (i.e. the ability to focus and short-term memory). Boundary-making is an important self-care strategy these women use to manage their time, energy and personal experiences.

**The Principle of Agency**

Recall that the *Principle of Agency* acknowledges that humans are impacted by existing social structures, but also that we impact those social structures through our autonomous action (Elder et al, 2004). Gecas (2004) aligned agency with self-efficacy: Those with higher self-efficacy are more likely to be more autonomous, and those with lower self-efficacy are more inclined to perceive themselves as powerless to external forces. As discussed earlier, social role expectations can be restrictive for these women, and lead to feeling guilt and shame for stepping outside prescribed social roles. In the theme *Navigating Self-Care* we see evidence both of agency and struggles with autonomy as well as the tension between reproduction of and resistance to prescribed social roles as the women navigate their self-care experiences. Throughout the discussion of this principle, we also see evidence of reproduction and resistance to social role expectations in self-care experiences.

**Mindfulness and agency.** In the sub-theme *Checking in with Myself*, we see that the women in this research describe mindfulness as a frequent initiation to their self-care
experiences. Kabat-Zinn (2003) defines mindfulness as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (p. 145). Mindfulness draws attention to how our behaviours, feelings and thoughts contribute to own and others’ suffering (Kabat-Zinn, 2003). As Kabat-Zinn (1993) observed, “acknowledging present-moment reality as it actually is, whether it is pleasant or unpleasant, is the first step towards transforming that reality and your relationship to it” (p. 261). Although not all of the women use the terms “mindful” and “mindfulness” to describe the process of “checking in,” it is a common practice in this research.

The current research introduces the term “mindful connection” to capture the experience of tuning in to body needs. The mindful connection narrative in this research shows that, beyond food, these women also pay attention to the impact of social leisure, activity and rest on how they feel in the bodies. Self-care choices are then made according to their well-being goals. Self-care activities might include either declining or accepting social invitations or deciding whether the enjoyment of a piece of chocolate to feed their “soul” outweighs the risk of a restless night of sleep. Significantly, the women’s stories centre on present time experiences in their bodies rather than voicing concerns about long-term health, as their current lives are demanding. This time focus was explored earlier.

Research across disciplines has shown that mindfulness is positively associated with psychological health, including increased subjective well-being, reduced psychological symptoms and emotional reactivity. (For a review, See Keng, Smoski & Robins, 2011.) Most significantly in terms of exploring agency in self-care, however, is
the role of mindfulness for improved regulation of behaviour. Ryan (2009) wrote that, along with relatedness and competence, autonomy is a basic psychological need that is essential to vital, healthy functioning. When people act with autonomy, their behaviours are consistent with their self-endorsed values and genuine interests (Schulz & Ryan, 2015). Not only has mindfulness been found to be protective against automatization of behaviour, it also leads to more self-determined, autonomous regulation (Schulz & Ryan, 2015).

Schulz and Ryan (2015) explained that mindfulness might promote agency by freeing a person from identification with social roles, group memberships and beliefs that often regulate behaviour and that can also lead to conflicts and anxieties. With its attention to the present moment, mindfulness “entails a shift in the locus of personal subjectivity from conceptual representations of the self and others to awareness itself” (Brown, Ryan, Creswell & Niemiec, 2008, p. 82). Mindfulness allows a person to behave without staying attached to conceptions of the self in various social roles (Brown & Kasser, 2005), and to instead focus on personal needs. A focus on intrinsic aspirations has been shown in studies to result in greater well-being and healthier life-style choices (Brown & Kasser, 2005).

Although the literature explored for this discussion focused primarily on mindfulness practices (i.e. meditation) versus simply “being mindful” of how one is experiencing the present moment as described by the participants in this research, Brown and Ryan (2003) suggested that all forms of mindfulness are beneficial to autonomous activity and well-being. The authors used the Mindful Attention Awareness Scale to measure trait and state mindfulness: Traits are temporally consistent or “between person”
characteristics while states are “within person” fluctuations (Brown & Ryan, 2003). The researchers found that “having the disposition to be mindful had salutary effects on self-regulated activity and emotional well-being, but so did momentary experiences of mindfulness, independent of the disposition” (p. 839). Stated differently, taking time to ‘check in’ also contributes to autonomy and well-being. Notably, if mindfulness offers freedom from the obligation of social roles and expectations, as Schulz and Ryan (2015) wrote, then simply ‘checking in’ on themselves without judgment is itself a small act of resistance for the women in this research.

Modeling and mentorship. This research has also shown that the women have struggled with autonomy. In the subtheme Outside Influences: Outside Authority and Self-Care Prompts, we see that, in some cases, the women have ceded authority to an outside authority who granted “permission” for them to break free from social role norms to enact self-care. There is a paucity of information about the concept of permission related to self-care and social role expectations, except in the context of employment. In fact, only one study was located. This recent research showed that nurses may be more likely to participate in self-care if given formal or informal permission from their supervisors to take time off work when they are sick or at risk of burn-out and not to feel guilty about it (Andrews, Tierney & Seers, 2020). The nurses in the research believed that the concept of permission was or should be policy driven.

The same research included a consideration of the self-care challenges that nurses face relative to the social role expectations to be a care provider rather than a care receiver (Andrews et al., 2020), which is an expectation that aligns with women’s experiences. Significantly, the nurses in the study felt that, along with permission from
others, they had to give themselves permission for self-compassion (Andrews, Tierney & Seers, 2020). Self-compassion involves acknowledging our experiences are part of the larger human condition and being kind to ourselves in instances of failure (Neff, 2003).

In other words, self-compassion is a prerequisite for self-care activities. Self-compassion also has links to mindfulness, described earlier: As Neff (2003) explained, gaining clarity and perspective on one’s experiences through mindfulness may lead to self-compassion. Some research suggests that mindfulness increases self-compassion and well-being (Newsome, Waldo, & Gruszka, 2012). Thus, the mindful connection that these women practise is an important first step toward well-being.

The findings of the current research extend what little is known about the role of permission in acting outside of social role expectations to enact self-care. For these women, the outside authority had no real power save that granted to them by the women themselves. In terms of reproduction, the idea of receiving permission suggests that the women lack self-efficacy, which Bandura (2012) described as the confidence in one’s ability to exert control over his or her own behaviour and social environment. There is a sense of agency, however, in the decision of these women to grant authority to an outside authority who has no true authority over them. Bandura (2012) wrote about the various sources of developing self-efficacy, which include mastery of experiences, emotional and physiological states, social modeling and verbal persuasion. For the “permission” experience, the last two sources of self-efficacy are most salient for these women. Through social modeling, a woman gains confidence in her own abilities by watching others succeed (Bandura, 2012). Self-efficacy develops from verbal persuasion because she is encouraged to believe in her own abilities by someone who has succeeded.
(Bandura, 2012). For these women, social modeling and verbal persuasion from an outside authority supports the belief in their abilities to successfully disengage from social role expectations.

This decision to act in a way that is contrary to expected behaviours is an example of both agency and resistance on the part of the woman receiving permission. In this narrative, the female outside authority is clearly resisting social role expectations regarding appropriate behaviour for women. The concept of an older female outside authority suggests the archetypical Crone, which “is a universal symbol that represents specific ways of being and knowing. As such, she is a source of understanding and insight” (Ray, 2004, p. 110). The source of a Crone’s wisdom is thought to be the “wise blood” she retains within her body when she no longer menstruates (Walker, 1985, p.49). Thus, a woman graduates to Crone when she enters menopause (Walker, 1985).

Although typically represented as a woman in old age, the Crone embodies all aspects of womanhood that came before (i.e. Virgin and Mother as well as Crone), and represents “the generative expression of new images and meanings that can occur only in old age” (Ray, 2004, p. 110). Walker (1985) suggested that in patriarchal cultures in which the Crone archetype is absent, women fear the changes that occur throughout their life course and are “constrained to create an illusion that their growth process stops in the first decade or two of adulthood” (p. 31). According to this feminist literature, then, the Crone empowers growth. It is important to note that for women who felt that they lacked mentorship throughout most of their lives, some are receiving it now at midlife. This research has shown the importance of mentorship and permission for women to act
outside prescribed social role expectations in order to engage in self-care to support their well-being.

**Resistance through friendship.** It is also important to highlight the role of friendship when considering agency in the self-care experience for these women. As mentioned previously, women friendships can be a form of resistance when they challenge social role expectations (Green, 1998). Certainly, experiences such as women-only evenings and getaways wherein the activities are self-focused resist the gendered expectation to prioritize the needs of others, at the same time that women can feel cared for through their friendships (Hutchinson, 2013). As Bandura (2012) suggested, through witnessing social modeling, we develop self-efficacy and confidence in our own abilities. Arguably, in a women-only event, all the women are resisting gendered social role expectations and therefore provide social-modeling for each other. This social modeling helps each woman at the event become more confident in her ability to autonomously challenge social role norms concerning care for her own well-being.

Yet there is also evidence in the subtheme **Self-Care Shaming** that women who step outside prescribed social roles and engage in self-care are shamed because doing so goes against gender role norms. Shame is an unpleasant emotion that we experience when we “fail to meet internalized social standards, including standards of morality, competence, or aesthetics” and “implies the perceived or feared loss of social status” (Orth, Robins, & Soto, 2010, p. 1061). Importantly, shame is also associated with depression and low self-esteem in midlife adults (Orth, Robins, & Soto, 2010).

The phenomenon of social shaming has been used by religious organizations and legal systems worldwide throughout recorded history as a means of controlling
behaviour. (See Nir, 2018 for review.) Recent studies that have focused on women’s perceived social role infractions have investigated fat shaming (Ravary, Baldwin, & Bartz, 2019) and slut shaming (Tanenbaum, 2015), and certainly mom-shaming has entered the vernacular in popular media if not academic study. This research has introduced the term *self-care shaming* to capture the phenomenon of experiencing both subtle and overt criticism for stepping outside gender norms.

Significantly, the aforementioned gender role shaming studies have considered shaming that occurs through anonymous social media platforms. Social media research is certainly important because, as Ravary, Baldwin and Bartz (2019) concluded, “media exposure is an important vehicle through which these norms are communicated and internalized” (p. 1587). The current research has shown, however, that women experience self-care shaming in close personal relationships including those with mothers and sisters. Although their research explored social media messages, Ravary, Baldwin and Bartz (2019) found that “even casual cultural messages—more precisely, purportedly ‘harmless’ comments…can shape implicit attitudes to reflect the cultural milieu” (p. 1587). It was certainly clear that “harmless” comments from family members impacted the well-being of women in this research. Notably, these women distanced themselves from friends and acquaintances who were not supportive of their self-care. This shows that these women create some boundaries around who they will receive shaming messages from and clearly demonstrates resistance to social role expectations.

Ironically, however, some of the women in this research also enacted self-care shaming on others, at least theoretically. While some women expressed the opinion that self-care activities are a personal choice, other women were critical of pursuits that they
deemed to be superficial or frivolous. The women also engaged in self-directed self-care shaming, whether or not they were engaged in self-care activities. In some cases, the women felt guilty for making time for themselves, and in other instances they felt shame for not engaging in adequate self-care. Self-directed self-care shaming in this research not only speaks to this generation’s social prescription to ‘have/do it all’ but it also reproduces social role expectations that women should be perfect in all of their roles. Clearly, self-care shaming impacts the ability of these women to resist gender role expectations. When they resist, they frequently experience feelings of guilt, which has also been associated with depression (Orth, Robins, & Soto, 2010). In other words, the potential benefits of self-care to well-being may be mitigated by self-care shaming.

In sum, aligned with the principles of the Life Course framework, this discussion has shown that the lived experiences and expectations these women have of themselves in the present continue to be strongly influenced by the social environment of their growing up years. Today, as they transition through menopause and its often-trying set of symptoms, however, they are expected to continue to fulfill their demanding social role expectations, generally without support. Yet, as they get older, many of these women have grown to accept that ‘doing it all’ is not only impossible, but they also have begun to question whether they even want ‘it all’. In contrast to the social expectation that they be perpetually selfless, the women take moments for mindful connection in which they evaluate what personal needs require attention in order to support their own well-being. Through connections with others, the women experience both support and self-care shaming when they prioritize their own needs.
Self-Care: Layering in texture

This research makes important contributions to the self-care literature. First and foremost, these women conceptualize self-care as activities that are distinctly outside the medical model of care. It is significant that not one woman spoke about visiting a doctor or dentist as a self-care activity, which illustrates a lack of congruence between the biomedical perception of self-care and that of these women. Rather than focusing on health management, this research has shown that self-care experiences are directed toward achieving a state of being that encompasses mental and emotional as well as physical experiences. In order to attain the desired state of being, the women describe self-care as disparate pursuits such as spending time in nature, enjoying the company of friends, journaling and spiritual practices, which suggests that leisure self-care is the major contributor to well-being practices in this research. This important finding extends the literature on self-care and highlights a potential barrier between the micro and macro levels of social structures that impact well-being (Silverstein & Giarrusso, 2011).

Further, this research has identified a process for leisure self-care engagement that begins with mindful connection. The women first ‘check in’ to their present experiences, and this momentary pause has itself been identified as self-care for these women. Mindful connection might reveal fatigue, hunger, digestive upset, or an emotion such as irritability or positive emotions such as peace. Next, the women make decisions about what they need to do in order to achieve their desired state of being. Finally, they engage in whatever self-care activity is required to attain their well-being goal. Some women might choose to meditate to achieve a state of calm while others might decide to phone a friend to ‘vent’ about a difficult experience. Although these examples suggest leisure self-care,
mindful connection is also part of the self-care stories that are more health-management focused, including decisions concerning food selection, sleep and exercise that is based on how their bodies feel. Mindful connection has broad implications for self-care research across disciplines, including nutrition, primary care and mental health fields.

From a theoretical perspective, this research has shown the many ways that women reproduce and resist gender role ideologies (Freysinger and Flannery, 1992; Shaw, 2006) that may constrain leisure self-care activities as they attempt to support their well-being. This investigation has revealed that women may turn to an outside authority to grant them permission to resist the social role expectation that they prioritise the care of others before their own well-being, and has introduced the archetypal Crone to the leisure self-care literature as a potential source of empowerment for women to resist social role expectations.

This research has shown that negative impacts of self-care frequently involve self-care shaming, which can be self-directed or come from friends or family. There is also generational component to self-care shaming for these women, as their Baby Boomer mothers are not supportive of them taking time to engage in its practice. Self-care shaming reduces the potential benefits to well-being because of the negative impact of the shameful feelings they experience resulting from the decision to attend to their own needs. Significantly, self-directed self-care shaming also occurs when the women do not engage in self-care, as they feel they are not meeting social expectations to support their own well-being.

At midlife, self-care may be perceived as yet another obligation for some of these women, which aligns with neoliberal discourses that centre on health management
(Horrocks & Johnson, 2014). This perceived added responsibility can negatively impact their well-being, whether or not the women engage in self-care practices. In other words, the sense of obligation to practise self-care may diminish its potential benefits to well-being. On the other hand, some participants believe that the commodification of self-care has led to a reduced perception of its value to support well-being, which may lead to detrimental effects to personal and, by extension, population health. Circling back to the beginning of this section, how the women perceive self-care stands in stark contrast to how it is understood by the medical community. This research has underscored the complexity of meanings suggested by the term self-care that may influence its ability to support well-being.

Because none of the self-care activities described by these women fall under the biomedical umbrella, it is important that health care policy makers and providers are aware that their use of the term may be incongruent with how it is used by women. Important, as well, in light of the finding that these women face apathy in the face of health care practitioners when they seek guidance about their changing bodies, health care practitioners would do well to practice compassionate interest when speaking with women experiencing menopausal symptoms rather than dismissing their concerns.

Finally, the findings of this research may also help to further conceptualize leisure, particularly feminist theoretical underpinnings that emphasize the conditions necessary to experience it. For example, these women’s stories reveal threads to the concept of purposive leisure (Shaw & Dawson, 2001). Shaw and Dawson (2001) showed that, rather than being intrinsically motivated (i.e. leisure for its own sake), leisure can be viewed as an opportunity to achieve an extrinsic benefit (i.e. leisure activities encourage
family bonding and the transmission of values). In other words, leisure can be a means to an end. Although purposive leisure originated in the family leisure literature, the intention to create a specific outcome as a result of their leisure practices is evident in the personal experiences of these women. Purposive leisure, then, may not be limited to a woman’s experience of family leisure and instead may be a significant component of her personal leisure.

Following the same threads, as mentioned earlier, this research has also shown that the outcome of a chosen leisure practice for these women is a desired state of being, which involves both mental and physical experiences. This finding expands the conceptualization of leisure as a state of mind (Freysinger et al. 2013). From a practice perspective, leisure practitioners are advised to clarify the intentions of women participants in their leisure programs and design curriculum accordingly. Practitioners are also advised to be watchful of self-care shaming in leisure spaces.

**Tying Threads**

Inspired by my own experiences as a Generation X woman, this research investigated the relationship between self-care and well-being in bodies that are changing at midlife, and how women reproduce and resist social role expectations placed on them in the context of their busy lives. In this section, I offer a number of avenues for future investigation that extend from this research and consider limitations of the project. Finally, I address the impact that this research project has had on the participants, and on me.

**Future directions.** This research has investigated the self-care experiences of Generation X women at midlife, yet these women’s stories also connected them to
mothers and daughters. With only an allusion to the self-care experiences of the older generations in this study, there is much to be learned about how these older women support their well-being. Future research could focus on how Baby Boomer women perceive self-care as they age, particularly in light of the suggestion by the participants in this research that their mothers do not engage in self-care.

Through their stories, these women also held a mirror up to the Millennial generation, but there is much to learn about self-care and well-being for younger cohorts. Do Millennials experience the same social role expectations as Generation X women? Do they have similar or different experiences concerning self-care engagement? Future studies could explore whether younger generations of women continue to feel pressure to ‘have it all,’ to explore if and how they reproduce and resist social role pressures, and to investigate their relationship with self-care.

These women shared that they perceive pressure to be perfect in their various social roles. There is much to be learned about the expectations of perfection on the well-being of women. Future research could investigate the strategies that women use to resist this unattainable expectation as they attempt to preserve their well-being. In the same vein, the pressure to excel contributes to mental labour for these women, such that it impairs relationships and may impact short-term memory. Future research could explore the impact of mental labour on other aspects of cognitive health, including long-term memory.

This research introduced the concept of self-care shaming, which is ripe for further study. Future research could more deeply explore the prevalence and experience of self-care shaming in other age groups and intersections of identity, and consider the
influence of socioeconomic status. In this research, self-care shaming was self-directed or connected to personal relationships, including family and friends. Future studies could also explore self-care shaming on social media and other media platforms, and investigate its influence on women’s self-care behaviours across all ages.

Almost opposite of self-care shaming is the concept of permission to resist social role expectations, and this is another promising area of study. This research has introduced the archetypal Crone to the leisure and leisure self-care literature as a source of encouragement for women to resist social role expectations. Future investigations could more deeply explore how the Crone as outside authority is given that authority. What qualities or life experiences does she possess? How can the “lessons” from the Crone be used to influence positive social change for women? Alternately, future research could also explore the impact of implicit lack of consent by dominant social forces to enact self-care for diverse (ability, age, class, ethnicity, gender, race) groups of women.

Findings of this research extend the conceptualization of leisure self-care beyond indigenous Elders (Son & Hutchinson, 2009) and show that it is a useful model for the leisure and health practices of Canadian Generation X women. Taking up the call of Son and Hutchinson (2009), future studies could explore the concept in other social and cultural contexts, including young and older women.

Finally, in light of the disappointing finding that, as with the generation before them, these women face apathy about their menopause-related health concerns when they visit their health care practitioners, future research could investigate how medical students are trained to address menopausal concerns in their practices. Assessment could
determine gaps in training that, if addressed, would improve the quality of health care for women transitioning through menopause.

**Limitations of research.** The lack of consensus about what self-care means to women leads to a consideration of a major limitation of this research. While there is a range of income levels for participants in the research and some participants with invisible disability (i.e. depression and anxiety) all of the women in this investigation were heterosexual and predominantly white. As described in the methods section, the lack of diversity led me to question why these women responded to research that explored their self-care practices while other women did not.

A possible explanation for the lack of diversity in participants, as this research has shown, is the individual perceptions of what self-care engagement involves. It may be that the term self-care has connotations that do not speak to all women (for example, the common perception of self-care as indulgent activities), or that may lead a woman to believe that she does not engage in self-care. Research involving Black families, for example, uses the term self-care to describe a child’s experience of looking after himself or herself after school rather than participating in an after-school program or day-care (Casper & Smith, 2002). This is certainly not a definition of self-care that arose in conversations with the women in this research. As mentioned in the introduction to this paper, as well, women of low socioeconomic class and women of colour may face of systemic pressures that constraint self-care (Adkins-Jackson et al., 2019; Suplee et al., 2015). In keeping with the finding about the power given to an outside authority to provide permission, it is also possible that women of diverse social identities (ability, age,
class, ethnicity, gender, race) may not perceive that they have consent from the dominant social groups or structures to engage in self-care behaviours.

Arguably, however, all women enact some form of self-directed care to support their well-being. Even the simple act of sleeping is an essential care behaviour that transcends race, socioeconomic status and sexual identity. Clearly, if the term self-care is invisible to some women due to life circumstances, cultural experiences, or other factors including personal perception, it may not be an effective term to use for research purposes or health policy. As such, future research could investigate self-directed care behaviours for women without including the term self-care in the recruitment material.

**Inspiring change.** Despite limitations and in keeping with critical constructivism, this research has encouraged social change in several ways. First of all, much like the outside Other, the research itself promoted resistance to social role ideologies by encouraging these women to reflect on themselves and their own needs. The women also talked with their friends about the research, which not only helped with recruitment but may also have fostered the empowerment to resist gendered expectations that can occur in conversations between women (Green, 1998).

Change also occurred at the micro level for the women who participated in the research. The women told me stories about how the study had created space for them to pause and reflect on their own well-being. As a result, they began to recognize challenges to their well-being and created “a small shift in priorities, a value of self or a sense of empowerment” (Parry, 2014, p. 354) in their lives. Acts of resistance inspired by this research included ongoing reflection about ways to support their well-being as well as creating personal commitments to carve out more time for themselves. One participant
shared that as a result of this research, she found the courage to speak to her employer about work-life balance and fair monetary compensation for her efforts: She received a promotion and an increase in salary as a result of the conversation.

As much as these stories validate the importance of this type of women-focused research, they are personally rewarding for me as someone who pursues knowledge not as an end goal, but as means of promoting social change. To encourage the social change momentum inspired by this research, I will pursue multiple avenues for sharing this work, including academic journals, conferences and undergraduate classrooms. In keeping with a commitment I made to the women in this research, I intend to revise this research to a format more suitable for a broader, mainstream audience and share the findings through popular magazines, women’s blogs, media and social media and a book.

**These stories changed me.** This research has become a sort of partner in my life path with whom I have shared important conversations about the experience of being a Generation X woman at midlife. Certainly, as Butler (2001) writes, “the best kind of dialogue is that which offers the possibility for each to be transformed through the process itself” (p. 82). The research was obviously shaped by these conversations, and so, too, have I.

Perhaps most significantly, I have witnessed the evolution towards acceptance of myself as a feminist scholar. With reflection, I realize that I did not identify as a feminist scholar initially because I am uncomfortable with the stereotypical ‘angry feminist.’ I was and still likely am intimidated by feminist scholars because they are so attuned to social justice issues that I am only now starting to recognize all around me. Yet the more time I spent with these women and their stories, the more need I saw for this research in the
ongoing struggle of women’s needs to be recognized as valid, and the more time I have been immersed in the literature, I came to understand a different kind of feminist research. When it became clear to me that feminist research “celebrates women as the experts of their lived experiences” (Parry, 2014, p. 353) and aims to enact social change, I realized that I have likely been a feminist scholar all along.

As a novice scholar, of course, the path to completion of this project was pebbled with elation, frustration, paralysis, confusion, bursts of intuitive knowing, writer’s block and much-valued visits with what I fondly term my creative muses. Through it all, I benefited from the generosity and expertise of women scholars who offered guidance, search term suggestions, papers to consider, friendly criticism and ongoing support. As a Generation X woman who has been programmed to ‘do it all’ by myself, this project has shown me how to ask for help. It is an arguably an important form of self-care.

On a personal note, I have been awed by the vulnerability of the women in this research to share about their experiences at a deep level. The women showed me that vulnerability is a source of strength that has the ability to connect and unite women. As I go forward and share their messages about self-care and well-being, I will also share this lesson. I am forever grateful to these women for their enthusiastic interest not only in participating in this project but in their encouragement to share the findings outside of academia. Their ongoing support gave me confidence that this research matters.
References


Accessed 17


https://doi.org/10.1016/j.ijnurstu.2019.103436


doi:10.1016/j.psychsport.2017.08.012


doi:10.1162/DAED_a_oo351


doi:10.1177/160940691401300103

doi:10.1177/1473325016652683


https://doi.org/10.1177/0891243211427700


doi:10.1097/GME.0000000000000990


https://doi.org/10.1007/BF00946054


https://doi.org/10.1093/geronb/58.5.p249


Henderson, and M. D. Bialeschki (Eds.). Leisure, Women, and Gender, (pp. 3–20)
State College, PA: Venture.

García-Fernández, E., Godoy-Izquierdo, D., Pérez-García, M., Jiménez-Alonso, J.,
López-Chicheri, I., & Godoy, J. F. (2009). Differences in pressure-pain threshold
between healthy women and patients with fibromyalgia syndrome, systemic lupus
erythematosus, and rheumatoid arthritis. Journal of Musculoskeletal Pain, 17(2),
139-154.

(Eds.) Handbook of the life course. (pp. 369-391) New York: Springer.

impact of menopause on work ability in women with severe menopausal
symptoms. Maturitas, 90, 3-8. doi:10.1016/j.maturitas.2016.05.001

Cambridge, MA.: Harvard University.

23(1): 77–98.

Phenomenological Psychology, 43, 3-12. doi:10.1163/156916212X632934

Gold E. B. (2011). The timing of the age at which natural menopause occurs. Obstetrics

https://doi.org/10.1016/j.ogc.2011.05.002

Goldberg, A. E., & Perry-Jenkins, M. (2007). The division of labor and perceptions of
parental roles: Lesbian couples across the transition to parenthood. Journal of


Haines-Saah, R. J., Oliffe, J. L., White, C. F., & Bottorff, J. L. (2013). “It is just not part of the culture here”: Young adults’ photo-narratives about smoking, quitting, and


doi:10.1016/j.eatbeh.2014.04.015


Liechty, T. (2012). ‘Yes, I worry about my weight ... but for the most part I’m content with my body’: Older women’s body dissatisfaction alongside contentment. *Journal of Women & Aging, (1),* 70-89.


doi:10.1080/11745398.2016.1220321


Mackenzie, C. R. (2014). ‘It is hard for mums to put themselves first’: How mothers diagnosed with breast cancer manage the sociological boundaries between paid work, family and caring for the self. Social Science & Medicine, 11796-106. doi:10.1016/j.socscimed.2014.07.043


with chronic heart failure undergoing inpatient cardiac rehabilitation. Patient Education and Counseling, 99(7), 1190-1197. doi:10.1016/j.pec.2016.02.010


https://doi.org/10.1080/15298860309032

counseling students. *Journal of Creativity in Mental Health, 13*(1), 121-133.

doi:10.1080/15401383.2017.1328292


doi:10.1016/j.jrp.2013.02.003


Normoyle, T. M. (2009, January 1). *Becoming a clinical psychologist: Midlife women’s narratives of professional identity development. ProQuest LLC*


https://doi.org/10.1007/s12147-014-9133-y


doi:10.1023/B:JADE.0000035626.903 31.47


Petty, L., & Gammage, K. (2017). Picturing body image and physical activity. Unpublished manuscript, Department of Recreation and Leisure Studies, Brock University, St. Catharines, Canada


Piran, N., & Teall, T. L. (2012). The developmental theory of embodiment. In G. McVey, M. P. Levine, N. Piran & H. B. Ferguson (Eds.). Preventing eating-related and
weight-related disorders: Collaborative research, advocacy, and policy change (pp. 171–199). Waterloo, ON: Wilfred Laurier Press


doi:10.1177/0725513611411682


Rowe, S. D. (2016). All in all is all we are: Gen X Experiences Middle Age. *CRM Magazine, 20*(2), 26-30.

Rubinstein, H. R., & Foster, J. L. (2013). ‘I don’t know whether it is to do with age or to do with hormones and whether it is do with a stage in your life’: Making sense of menopause and the body. *Journal of Health Psychology, 18*(2), 292-307.

doi:10.1177/1359105312454040


New York: Springer.


https://doi.org/10.1080/00222216.1994.11969941


Theory. In J. T. Mortimer, & M. J. Shanahan (Eds.). Handbook of the life course. (pp. 3-22) New York: Springer.


Appendices

Appendix A: Letter of Invitation

Project Title: “Having it all?: An Exploration of Self-Care and Well-being for Generation X Women at Midlife”.

Student Investigator: Lisa Petty, Doctoral Candidate  
Faculty of Applied Health Sciences  
Brock University  
lisa.petty@brocku.ca

Faculty Supervisor: Dr. Dawn Trussell  
Associate Professor  
Faculty of Applied Sciences  
Brock University  
dtrussell@brocku.ca

Thank you for your interest in this study. I invite you to participate in a research project entitled “Having it all?: An Exploration of Self-Care and Well-being for Generation X Women at Midlife”. The purpose of this study is to understand the lived experience of Generation X women at midlife as they navigate their competing social roles and support well-being in bodies that are changing.

You will be asked to participate in two one-on-one interviews, to complete a short form that requests demographic information, and to take between 5-10 photographs showing how you perceive and experience (or do not experience) self-care that supports your well-being that you are prepared to discuss.

Interviews will take place in either a private room on Brock University’s main campus (STH 339) or at a public location such as a coffee shop that is convenient to you. Your total participation in the study will involve approximately 2.5 hours of your time. If you have any questions, please feel free to contact me.

Lisa Petty, Doctoral Candidate  
Faculty of Applied Health Sciences  
Brock University  
lisa.petty@brocku.ca  
905.688.5550 Ext 4017

Dr. Dawn Trussell  
Associate Professor  
Faculty of Applied Sciences  
Brock University  
dtrussell@brocku.ca

If you have any pertinent questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905 688-5550 ext 3035, reb@brocku.ca). This study has been reviewed and received ethics clearance through Brock University’s Research Ethics Board (File 18-102).
Appendix B: Email Correspondence Script

Hello [insert name of potential participant],

Thank you for your interest in participating in the study “Having it all?: An Exploration of Self-Care and Well-being for Generation X Women at Midlife”. English-speaking women who were born between 1965-1980 are invited to participate in this research.

For this study, you will be asked to meet with me twice and each interview will last approximately 60-90 minutes. Interviews will be spaced approximately two weeks apart. During our first meeting, you will be asked to complete a one-page questionnaire (about 5 minutes total) and then participate in a one-on-one interview. At the end of our interview, you will then be asked to 5-10 photographs that show how you experience the relationship between self-care and well-being, prior to our next meeting. At the following one-on-one interview, we will discuss your photos.

Your total participation time will be approximately 2 hours and 30 minutes. To compensate you for your time, you will receive $20. For more information, please see the attached Letter of Invitation.

If you are still interested in participating, please provide some days and times that are convenient for you to meet. We can meet on Brock University’s main campus in a private meeting room (STH 339), or at a location that is convenient for you.

Thank you.

Lisa Petty, Doctoral Candidate
Faculty of Applied Health Sciences
Brock University
lisa.petty@brocku.ca
905.688.5550 Ext 4017
Appendix C: Informed Consent

Date:

Project Title: “Having it all?: An Exploration of Self-Care and Well-being for Generation X Women at Midlife”. Midlife Women”.

Student Investigator: Lisa Petty, Doctoral Candidate
Faculty of Applied Health Sciences
Brock University
lisa.petty@brocku.ca

Faculty Supervisor: Dr. Dawn Trussell
Associate Professor
Faculty of Applied Sciences
Brock University
dtrussell@brocku.ca

Invitation:

You are invited to participate in a study that will seek to understand the lived experience of Generation X women at midlife as they navigate their competing social roles and support well-being in bodies that are aging. This research will be aided by photographs.

What is involved:

As a participant, you will first meet with me to complete a short demographic questionnaire and to participate in a preliminary one-on-one interview. The meeting will be approximately 60 minutes and can take place on Brock University’s main campus in a private room (STH 339), or at a public location that is convenient for you. Then you will be asked to take 5-10 photographs using your own camera (e.g. cell phone camera, iPad, digital camera) over approximately the next two weeks that represent your experience of the relationship between self-care and well-being. It should take a total of about 30 minutes to take the photos. After approximately two weeks, we will meet again to discuss the photos. This interview will take approximately 60-90 minutes. The interview will take place in a private room on Brock University’s main campus (STH 339) or at a public
location that is convenient for you. Both interviews will be audio recorded. Total participation in this study will be approximately two hours and 30 minutes of your time.

**Potential Benefits and Risks:**

Your participation will help provide understanding about the relationship between self-care and well-being for Generation X women at midlife in the context of their busy lives. Sharing your experience may also help other women who are in a similar situation and assist care providers to more fully understand your needs. No known or anticipated physical risks are related to participation in this study. If you choose to take photographs of yourself and to have them published or used in presentations without alteration, please note your confidentiality cannot be maintained. Should you experience discomfort due to the nature of the questions being asked, contact information for the Niagara Region Mental Health organization (1-800-263-7215) and the Government of Ontario Mental Health Services (https://www.ontario.ca/page/mental-health-services) is provided.

**Confidentiality:**

The data in this study are not anonymous, as interviews will be audio recorded for study analysis purposes. The recording will be destroyed once the interview has been transcribed. Your transcribed conversation will be stored on the student principal investigator’s pass-code protected, personal computer. Your name will not appear in any thesis or report resulting from this study. For publication purposes, direct quotations may be used, however, pseudonyms will be used to maintain participant confidentiality. Informed consent will be kept separate from data collected. Your name will not be included, or in any other way associated, with the data collected in the study.

The photos taken in this study will only be used for publication purposes with the written consent of the participant. You will have the opportunity to choose which photographs are used and for what purpose (e.g., publication, presentation). At any point during the study you can request the photo be altered (e.g., face blocked) to maintain confidentiality. Otherwise, if you choose to have a photograph of yourself used for publication of this study then confidentiality cannot be guaranteed. Photographs of children will not be used for publication and photographs of non-participating adults will be made unidentifiable (i.e., eyes/face blocked). Please note that if we transfer data directly from your photography device it is possible we may see other photos on it. Data collected during this study (e.g., photographs, audio recordings, interview transcripts, and pseudonym master list) will be stored in a locked filing cabinet or password protected computer of the student investigator at Brock University and will be destroyed 5 years following the completion of the study. Access to this data will be restricted to the investigator and faculty supervisor, Dr. Dawn Trussell.

**Voluntary Participation:**

Participation in this study is completely voluntary. If you wish, you may decline to answer any questions or take part in any part of the study without consequence. You may decide to withdraw from this study at any time and may do so without any penalty or loss of benefits to which you are entitled. You will have the opportunity to explicitly provide consent for each photograph you take and indicate how it will be used.
participation, if you wish to withdraw your photos and audio data and transcripts will be destroyed. To compensate you for your time you will be offered $20. If you end up withdrawing from the study, you will still be entitled to $20 compensation.

Publication of Results:

Results of this study may be published in professional journals and presented at conferences. All photos, audio tapes, electronic files and written materials will be kept in a locked filing cabinet or password protected computer on campus. They will be kept until 5 years following publication of the data as per the APA publication guidelines.

Contact Information and Ethics Clearance

If you have any questions about this study or require further information, please contact the investigator using the contact information provided above. This study has been reviewed and received ethics clearance through the Brock University Research Ethics Boards (file #18-102). If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at 905-688-5550 ext. 3035, reb@brocku.ca. Thank you for your assistance in this project. Please keep a copy of this form for your records.

Consent form:

I agree to participate in this study titled “Having it all?: An Exploration of Self-Care and Well-being for Generation X Women at Midlife”. I have made this decision based on the information I have read in the Consent Letter. I have had the opportunity to receive any additional details I wanted about the study and understand that I may ask questions in the future. I understand that I may withdraw this consent at any time.

Name: ________________________________ (please print)

Signature: _____________________________

Date: _________________________
Appendix D: Interview Prompts

Research conversations are meant to be open and flexible in order to hear participant’s stories, however, I will use the following prompts in the interviews.

**Interview 1:**

What have you noticed about being a woman who is part of Generation X? How would you describe your life right now (e.g. expectations tied to social roles, such as career, relationships, motherhood, caregiver)? What are your thoughts about the concept of ‘having it all’? Tell me when you knew you “had it all” or that you didn’t (as applicable)? How would you describe your well-being? Describe your greatest concern regarding your well-being? How do you support your well-being? What gets in the way of supporting your well-being? What does self-care mean to you?

**Interview 2: Viewing Photographs**

Tell me about this picture. What happened before you took the picture? What happened after the picture was taken? Who else is part of the story of this picture (even if they are not in the photograph?) and how did they respond? What does this picture mean to you? How does this picture reflect how you experience self-care (or do not experience self-care)? How does this image relate to your well-being?

**Interview 2: After Viewing Photographs**

What was this experience like for you? What, if anything, have you discovered about well-being or self-care? What, if anything, has changed for you since this project began? What advice would you give to your daughter (or other younger woman) about managing expectations to support her well-being? Is there something else you would like to add?
Appendix E: Demographic Information

Please complete the following information:

Age: __________  Weight: ______________
Height: __________  Race/Ethnicity: ___________________

Marital Status (Please check):
- Single
- Common Law
- Married

- Divorced
- Widowed

Children:
- Yes
- No

#Female ______  Ages (list)_____________________________________________
#Male ______  Ages (list)_____________________________________________

Grandchildren:
- Yes
- No

#Female ______  Ages (list)_____________________________________________
#Male ______  Ages (list)_____________________________________________

Employment Status: Are you currently…? (Select one)
- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work

- A homemaker
- A student
- Military
- Retired
- Unable to work

What is your average annual income?

- Less than $20, 000
- $20, 000 – $35, 000
- $36, 000 – $50, 000
- $51, 000 - $65, 000
- $66, 000 - $80, 000
- More than $80, 000

Education:

- some high school
- completed high school
- some college or university ( ____ years)
- completed college program
- completed undergraduate university
- completed graduate school
Appendix F: Consent for use of Photographs

Please indicate below for each photograph how it may be used in this study. Indicate your selection by placing a check mark ✔ in each option you wish for the use of each individual photograph.

*Journal publications:* Photo may be published within academic journal publications

*Conference presentations:* Photo may be shown in presentations at conferences and workshops

*Faces blocked:* Photo may be used in journal publications and conference presentations as indicated *but* individual faces must be blocked out to maintain privacy

*Overall discussion only:* Photo may be used for discussion purposes only

*Do not use at all:* Photo may not be used in any form for this study

<table>
<thead>
<tr>
<th>Photograph</th>
<th>Journal publications</th>
<th>Conference presentations</th>
<th>Faces blocked</th>
<th>Discussion only</th>
<th>Do not use at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photograph 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photograph 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photograph 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photograph 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photograph 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photograph 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photograph 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photograph 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photograph 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photograph 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Consent for Photograph Use** I agree to the above indicated use of each photograph in this study. I have made this decision based on the information I have received about confidentiality and anonymity. I understand that I may withdraw this consent and have photos removed prior to publication.

Name: (Print) __________________ Signature: ______________________ Date: ___________
### Appendix G: Participant Profile Compilation Chart

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Year</th>
<th>Race/Ethnicity</th>
<th>Marital Status</th>
<th>Children</th>
<th>Employment</th>
<th>Income</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle</td>
<td>1977</td>
<td>white</td>
<td>Divorced</td>
<td>Teen (2)</td>
<td>Local Government</td>
<td>$36-50K</td>
<td>Undergrad</td>
</tr>
<tr>
<td>Jodi</td>
<td>1966</td>
<td>white</td>
<td>Common Law</td>
<td>Adult (3)</td>
<td>Employment Counsellor</td>
<td>$51-65K</td>
<td>Undergrad</td>
</tr>
<tr>
<td>Melanie</td>
<td>1967</td>
<td>white</td>
<td>Widowed</td>
<td>Adult (2)</td>
<td>Cat Sitter</td>
<td>$20-35K</td>
<td>Graduate</td>
</tr>
<tr>
<td>Christine</td>
<td>1979</td>
<td>white</td>
<td>Common Law</td>
<td>No</td>
<td>Student</td>
<td>&lt;20K</td>
<td>Undergrad</td>
</tr>
<tr>
<td>Jacqueline</td>
<td>1968</td>
<td>white</td>
<td>Married</td>
<td>Teen (1)</td>
<td>Home Day Care</td>
<td>$36-50K</td>
<td>College</td>
</tr>
<tr>
<td>Janet</td>
<td>1968</td>
<td>white</td>
<td>Married</td>
<td>Adult (1)</td>
<td>Public Relations</td>
<td>$66-80K</td>
<td>Undergrad</td>
</tr>
<tr>
<td>Amy</td>
<td>1972</td>
<td>white</td>
<td>Married</td>
<td>Child (2)</td>
<td>Unemployed</td>
<td>N/A</td>
<td>Graduate</td>
</tr>
<tr>
<td>Shelley</td>
<td>1978</td>
<td>white</td>
<td>Common Law</td>
<td>Child* (1)</td>
<td>Management (Technology)</td>
<td>&gt;$80K</td>
<td>Undergrad</td>
</tr>
<tr>
<td>Karen</td>
<td>1977</td>
<td>white</td>
<td>Married</td>
<td>Child (2)</td>
<td>Recreation Therapist</td>
<td>N/A</td>
<td>Graduate</td>
</tr>
<tr>
<td>Susan</td>
<td>1968</td>
<td>white</td>
<td>Married</td>
<td>Teen (1)</td>
<td>Media</td>
<td>&gt;$80K</td>
<td>Undergrad</td>
</tr>
<tr>
<td>Andrea</td>
<td>1966</td>
<td>white</td>
<td>Single</td>
<td>No</td>
<td>Librarian</td>
<td>&gt;$80K</td>
<td>Graduate</td>
</tr>
<tr>
<td>Tina</td>
<td>1974</td>
<td>white</td>
<td>Single</td>
<td>No</td>
<td>Unemployed</td>
<td>$66-80K</td>
<td>Undergrad</td>
</tr>
<tr>
<td>Patricia</td>
<td>1966</td>
<td>white</td>
<td>Married</td>
<td>18+ (2) Adult* (3)</td>
<td>Association President</td>
<td>&gt;$80K</td>
<td>N/A</td>
</tr>
<tr>
<td>Cynthia</td>
<td>1971</td>
<td>white</td>
<td>Single</td>
<td>Adult* (1) Teen* (2) Child (1)</td>
<td>Entrepreneur</td>
<td>&gt;$80K</td>
<td>Graduate</td>
</tr>
<tr>
<td>Rachel</td>
<td>1976</td>
<td>white</td>
<td>Single</td>
<td>No</td>
<td>Vice President</td>
<td>&gt;$80K</td>
<td>Undergrad</td>
</tr>
<tr>
<td>Anita</td>
<td>1970</td>
<td>BIPOC</td>
<td>Divorced</td>
<td>Teen (2)</td>
<td>Chiropractor</td>
<td>&gt;$80K</td>
<td>Graduate</td>
</tr>
<tr>
<td>Carrie</td>
<td>1976</td>
<td>white</td>
<td>Married</td>
<td>Child (1)</td>
<td>Self-Employed</td>
<td>$66-80K</td>
<td>Undergrad</td>
</tr>
<tr>
<td>Tara</td>
<td>1967</td>
<td>white</td>
<td>Married</td>
<td>Adult* (1) Gr/Ch (1)</td>
<td>Vice President</td>
<td>&gt;$80K</td>
<td>Undergrad</td>
</tr>
<tr>
<td>Theresa</td>
<td>1974</td>
<td>white</td>
<td>Married</td>
<td>Child (2)</td>
<td>Managing Editor</td>
<td>Undergrad</td>
<td></td>
</tr>
<tr>
<td>Denise</td>
<td>1978</td>
<td>BIPOC</td>
<td>Married</td>
<td>Child (2)</td>
<td>Real Estate</td>
<td>&gt;$80K</td>
<td>Undergrad</td>
</tr>
<tr>
<td>Heidi</td>
<td>1967</td>
<td>white</td>
<td>Married</td>
<td>Adult* (2) Gr/Ch (6)</td>
<td>Sales</td>
<td>$66-80K</td>
<td>Undergrad</td>
</tr>
</tbody>
</table>

**Legend**

N/A Not available  
Body Mass Index (BMI)  
Black, Indigenous, Person of Colour (BIPOC)  
*Stepchild  
Adult children (do not live with participant)  
Children and Teens (live with participant)  
18+ (live with participant)  
Grandchild (Gr/Ch)