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Narrative disruptions, altered trajectories and emerging identities in women: A portfolio

By

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Acknowledgements

Declaration

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Preface

The portfolio of work consists of an empirical study, an academic piece and a clinical case study. This collection of work is in part to illustrate my achievement of the core competencies, which qualify me to practice as a counselling psychologist. The three parts of the portfolio are discrete pieces of work however they do represent my journey as a trainee counselling psychologist and chart a trajectory in terms of skills, attitudes and assumptions as well as an increasing sense of competence and sophistication. The three parts of the collection are from different stages of my training. Chronologically, I conducted the critical literature review in my first year, the clinical case study was written up in my third year and the research study is the most recently completed part of the portfolio. This provides a very real map of my progression over the last four years.

The first part of the portfolio is a critical review of the psychological literature pertaining to the impact of perinatal loss on mothers and the subsequent child. The review addresses the impact of the loss of an infant during the perinatal period on the mother's psychological well-being and ultimately on the well-being of a subsequently born child. The literature review explored how the emerging identity of the subsequently born child is potentially shaped by previous perinatal loss. A pregnancy loss represents a narrative disruption in that the ending is tragically different from the usual pregnancy through to baby story. Like the midlife women of my study, the bereaved mothers have undergone a turning point which has altered the expected trajectory of their lives. Navigating these unwanted turning points interferes with identity formation of the mother to be (or not to be). Like ageing and gender mothering is intensely governed by social discourses and grand narratives of what it is to be a good mother.

The centrepiece of the portfolio is the research project, which is a narrative inquiry into how women present difficult turning points in their midlife. My objective in this study was to foreground how women talk about turning points and transitions which they experience during midlife. My initial interest in the topic of midlife turning points was in rethinking the 'midlife crisis' from a female perspective. I wondered whether women experienced a moment of reviewing their lives in the same way men are said to do, but that it somehow manifests itself in different ways. I began to think that women were equally susceptible to

difficult thoughts and feelings during midlife but that they would talk about it and present it to others differently than men might. The use of a narrative based approach made intuitive sense to me as presenting a difficult turning point is about telling the story of 'what happened'. Turning points and change are naturally of particular interest to me; as a counselling psychologist a primary purpose is to facilitate the process of change with my clients. The study adopts a narrative approach, which considers the participants' story of their turning point, and how it was retold to me as the audience. A principal intention of any narrative is to present an identity or rather a variety of identities, some desirable, some no longer suitable and others that have been revised and are in the process of becoming.

The final part of the portfolio is a demonstration of my professional practice as a counselling psychologist. For this purpose I present a client study of a woman with whom I worked with over twelve months in a NHS psychotherapy department. Working psycho-dynamically, the sessions often focussed on my client's patterns of relating which were often made live within the therapy room. Jazmyn's alcohol misuse and the ensuing events of losing her job, relationship and children represented a catastrophic turning point. This major narrative disruption had consequences for her identity and sense of self. The case study examines Jazmyn's difficulty in accommodating her emerging identity that was different from both her 'old' identity of successful career woman and mother and her 'new' identity of 'Jazmyn the drunk'. In working with Jazmyn it was invaluable to take a life course approach in considering her early experiences and the altered trajectories in order for us both to start to understand her current situation.

On the surface this portfolio appears to be about womanhood; the midlife women in the research study, the review of literature scrutinising bereaved mothers and their parenting abilities and lastly Jazmyn's difficulties which are so wrapped up in her female identities of mother, daughter, sister. However it is equally about human concerns such as what happens when things go wrong in life? How do we deal with loss? Challenging events tend to cause a disruption to an individual's narrative and an assault on their identity, potentially creating a difficult turning point. Narrative disruptions, altered trajectories and the newly emerging identities can describe a client's difficulties and the pattern of therapy.

The portfolio is also about counselling psychology and is presented here as evidence of my learning over the past four years. In completing the research project, which is rooted in a lifespan approach, I have gained a way of approaching clients that is holistic and takes into

account context. Through immersing myself in the experience of the different women across the three parts of the portfolio I have been better able to attend to the different (often contradictory) voices that occupy women's minds. Voices from within and without, voices that have been silenced and voices that have been given a new significance. Again, this is a transferable skill that I can hone in the therapy room as I endeavour to hear what is being said (and not said) by my clients and encourage a curiosity as to whom the voices belong to.

PART ONE: Critical Literature Review

Perinatal loss and the impact on the subsequent child

Introduction

This paper is a critical literature review of the research examining perinatal loss and the impact that such a loss has on the family, specifically siblings born subsequently. The paper will attempt to answer the question, "Has there been sufficient research to draw a conclusion about how siblings are affected?"

Perinatal loss is most often defined as the involuntary end of pregnancy from 20 weeks gestation to up to 28 days of the newborn's life. In 2009 in the UK there were 7.6 perinatal deaths per 1,000 total births (National office for Statistics). This figure does not include the many more 'late miscarriages' (or second trimester loss) estimated to be about two – three per cent of births. These figures would lead to a statistically significant number of siblings being born into families that have suffered such a loss.

The impact of perinatal loss is intense and far-reaching, impacting the psychological well-being of the entire family. If the role of the counselling psychologist is to facilitate mental health, assist in managing difficult life events and to help the client explore past and present relationships (Strawbridge & Woolfe, 2003), then understanding the breadth and depth of the impact of perinatal loss is important. How, and in what way, perinatal loss affects subsequently born children is of direct interest to the counselling psychologist. If there is a negative effect on these children the factors involved must be understood in order to deliver appropriate interventions, which may mediate this impact.

This paper sets out to investigate the impact of perinatal loss on subsequent children. This will be done by first considering the effect of pregnancy loss on the mothers' psychological well-being. Following that, it will examine whether the mother's emotional distress interferes with prenatal bonding and how long-lasting those effects are. Lastly, it will explore studies that look at the lived experience of the subsequent child.

Unique nature of perinatal loss

As in all bereavement, the perinatally bereaved are likely to suffer depressed mood, poor sleeping and eating patterns and a preoccupation with the lost object (DeBackere, Hill, & Kavanaugh, 2008). However, it has been recognised that the loss of an unborn baby is uniquely challenging for parents, especially the mother. In a pregnancy that ends

unexpectedly there is a disruption of the normal 'pregnancy through to child' narrative. There is a complex interplay of psychological, social and familial factors that creates particularly difficult circumstances for mourning. For this reason perinatal loss takes on a unique meaning that sets it apart from other losses (Leon, 1987).

Doka (2002) developed the concept of 'disenfranchised grief', which refers to (among other things) a loss that is not socially recognised as being significant and is therefore not sufficiently acknowledged. Loss during pregnancy fits this category, as there is a cultural belief that a perinatal death does not constitute a 'real loss'. The mother often feels a lack of emotional support and insensitivity from others (Costigan & Cox, 2001). There is a discrepancy between the intensity of the grief experience and the extent to which they feel they are allowed to express it (Modiba & Nolte, 2007). Compounded by this are the mother's feelings of guilt and self-blame, independent of how the loss occurred (Franche, 2001). Losing a pregnancy brings into question the fundamentals of womanhood and women may question their ability to successfully produce a child (Côté-Arsenault & Mahlangu, 1999).

In the last 30 years the psychosocial management of foetal death has undergone major changes. Historically mothers would not usually have been given the opportunity to see or hold their dead baby, ostensibly to protect them from further distress. However hospital protocol and practice has evolved and now encourages parents to see, hold, even bathe and dress their babies (Gold, Dalton & Schwenk, 2007). Many hospitals take photographs, and put together small packages of keepsakes such as hospital tags or a lock of hair for the parents to keep. The reasoning for this shift is that it provides something with which to create memories, which is vital in the grieving process.

To provide an insight into perinatal loss, an interpretative phenomenological study looked at women's lived experience of miscarriage (Adolfsson, Larsson, Wijma, & Berterö, 2004). The researcher's objectives were to identify and describe women's experience of pregnancy loss and to this end conducted open-ended interviews with 15 women. The results indicated that the essence of the shared experience was 'emptiness' and 'guilt'. They identified further subthemes of 'loss' and 'grief'. The women gave an account of seeking confirmation of their feelings around their perinatal loss and wanting their grief to be taken seriously by others. The subtheme of loss was found on multiple levels; loss of future hopes and dreams, loss of self-esteem and of course not only the loss of a foetus but of a child. Guilt was another recurring emotion, the women appeared to regard the loss of pregnancy as a personal failure

and held themselves responsible, often voicing the belief that it was something they thought or did that had caused the miscarriage. These phenomenological findings provide a vividness and texture to perinatally bereaved women's attitudes and beliefs in the aftermath of miscarriage. It also resonates with both anecdotal and academic evidence that perinatal loss is experienced as an intense and profound loss.

Therefore it could be suggested that these pronounced grief symptoms have an impact on the mother's psychological well-being, the couple relationship and existing and subsequent children. Added to this is the evidence that women are at risk of becoming depressed, anxious and in extreme cases of suffering post traumatic stress disorder (Turton et al, 2001; Hughes, Turton, Hopper, & Evans, 2002). Studies have shown that these negative grief symptoms generally begin to recede after four months to a year (Hughes, Turton, Hopper, & Evans 2002; Kennell & Klaus, 1998) however, little is known about the longer-term effect.

The question of how this emotional and psychological state impacts the following pregnancy has been addressed by several studies, although there is a need to understand this more fully. If women are suffering from anxiety and depression as a result of complicated bereavement it is possible that their ability to form a healthy attachment to subsequent pregnancies may be compromised. This raises a further question as to whether intervention from a mental health specialist such as a counselling psychologist would improve the mother's emotional state and possibly prevent ensuing parenting issues.

Pregnancy after loss

According to Hughes, Turton, Hopper and Evans (2002) the speed and totality with which the medical community altered their practice (in terms of perinatal bereavement) left little time to examine whether these changes were actually beneficial to grieving parents. In order to evaluate these interventions Hughes et al conducted a longitudinal study with 65 women who had previously had a stillbirth and were now pregnant again. These women were closely matched with a control group who were pregnant for the first time. The researchers measured depression, anxiety and post-traumatic stress disorder (PTSD) once during the participant's third trimester and again twelve months after a successful delivery. In addition they used the strange situation procedure (SSP) to rate the level and type of attachment the infant displayed. The study was particularly thorough as the researchers employed a double rating system with one internal and one external rater to ensure agreement. They were

interested in whether a high interaction with their stillborn infant (seeing, holding and having a funeral) was associated with improved outcome in psychological wellbeing and attachment behaviour with their one-year-old subsequently born baby. Controversially this was not the case, women who did not hold their baby who had died displayed fewer psychological symptoms and less disorganised attachment with their infants than those that did. The mothers that had the most amount of contact with their stillborn baby (seeing and holding) were reported to have higher levels of PTSD, depression and anxiety. The study hypothesised that seeing their stillborn infant only served to further shock and traumatise the mothers at this intensely vulnerable time. There are several issues with the study that limits the validity of the above statement. The reasons why women did not elect to see their baby is not fully examined and possibly the choice not to points to a particular coping style employed by some mothers. Secondly perhaps the effect (if it exists) is a time sensitive one and is particularly powerful when the subsequent child is an infant but decreases as the child grows away from being the baby the parents lost. Whilst it is clear that the pregnancy that follows a loss is fraught, as is evidenced by the higher levels of anxiety, depression and PTSD, it would have been interesting if the control group had been second pregnancies. It can be argued that first pregnancies are filled with a naïveté, which is lost after even a straightforward childbirth. However, further examination of Hughes and colleagues' findings is vital, as they do question current psychosocial care of bereaved mothers and associated best-practice guidelines.

A possible reason for the results found by Hughes et al (2002) regarding the disorganised attachment found in mother-infant dyads is the 'emotional cushioning', which occurs during the pregnancy following a loss. This concept was identified by Côté-Arsenault and Donato (2010) following several studies examining the psychological aspects of pregnancy after loss (PAL). Their main premise was that during the PAL mothers may (consciously or not) avoid emotional attachment and investment in the baby as a self-protective measure. It can be seen as an adaptive defence mechanism, allowing the mother to cope with the anxiety and lack of control. This involves a lowering of expectations, not engaging in thoughts of the future or not regarding the foetus as a baby.

To further examine this construct Côté-Arsenault and Donato (2010) designed a mixed-methods study, using a convenience sample (n=63) of largely white middle class mothers who were pregnant following a perinatal loss. Their research objectives included examining

the relationship between anxiety and emotional cushioning and measuring pregnancy specific anxiety both during the pregnancy and retrospectively. The participants were given self-report measures at three points during the pregnancy and once six weeks post-partum. The questionnaires assessed levels of depression and anxiety as well as a measure designed to evaluate levels of 'emotional cushioning' being employed by the pregnant women. The questionnaires included two open text questions in order to generate qualitative data. Following thorough thematic analysis the researchers found an overarching conflict experienced by the women which was conceptualised as 'hope for the best' versus 'despair – the worst is inevitable'. Further subthemes were identified as 'anxious versus confident' which captures the mothers' reluctance to accept that the pregnancy will be successful even if there are no negative symptoms. The second was 'withholding self versus sharing self' which describes the mothers' conflict of concurrently feeling unwilling to bring the pregnancy into the public sphere or engage in 'normal' pregnancy behaviour whilst also wanting to be heard and reassured.

There was also a significant difference between at-the-time reported anxiety levels and retrospective anxiety admitted. This indicates that both health care professionals and the women themselves could underestimate the level of maternal worry. Whilst it is clear that PAL is a time of anxiety and emotional conflict for women this study does not question whether the perinatally bereaved exhibit more anxiety than other pregnant women. In addition, it does not contribute towards any understanding of how 'emotional cushioning' impacts maternal attachment or how long lasting its effects are. It would be very worthwhile for counselling psychology to understand whether emotional cushioning would still be utilised if anxiety and distress were being managed through counselling instead.

This brings to mind women in PAL 'putting on a brave face' and being hesitant to seek emotional social support as that would involve talking about the pregnancy, and risk appearing to take the pregnancy and assumption of a live birth for granted. Interventions should be aimed specifically at women during PAL, perhaps peer support groups with women in the same situation may be best in overcoming their conflict between their reluctance to share and their need to be heard and reassured.

Although the benefits of peer support groups make intuitive sense, further investigation is required. A two group retrospective design used attendance to a support group as a variable in order to discern whether there was a difference between grief responses of attendees and

non-attendees (DiMarco, Menke, & McNamara, 2001). The participants were asked to complete a grief measure as well as a questionnaire designed to evaluate the perceived helpfulness of interventions and sources of support. Interestingly, they did not find a significant difference in the grief scores, although the parents who had attended reported that it was a helpful experience. These results may have been due to the fact that there was a minimum attendance of one monthly session. Perhaps there would have been more of an improvement if participants had attended more often. Furthermore the researchers did not distinguish between various types or perinatal loss and so the support group attendees may have endured different losses and experiences to others.

In order to specifically look at the relationship between perinatal loss and attachment during the subsequent pregnancy Armstrong and Hutti (1998) conducted a between-group study. They measured the pregnancy specific anxiety and prenatal attachment in 31 women via a self-report questionnaire. Fifteen of the participants had suffered a perinatal loss and the remainder were pregnant for the first time. The analysis showed a significant difference between groups for both variables. This appears to provide evidence for Côté -Arsenault's hypothesis that anxiety and emotional cushioning can lead to a lack of attachment to the pregnancy after loss. However, the above study uses a control group of first time mothers, which again is potentially problematic as the first pregnancy is unique in several ways. First-time expectant mothers had an innocence and optimism, which the perinatally bereaved group no longer had. As this would influence both reported anxiety and attachment, it would be informative to compare these results with women who have been through pregnancy and childbirth before.

This is exactly what Armstrong (2002) did. She increased her participants to 103 couples, for which roughly a third were first time expectant mothers, another third had a history of a successful pregnancy and the remainder had suffered a perinatal loss. The type of loss was loosely defined, with an average gestational loss of twenty weeks and many of the women had experienced more than one failed pregnancy. Perhaps these differences could have distorted the results, as it is reasonable to assume that the level of anxiety would increase with both the number of losses and the gestational age of the foetus when the loss occurred. As with previous studies the researcher found higher levels of anxiety and depression in the loss group, however it reports different results regarding level of maternal attachment. Armstrong found no significant difference between the groups although the mothers who had

previous positive experiences reported slightly higher levels of attachment. It would have been enlightening to measure the attachment variable once the infant had been born. The prenatal attachment was a measure using a self-report questionnaire (as in the previous study) and there might be other factors, which lead to expectant mothers to misreport the level of attachment that they feel. This could be a social desirability bias whereby participants state higher levels of emotional bonding as they felt it was unacceptable to report poor attachment.

Despite the conflicting results it is evident that as a result of a previous traumatic experience of loss during pregnancy there is a degree of 'emotional cushioning' and potentially a lack of attachment to the developing foetus. Whether this state is pregnancy specific or if it impacts the mother-child interaction post birth has been an area of recent interest. If there is a causal sequence (and this remains unclear) between the resulting psychological distress of perinatal grief and emotional withholding during subsequent pregnancy and finally a poor attachment post birth - it would suggest that the correct, early counselling intervention is vital to mediate this effect.

The impact on subsequent children: Maternal grief and attachment

Theut et al (1992) were interested in how perinatal loss affected the early development of a healthy child born post loss. Based on their clinical observations they hypothesised that these mothers would display a heightened anxiety about the child's health and wellbeing, feel a greater sense of investment in the child and be more concerned with differentiating from their child. The authors understood 'differentiating' as being the process of a child growing up and becoming psychologically independent from their mother. To further explore the above hypotheses Theut et al devised the maternal attitude questionnaire (MAQ), which was intended to tap into the mother's feelings and behaviours around health and healthcare usage, any desire for the child to remain close and dependent on them and the level of investment in their success as mothers. The participants were 25 couples who had experienced perinatal loss and 30 control couples (again overwhelmingly from white middle-class backgrounds), who had been followed by the researchers during pregnancy, through to the live born child's infancy. Although they did not find significant inter-group differences for all the MAQ items, the loss group expressed more concern for their child's physical wellbeing and about their children differentiating from them, than the control group. These findings are consistent with mother attitudes associated with the 'vulnerable child syndrome' (Green & Sonit, 1964; Duncan & Caughy, 2009). This concept comes from paediatric medicine and refers to a

hyper vigilance in mothers of children who had been born prematurely or had been diagnosed with life-threatening illness. In brief these children have a higher incidence of behavioural problems and are more likely to have impaired mother-child relationships.

As the MAQ was a newly developed measure the researchers could not guarantee reliability and validity. There is also a danger of the questionnaire missing valuable aspects of the experience.

The Theut study recommended that further research should concentrate on investigating to what extent maternal concern and apprehensions affect the child's self-concept and psychological development. Heller and Zeanah (1999) addressed this issue and carried out a longitudinal study to examine possible reasons for attachment difficulties. Their initial hypothesis was that high levels of 'resolution of loss' and 'responsibility for grief' would positively correspond with a healthy mother-infant attachment. That is, that mothers who had not adequately dealt with their loss would have difficulty attaching to their live infant. Their findings provide support for previous research, 40 per cent of the perinatally-bereaved mothers displayed disorganised attachment in comparison to the 15 per cent normally found in a middle class population. The first measure they used – an adapted resolution of mourning scale - attempts to measure the extent to which the mother has resolved and come to terms with her loss. Based on previous evidence the authors reasoned that unresolved mourning would result in disorganised or insecure attachments. In fact they did not find this to be the case. They suggest this could be due to the unique nature of perinatal loss, which was not adequately captured by their adaption of the more generic resolution of mourning scale. The second part of the questionnaire dealt with the extent to which the mothers accepted personal responsibility for resolving their own grief. The participants who scored low levels of personal responsibility reported feeling 'being overwhelmed by grief', 'of being rendered out of control' and were overly concerned with others approval of their grieving. The participants who had higher scores reported feeling that their grief process was their own personal struggle and were observed to have better mother-infant attachment. It could be argued that the low responsibility to grief scorers displayed a more external locus of control and evaluation and would possibly have encountered difficulties post birth regardless of outcome. Furthermore, the findings would have been more credible if matched controls had been used to compare attachment rather than general population statistics. These limitations

aside, the findings highlight the general hypothesis that maternal attachment is obstructed by the inability to come to terms with the previous perinatal loss.

Turton and colleagues (2001) expanded on the above findings and asked how long lasting the effects of perinatal bereavement and the resulting attachment difficulties were on the child. They felt that much of the thinking in this area was based on descriptive qualitative case studies and that empirical, systematic quantitative data was needed in order to come to clear conclusions. They used data previously collected for 52 largely white middle-class women and investigated many different factors such as demographic information, mother and teacher rated child difficulties, observed mother-child interaction and health care usage as well as mother rating of child's health. The researchers were attempting to tease out exactly how the mother's experience of previous loss influences her mothering of subsequent children. Their statistical analysis revealed a significant difference between groups in mother-rated (but not teacher-rated) child difficulties particularly around their social capacities. The observed mother–child interaction in the loss group indicated more maternal criticism, maternal controlling behaviour and overall a poorer general atmosphere during the observation period. It is noteworthy that teacher's opinions of the child's difficulties did not match the mothers. It could be suggested that the mother's perception of the child is more negative and less realistic. The authors concluded that although there was no evidence for clinical risk for children born subsequent to perinatal loss there is empirical evidence for vulnerability, particularly when there is familial breakdown and existing maternal psychological difficulties.

This corresponds with a more recent qualitative study (Warland et al, 2010) which examined the parenting style(s) of perinatally bereaved parents. The researchers interviewed 13 bereaved parents who had accessed support services after the loss of their infant and had gone on to have another child. They felt that a qualitative approach was most appropriate in order to explore the families lived experience. The interviews were analysed using a thematic analysis and the participants were given an opportunity to review and validate the resulting themes. The findings of the study indicated that the parents were negotiating opposing ideas relating to their experience of parenting which the researchers formulated as an attempt to simultaneously hold the subsequent child emotionally close and keep him or her at arm's length. The researchers described this as a 'paradoxical parenting style'. Further sub-themes were identified which described the paradoxical nature of parenting after loss such as 'in-

control/out of control' and 'checking/pragmatic'. These contradictory attitudes and experiences of the participants capture the parents' tendency to oscillate between over-protective and indulgent attitudes towards the subsequent child.

Warland et al.'s (1998) participants were recruited from a local bereavement service and so it would be helpful to know how the fact they had accessed services mediated these results. It also begs the question how this parenting style impacts the psychological health and wellbeing of the child.[1] The authors recommended that research in this area be expanded to investigate the entire family including the subsequent children as they develop, existing children and the parenting couple. For counselling psychologists it is a reminder that individuals exist in context, as part of a family and other systems (Strawbridge & Woolfe, 2003). In order for interventions to be effective and long lasting they need to be levelled at each individual affected by perinatal loss as well as consider the family as a whole.

Grout and Romanhoff (2000) were two researchers who wanted to pay particular attention to how parents represent the dead child within their families. They conducted in-depth open-ended interviews with ten parents (seven women and three men), who had lost babies in the late stage of pregnancy or in the first weeks post birth. Both researchers had been personally touched by this subject and were transparent about their investment in the study. Following interviews with their participants the researchers identified two ways in which the parents reconstructed their families after perinatal loss – "replacing the loss" and "maintaining the connection". Maintaining the connection was done through preserving the vacant space or continuing the relationship where the child is an on-going and acknowledged presence in the family. Those parents who appeared to have replaced the loss felt that their new children had filled the empty space and were less likely to perform memorial rituals. The parents in this group appeared to have not forged a relationship with their dead baby and had a strong desire to replace the loss rather than an individual. It would be interesting to explore which reconstructive pathway poses the greater risk to subsequent children. It could be argued that maintaining the connection could be equally harmful as they would be living with a perfect paragon sibling who did not live long enough to misbehave.

Grout and Romanhoff's results were at risk of being skewed by researcher bias. Having suffered perinatal loss themselves there could be a danger that their shared experience would

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[1] Interestingly this paradoxical nature echoes the conflicts experienced by women during pregnancy after loss.

lead the researchers to expect their participants to have similar reactions and experiences as they did. This focus on the similarity may have blinded them to significant differences in the data.

The ways in which parents reconstruct their families following perinatal loss can be discussed in terms of 'replacement child syndrome' (Cain & Cain 1964; Poznanski 1972). Cain and Cain had encountered children who had been born into a family after the loss of a sibling. They described these children as being fearful, anxious and lacking in self-esteem. The children reported experiencing their parents as being restrictive and over-protective. Cain and Cain assumed that unresolved grief prevented these mothers forming a secure attachment with the subsequent child, instead she treats him or her as a replacement child, attributing characteristics of the idealised lost child onto the existing child, blurring the boundaries between the living and the dead.

Impact of perinatal loss on subsequent child: The child's perspective

A group of researchers (O'Leary, Gaziano, & Thorwick, 2006) were interested in the experience of subsequent children growing up having lost a sibling perinatally. They employed descriptive phenomenology in order to gain a deeper understanding of what certain kinds of experience were like for the individual participants. They also wanted to gain insight into the phenomenon itself and so they were looking for common descriptions over the five participants' interviews. It is important to bear in mind that the participants were born at a time when parents were not encouraged to have contact with their dead infant and were given the message that they should suppress their grief and that it was not a major loss. The major theme that emerged from the data was 'feeling invisible'. This was operationalised in two almost counter-intuitive ways. Some participants reported that they felt invisible within the family, particularly to their parents. One described feeling a distance between her and her mother as if she was being 'loved with gloves on'. Another participant reported being very visible to her mother but almost invisible to herself, as if she could not distinguish where her mother ended and she began. There were occasions of acting out, either to be rendered visible to the family or themselves by asserting their separateness. Many participants were aware that there was no preparations made for their birth; understandably their parents were protecting themselves against their previous devastating experience. However the authors suggest that this lack of preparation left the child feeling unwelcome or unacceptable. Another theme was that of the dead sibling as being a powerful

unseen entity in the house. Some families took part in memorial activities while others chose not to. None of the participants' mothers had an opportunity to see or hold their babies and the authors suggest that their findings contradict Hughes et al (2002) assertion that contact with their deceased baby has a negative impact on parents. O'Leary, Gaziano & Thorwick argue that contact would have been an important chance for the parents to integrate the lost infant into their reality and enable them to sew the child into the fabric of their family.

As it was a retrospective study and a very small sample it is debatable whether these findings are accurate or generalisable to a larger population. It does however paint a picture of children growing up with parents who were still preoccupied with their loss many years later and that this had an impact on how they related to the next born child.

In stark contrast were the results Warland, O'Leary and McCutcheon (2010) found after conducting a qualitative exploratory study seeking to gain insight into the experience of children growing up in families who had suffered an infant loss. The participants were interviewed when they were at least 13 years of age. Contrary to previous research hypotheses and findings the participants' gave no impression of feeling over-protected by their parents. In fact they all reported feeling close to their parents (especially their mother) and being aware they were wanted and prized by their families. They expressed wistful curiosity about their lost sibling, an understanding of their parent's grief and a secure knowledge of their place in the family. It is noteworthy that the participants were recruited by way of their parents accessing a bereavement support centre following perinatal loss. This is of consequence to the results of the study as it may be interpreted that the bereavement counselling has in some way altered the 'normal' experience of children born subsequent to loss. The authors of the above study suggested that attending bereavement counselling had a positive impact on their parents grieving and ability to openly communicate about the loss within the family and this had benefitted the subsequently born children. In order to test this conclusion a between groups design would need to be utilised to establish a relationship between bereavement support uptake and improved familial communication regarding the loss. Perhaps then a link can be established between increased family communication and subsequent child psychological well-being. This would provide a strong case for encouraging parents to attend bereavement support services.

Sampling issues

Overwhelmingly the participants in the studies discussed above were white middle – upper income and had been recruited from western countries such as the UK, USA and Australia. This is partially due to self-selection bias in that the research participants are those that choose to be involved in the studies. However, this results in families from lower income groups, ethnic minorities and lower educational levels being underrepresented. In an analysis of family research Costigano (2001) found similar results. Additionally she found that families with less optimal parenting environments and more ambivalent marriages were less likely to opt into research studies. This suggests that researchers are missing the opportunity to learn more about the most vulnerable families.

Mammen (1995), a US based researcher recognised the need to extend the understanding of perinatal loss beyond western contexts and concentrated on the experience of Indian parents. She found similar levels of post-loss distress as in western studies. Kavanagh and Hershberger (2005) recruited women who were low-income African-American for their phenomenological study. They felt this study was particularly important because of the higher incidence of perinatal loss for this group. Their findings revealed themes of loss and grief similar to previous studies. Additionally the researcher identified 'dealing with stressful life events' as being particular to this group, due to their socio-economic standing which further complicates the mourning process after perinatal loss. It is clear more research needs to be undertaken in order to fully appreciate the cultural context of perinatal loss.

Another element of selection is that the parents in the above studies are all heterosexual, most often in relationships. It could be said that with lesbian mothers there is a higher level of consideration, intent and investment in having a child. The 'typical' homosexual route to pregnancy and childbirth would be considered an 'atypical' heterosexual experience as it would more often involve invasive reproduction procedures or surrogacy. A study by Peel (2010) recognised this and conducted a study examining lesbian women's experience of pregnancy loss. The researcher conducted an online survey in order to generate mostly qualitative data on the experience of pregnancy loss in non-heterosexual women. The participants detailed their strong desire and commitment to becoming pregnant which is evidenced in the many decisions they had to make when embarking on the arduous process of artificial insemination. Due to this effort there appeared to be an intensification of the grief experienced. Although no control group had been used, the author suggested that the loss

had a greater impact on these women. It could be argued that heterosexual women faced with infertility issues or needing to go through artificial methods may have the same feelings of investment and may be affected in a similar way. It would be revealing to use such a group of women as a control.

To date there have been no studies looking at the experience of perinatal loss in gay men. Potentially it will be increasingly common for gay men to turn to surrogacy now that the law allows them to apply for a parental order and to adopt children. Studies exploring gay men's reactions to being perinatally bereaved via surrogacy would be extremely informative, as this group would have an arguably even higher level of intent and investment than lesbian women.

Discussion

A secure mother-child attachment is said to be an indicator of good self-esteem, positive social skills and healthy relationships (Ainsworth 1978). Conversely a disorganised attachment style poses a risk to the child of developing problematic social interactions, disturbed patterns of relationships and in extreme cases dissociative behaviour (Ainsworth, 1978). A disorganised attachment pattern may occur when parents are inconsistent and children receive a mixed message of both fear and reassurance (Main & Hesse, 1990). This inconsistency resonates with the parenting style exhibited by parents who have been perinatally bereaved. If a link can be made between pregnancy loss and attachment in the next born child then this is of concern to counselling psychologists. If these children are vulnerable to the negative psychological outcomes that attachment theory (e.g. Ainsworth, 1978) suggests, it is vital that counselling interventions are undertaken to mediate this risk.

However, a review of the pertinent literature reveals that not enough is known about the relationship between perinatal loss and the psychological vulnerability of the subsequent child. Although it is evident that perinatal loss is a serious and debilitating bereavement and that there is a decrease in prenatal attachment it is unclear how this manifests itself once the child is born. Many of the studies detailed in this review have found inconsistent and contradictory results.

This raises the question of the efficacy of bereavement interventions such as providing mementos, counselling and peer support groups. It is vital that the usefulness of these measures are more fully assessed and understood. At a time when researchers are

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questioning whether bereavement counselling is actually helpful to the bereaved (Parkes, 1980) care must be exercised to tailor interventions for this specific group. Perinatal loss interventions have been neglected by research (other than the peer support study mentioned in this review). Only one other study in relation to psychotherapy treatment for perinatal loss (Leon, 1987) was found. Given the positive impact that counselling therapies could have on the entire family suffering the consequences of perinatal loss, a deeper understanding of suitable psychological interventions would entail warrants further attention.

Reflections

I wrote the critical literature review in 2011 at the end of the first year of counselling psychology training. During my first year I was on placement with Cruse bereavement counselling and I began to develop an interest in loss as a central theme around which many psychological difficulties can be organised. It was on this placement that I encountered a client who had experienced multiple losses, but it was the death of an infant, many years prior to the loss for which she sought counselling, that appeared to represent a uniquely complicated bereavement. This sparked my curiosity and motivated an exploration of the literature, which makes up this review.

In re-reading the review several years later I am struck by the concern it displays for issues such as validity, reliability, generalisability and variables. This language now appears to me to be out-dated as I have epistemologically moved away from the positivism of quantitative driven studies, to an interest in qualitative and experience focussed research. This rethinking reflects the 'scientist practitioner' versus 'reflective practitioner' debate (see Bury & Strauss, 2006) in counselling psychology. I have found it increasingly difficult to locate myself as a 'scientist' although it is equally impossible to take up a stance which does not acknowledge the importance of robust research. As a function of different clinical placements and the experience of conducting qualitative research I have reappraised my positioning. Whilst I fully subscribe to notions of 'trustworthiness', 'rigour', 'credibility' and 'dependability' (see Finlay, 2006) in order to ensure quality research, I now align myself more closely to critical realist and interpretative approaches.

The second point I would like to make with regards to the literature review is a comment on the undertone of 'mother blaming' evident in it. On re-reading the review I am alarmed at the explicit message that it is the mothers' inability to adequately mourn and come to terms

with their loss that poses a risk to the psychological well-being of subsequently born children. The absence of any deconstruction of this assumption is startling evidence of my evolving critical stance towards psychology (see Caplan, 2013; Burman, 1998).

References

Adolfsson, A., Larsson, P. G., Wijma, B., & Berterö, C. (2004). Guilt and emptiness: women's experiences of miscarriage. Health Care for Women International, 25(6), 543–560.

Ainsworth, M. (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale: Lawrence Erlbaum Associates.

Armstrong, D. (2002). Emotional Distress and Prenatal Attachment in Pregnancy After Perinatal Loss. Journal of Nursing Scholarship, 34(4), 339–345.

Armstrong, D. & Hutti, M. (1998). Pregnancy After Perinatal Loss: The Relationship Between Anxiety and Prenatal Attachment. Journal of Obstetric, Gynecologic and Neonatal Nursing, 27(2), 183–189.

Burman, E. (1998). The child, the woman and the cyborg: (im)possibilities of feminist developmental psychology. In Henwood, K., Griffin, C. & Phoenix, A. (Eds.), Standpoints and Difference: Essays in the Practice of Feminist Psychology. London: Sage.

Bury, D. & Strauss, S. (2006). The scientist-practitioner in a counselling psychology setting. In Lane, D. & Corrie, S. (Eds.), The modern scientist-practitioner: A guide to practice in psychology, 119–129. London: Routledge.

Cain, A. & Cain, B. (1964). On Replacing a Child. Journal of the American Academy of Child Psychiatry, 3, 443-456.

Caplan, P. (2013). Don't blame mother: Then and now. In Hobbs, M. & Rice, C. (Eds.), Gender and Women's Studies in Canada: Critical Terrain, 99–105. Toronto: Canadian Scholars' Press.

Caughty, M. & Duncan, A. (2009). Parenting Style and the Vulnerable Child Syndrome. Journal of Child and Adolescent Psychiatric Nursing, 22(4), 228–234.

Costigan, C. & Cox, M. (2001). Fathers' participation in family research: Is there a self-selection bias? Journal of Family Psychology, 15(4), 706–720.

Côté-Arsenault, D. & Donato, K. (2010). Emotional Cushioning in Pregnancy After Perinatal Loss. Journal of Reproductive and Infant Psychology, 29(1), 81–92.

Côté-Arsenault, D. & Mahlangu, N. (1999). The impact of perinatal loss on the subsequent pregnancies and self: Woman's experiences. Journal of Obstetric Gynecological and Neonatal Nursing, 28(3), 274–282.

DeBackere, K., Hill, P. & Kavanaugh, K. (2008). The parental experience of pregnancy after perinatal loss. Journal of Obstetric, Gynecologic and Neonatal Nursing, 37(5), 525–537.

DiMarco, M., Menke, E. & McNamara, T. (2001). Evaluating a Support Group for Perinatal Loss. The American Journal of Maternal/Child Nursing, 26(3), 135–140.

Doka, K. J. (2002). Disenfranchised Grief: New Directions, Challenges and Strategies for Practice. Champaign: Research Press.

Duncan, A. & Caughy, M. (2009). Parenting Style and the Vulnerable Child Syndrome. Journal of Child and Adolescent Psychiatric Nursing, 22(4), 228–234.

Finlay, L. (2006). 'Rigour','ethical integrity' or 'artistry'? Reflexively reviewing criteria for evaluating qualitative research. The British Journal of Occupational Therapy, 69(7), 319–326.

Franche, R. (2001). Psychological and obstetric predictors of couples' grief during pregnancy after miscarriage or perinatal death. Obstetrics & Gynecology, 97, 597–602.

Franche, R. & Mikail, S. (1982). The impact of perinatal loss on adjustment to subsequent pregnancy. Social Science and Medicine, 48(11), 1613–1623.

Gold, K., Dalton,V. & Schwenk, T. (2007) Hospital care for parents after perinatal death. Obstetrics & Gynecology 109(5), 1156–1166.

Green, M. & Sonit, A. (1964). Reactions to the threatened loss of a child: A vulnerable child syndrome. Pediatrics, 34(1), 58–66.

Grout, L. & Romanoff, B. (2000). The myth of the replacement child: parents' stories and practices after perinatal death. Death Studies, 24(2), 93–113.

Heller, S., & Zeanah, C. (1999). Attachment disturbances in infants born subsequent to perinatal loss: A pilot study. Infant Mental Health Journal, 20(2), 188–199.

Hughes, P., Turton, P., Hopper, E., & Evans, C. D. (2002). Assessment of guidelines for good practice in psychosocial care of mothers after stillbirth: a cohort study. Lancet, 360, 114–118.

Kennell, J. H., & Klaus, M. H. (1998). Bonding: recent observations that alter perinatal care. Pediatrics in Review, 19, 4–12.

Leon, I. G. (1987). Short-term psychotherapy for perinatal loss. Psychotherapy: Theory, Research, Practice, Training, 24(2), 186–195.

Mahler, M. & Furer, M. (1967). On Human Symbiosis and the Vicissitudes of Individuation: Infantile Psychosis. Journal of the American Psychoanalytical Association, 15, 740–753.

Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In M. Greenberg, D. Cicchetti, & M. Cummings. (Eds.) Attachment In The Preschool Years: Theory, Research, and Intervention. Chicago: University of Chicago Press.

Mammen, O. (1995). Women's reaction to perinatal loss in India: An exploratory, descriptive study. Infant Mental Health Journal, 16(2), 94–101.

Modiba, L., & Nolte, A. G. (2007). The experiences of mothers who lost a baby during pregnancy. Health SA Gesondheid, 12(2).

O'Leary, J., Gazanio, C., & Thorwick, C. (2006). Born after Loss: The invisible child in adulthood. Journal of Pre and Perinatal Psychology and Health, 21(1), 3–23.

Parkes, C. M. (1980). Bereavement counselling: does it work? British Medical Journal, 281, 3–6.

Poznanski, E.O. (1972). The "replacement child": a saga of unresolved parental grief. Journal of Paediatrics, 81, 1190–1193.

Ritsher, J. & Neugebauer, R. (2002). Distinguishing grief from depression following miscarriage. Sage, 9(1), 31–40.

Smith, A.C., & Borgers, S.B. (1988–89). Parental grief response to perinatal death. OMEGA: Journal of Death and Dying, 19(3), 203–219.

Strawbridge, S. and Woolfe, R. (2003) Counselling psychology in context. In Woolfe, R., Dryden, W. & Strawbridge, S. (Eds.). Handbook of Counselling Psychology. (2nd ed.), London: Sage

Stringham, J. G., Riley, J. H., & Ross, A. (1982). Silent Birth: Mourning a stillborn baby. Social Work, 27(4), 322–327.

Theut, S., Pedersen, F., Zaslow, M. & Rabinovich, B. (1988). Pregnancy subsequent to perinatal loss: Parental anxiety and depression. Journal of the American Academy of Child and Adolescent Psychiatry, 27(3), 289–292.

Theut, S., Pedersen, F., Zaslow, M., Cain, R., Rbinovich, B. & Morihisa, J. (1989). Perinatal loss and parental bereavement. American Journal of Psychiatry, 146, 635–639.

Thomasgard, M., & Metz, P. (1997). Parental overprotection and its relation to perceived child vulnerability. American Journal of Orthopsychiatry, 67(2), 330–335.

Thomasgard, M., & Metz, P. (1993). Parental overprotection revisited. Child Psychiatry & Human Development, 24(2), 67–80.

Toedter, L. , Lasker, J. & Alhadeff, J. (2002). The perinatal grief scale: development and initial validation. Assessment, 9(1), 31–40.

Turton, P., Hughes, P., Evans, C. & Fainman, D. (2001). Incidence, correlates and predictors of post-traumatic stress disorder in the pregnancy after stillbirth. British Journal of Psychiatry, 178, 556–560.

Vance, J., Boyle, F., Najman, J. & Thearle, M. (1995). Gender differences in parental psychological distress following perinatal death or sudden infant death syndrome. British Journal of Psychiatry, 167(6), 806–811.

Warland, J., O'Leary, J. & McCutcheon, H. (2010). Born after infant loss: The experiences of subsequent children. Midwifery, 27(5), 628–633

Warland, J., O'Leary, J., McCutcheon, H., & Williamson, V. (1998). Parenting Paradox: Parenting after infant loss. Journal of Obstetric, Gynecologic, & Neonatal Nursing, 27 (2), 183–189.

PART TWO: Doctoral Research

A narrative exploration of difficult turning points in the lives of midlife women

Abstract

This qualitative study focuses on how adult women present difficult turning points during their midlife. Seven women were interviewed and the resulting transcripts were analysed using a critical narrative analysis. During analysis the text was interrogated using multiple analytic lenses designed to identify plot and tone, rhetoric and performative function, identity work and relevant social discourses at play. The analysis resulted in four overarching themes intended to capture the rich and multi-layered experience of midlife turning points. These findings are discussed from a feminist standpoint, taking into account culturally endorsed grand narratives on women and ageing. Finally observations and suggestions are made in terms of the current research, including contributions towards counselling psychology practice and research and opportunities for future research.

Introduction

This study is concerned with deepening our understanding of the experience of women during difficult midlife turning points. Midlife turning points and other similar terms such as transition or transformation evoke the problematic but persistent construct of the 'midlife crisis'. The focus of the research is on how women present these difficult turning points thus explicitly acknowledging both the social interaction and the individual's construction as being vital aspects of the resulting verbal account. Treading the path between biological reductionism and social constructionism was a constant occupation throughout the study. The study adopts a life course perspective, which takes into account the multiple meanings of age in the context of life as a whole. For Moen and Wethington (1999), a life course perspective of middle age involves multiple strands. It locates lives in a structural context, places emphasis on intertwining transitions and trajectories, pays attention to subjective meanings and acknowledges the interplay between social change and individual lives.

The present study's emphasis on individual meaning-making as well as social context is supported by the use of narrative inquiry to analyse the participant's accounts of turning points. Critical narrative analysis (CNA) introduces 'moments of suspicion' (Langdridge, 2007) rather than an overall scepticism towards the text. This allows the analysis to uncover dominant social discourses as well as personal narratives, which illuminate how midlife women make sense of themselves, their place in their own lifespan as well as their positions in society at large.

Clarification of terms

The phrase 'turning points' was used deliberately as it was thought to have fewer associations and could avoid the positive connotations of 'transformation' or the negative connotation of 'crisis'. This self-conscious selection of a neutral term reflects the recognition that all the terms used are constructions to a greater or lesser degree and therefore require closer consideration.

Turning points

A common-sense understanding of what constitutes a turning point is somewhat easier to come by than a definitive psychological definition. Wheaton & Gotlib (1997) claim that turning points can only be viewed in the context of the life's trajectory. According to these

researchers a trajectory is the continuation of a direction or the tendency of a life course to travel in a particular orientation according to the total force of biological, social and psychological effects. Therefore a turning point is a disruption to that trajectory; indeed the essential characteristic of a turning point is that it changes the direction of a perceived set course. Wheaton & Gotlib (1997) define a turning point "most generally as a change in direction in the life course with respect to a previously established directory that has the long-term impact of altering the probability of life destinations" (p. 5). Using the metaphor of life being a journey, turning points are represented by a fork in the road which offers alternative paths, thus implying different possibilities and eventualities. This is not necessarily limited to major life events such as a bereavement or marriage, rather it can be a realisation or a gradual change over time. In fact major life events are not necessarily or automatically turning points unless they are subjectively perceived to be so. Researchers (Wethington, Cooper, & Holmes, 1997; Wheaton & Gotlib, 1997; McAdams, Josselson & Lieblich, 2001; Clausen, 1995) highlight the subjective interpretive element whereby the individual elevates an event or situation to turning point status. This involves a self-reflective awareness of, or insight into the significance of the change in a person's life. A turning point is not always noticed as it is occurring, rather it is recognised as such with the passage of time and it is often only knowable after the fact (Clausen, 1995). Therefore turning points are often identified retrospectively in order to answer the question 'how did I get here?'. Wethington (1997) defines a turning point as "a major transformation in how people view themselves, their identity and the significance of their lives" (p. 217). That is, turning points result in new ways of thinking about self or others that are a departure from previously held assumptions. She identified two categories of knowledge obtained as a result of a turning point; (1) knowledge related to the self, such as new comprehension of personal goals or limitations and (2) knowledge related to others and the world such a realisation about a relationship (Wethington, 1997).

Turning points can be viewed as a storytelling tactic, which individuals can utilise in order to narrate twists and turns in their lives, which might otherwise appear random or meaningless. Narrative researchers foreground the individual's sense-making associated with turning points (McAdams, Josselson & Lieblich, 2001). They suggest that meaning is achieved through the narration of turning points in order to regain a sense of direction and continuation to a person's life story. There is a reciprocal link between self and identity and turning points whereby each informs the other. The idea of self provides meaning to the turning point, which is then accommodated or assimilated into the identity. Change, whether it is gradual

or dramatic requires rationalising, justifying and even defending to both ourselves and to others and this is accomplished via narrative. Life transition may be understood (by self or others) as change for the better or worse depending on how it is storied (McAdams, 2004). Midlife appears to be fertile ground for turning points due to the unique characteristics of middle age. Kessler, Wethington and Pixley (2004) reported that people in their forties and fifties approached turning points differently to those a decade younger or older than themselves.

Presentation of self

The present study is particularly interested in how midlife women present their difficult turning points. This explicitly recognises that I (as the doctoral researcher), am not fully able to obtain the midlife participants' unmediated experience, but rather the narrative will be presented to me as an unknown non-British female researcher in her late thirties. Self-presentation refers to the "processes by which people control how they are perceived and evaluated by others" (Leary, Tchividijan & Kraxberger, 1999, p. 182). Self-presentation is behaviour designed to communicate some information or image about the self to others (Baumeister, 1995). Goffman (1959) was a pioneering theorist of social interaction who emphasised the aspect of performativity in the presentation of self in everyday life. He used the analogy of the theatre to suggest that an individual performs themselves to an audience and that this performance may differ, depending on the audience. Therefore, individuals manage how others receive them by selectively presenting the facets of themselves, which they feel will maximise the likelihood of being perceived in the 'right' way, according to the situation. A person engages in self-presentation in order to protect and enhance self-esteem (Baumeister, 1995). A secondary motivation is the desire to present a consistent self; an individual seeks to ensure that the information she or he conveys somehow matches the individual's self-concept. Leary (1993) argues that although self-presentation may involve concealing or exaggerating salient information, it is most often not deceitful manipulation rather an unconscious mechanism deployed in order to achieve social desirability and acceptability. Presentation of self has a clear connection to the theory of narrative in that it is the story we choose to tell (and the elements that remain untold) that is of interest. As Riessman (1990) contends, "this method [narrative analysis] is particularly well suited to studying the presentation of self in everyday life for storying experience is a naturalistic form for telling others about ourselves" (p. 196).

Midlife

Midlife as a distinct life stage is a relatively recent cultural construction. Due to increased longevity and declining fertility, a more distinct time period between adulthood and old age has arisen (Lachman, 2004). This might be particularly salient for women, given the gender gap in age expectancy and women's greater preoccupation with family roles (Moen & Wethington, 1999). A crude definition of midlife is: the time period in the middle of life, no longer young but not yet old. Midlife comes between adulthood and old age, what Jung referred to as the "the afternoon of life" (Jung, 1933). However in psychological terms it becomes more difficult to accurately define midlife, it remains "fuzzy with no clear demarcations" (Lachman, 2004. p.xx). Particularly in chronological terms, midlife is hard to pin down, as there is a wide variability and diversity in the nature of individual midlife experiences. This is dependent on gender, cohort, social economic status, work and family status, ethnicity and geographic location (Lachman, 2004; Burns & Leonard, 2005; Degges-White & Meyers, 2006). Therefore a woman who married in her twenties and follows a traditional path of becoming a mother and homemaker will have a different midlife experience to a woman who pursued a career and then became a mother in her forties. Some researchers have identified midlife as beginning at forty and ending at sixty or sixty-five when old age is said to begin, encompassing a vast twenty to twenty-five years (Lachman et al., 1995). Studies that have asked middle-age adults for their subjective perceptions on the age markers of midlife suggest that people actually in their midlife indicate a later entry into midlife and a later age for when old age begins (Staudinger & Bluck, 2001). Consequently the picture becomes murkier as the edges around midlife (i.e. the time before and after midlife is thought to be) become flexible and vague depending on where the individual is in her lifespan. This ambiguity casts doubt on the value of using chronological age or actual years of life as criterion for when midlife occurs. Stewart and Ostrove (1998) attempted to address this ambiguity in midlife research. Their research focused on the experience of women and compared the results of different age cohorts. They found that middle age is gendered differently for different generations. According to the authors, the outcome of their research highlights the importance of psychological models that take into account the intersections of history, gender and individual diversity. The debate around the question of 'what is midlife' is taking place in the context of unparalleled social change and medical advancement, which has improved wellbeing and therefore lengthened the lifespan and

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altered the meaning of life stages. Therefore; baby boomers, members of the Y-generation and the participants of this study will have vastly different conceptualisations of midlife. This questions the value of universal accounts of human development.

Midlife crisis (MLC)

By far the most popular construct of midlife is the midlife crisis. Populist references to a midlife crisis abound in our contemporary media-filled society. Movies such as American Beauty (1999) or Eat, Pray, Love (2010) tap into the commonly held notion that something happens (mostly to men) when they reach a certain age (around forty). A recent Volkswagen advert pokes fun at the hapless forty-something who envies his therapist's sensible car as he has traded his in for an inappropriate sports car. The message is clear: a midlife crisis is a time of rash decision and poor judgement, a desperate attempt to hold onto youth and deny death. (See Gatling, Mills & Lindsay, 2014 for an interesting analysis of the portrayal of middle age in cinema.) During the 1970s and into the 1980s there was a great deal of MLC research, articles and publications. In the 1970s Levinson published his immensely popular *Seasons of a Man's Life* (1978). Gail Sheehy produced Passages (1976), a phenomenal success that has been in print for over 40 years. Terri Apter's (1997) well-received Secret Paths: Women in the New Midlife cemented the idea that women experience a MLC too. There is clearly an appetite for these types of books, however they have been largely relegated to the genre of pop-psych or self-help and the concept was hotly debated within the psychological academy (Freund & Ritter, 2009). There is little consensus as to whether the MLC exists at all and if it does important questions remain: 'what is the timing and duration?', 'is it confined to men?' and 'what might the cause be?'. MLC researchers have been said to have reached "remarkably consistent conclusions: the empirical evidence of support of the concept of a general midlife crisis is so thin as to be absolutely ethereal" (Rosenberg, Rosenberg, & Farrell, 1999, p. 47). The blatant contradiction between what is in the mind of western culture regarding the MLC and what is being found in psychological research studies is striking and I would suggest requires closer examination. Despite the consistent inadequacy of research findings in support of a universal MLC the construct is stubbornly persistent. An alternative to the notion of midlife being a time of turmoil and crisis is the 'stability orientation' which focuses on consistency and discounts transitory and radical change (Costa & McCrae, 1997). The 'stability' theorists are not suggesting a total absence of change, rather they argue that there is an aspect of ourselves (personality) that remains more or less the same. Lachman (2004) proposes a 'middle view', which

acknowledges the variability of midlife experience. She rejects the dichotomy of 'prime of life' or 'crisis' during midlife and suggests it can be more usefully understood as a continuum and locates the majority of midlife adults somewhere in the middle.

Perhaps the midlife crisis is more usefully viewed as a narrative form or device, which can be utilised to tell a 'good story' (Rosenberg, Rosenberg, & Farrell, 1999). Kearl & Hogg (1984) would agree. They argue that whether the MLC is a reality or not is beside the point, rather it is how it is 'socially managed' as an idea which should be of interest. Their meta-analysis of the construction of the MLC noted a movement away from an internal aetiology for the 'midlife syndrome' to causes external to the individual and that this has led to a normalisation and de-pathologising of midlife events. The notion of the MLC as a 'normal', 'expected' event can become a 'culturally supported explanatory system' which adults can access in order to provide a rationale for perceived distress or as being an opportunity or justification for lifestyle change.

> In other words, the reality of the midlife crisis may reside at the level of a narrative form that provides the person with a way of shaping and understanding the events and experiences that constitute the flux of his/her life (Rosenberg, Rosenberg, & Farrell, 1999, p. 51).

Wethington (2000) is another researcher who is sceptical of the socially held notion that midlife is necessarily a time of crisis and turmoil. Her study aimed to question the emphasis on stress rather than growth during midlife. Using the MIDUS (MacArthur Foundation National Study of Midlife, 1998) data the research team conducted intensive interviews with a sample of 724 adults aged 28–78. They found that by the age of fifty, 34 per cent of the men and 36 per cent of the women reported experiencing a midlife crisis. This is far removed from the predictable crisis or expected stress that midlife is suggested to pose to an average person. Although the study found that most of their American participants readily recognised the term midlife crisis, they varied in definitions and attitudes towards the MLC. Wethington (2000) acknowledges that as there is no definitive measurement of an MLC event and that the study relied on self-report, then clearly the definition of such an event would differ across participants. Therefore it becomes increasingly complex to pinpoint a universally accepted definition of an MLC or effectively measure and study these events. She concluded that the construction of the MLC is a powerful metaphor, which can be used as a tool for constructing meaning in a person's life.

Another study investigating the MLC was conducted in 1999 and again focused exclusively on men. Hermans and Oles defined the MLC as a "re-evaluation of self through a period of

intense and subjectively difficult change" (p. 1419). They administered a variety of measures in order to ascertain the cognitive and affective underpinnings of the midlife events. Their results indicated that for men the MLC appears to have more to do with difficulties in building autonomy or gaining social or career-based esteem than regarding relationship issues with significant others. The authors concluded that the crux of the MLC was the temporary disorganisation of the valuation system, characterised by a disconnect between perceived achievements of the past and expectations of future. These findings suggest that the re-evaluation during midlife is based on an assessment of the past and a projected appraisal of the future. An MLC involves a negative evaluation of previous achievements, which in turn signifies a negative future and results in feelings of despair and despondency.

Theories of midlife development

As the subject under investigation is midlife women, this suggests that there is something particular about midlife which warrants further examination. Psychological research and theory specifically relating to midlife has been sparse, but recent publications with a particular focus on midlife suggest a resurgence in interest of this stage of life (e.g. Lachman & Boone-James, 1997; Lachman, 2002; Willis & Reid, 1999). Developmental research has traditionally focused on childhood and then older age, perhaps due to the idea that identity formation is completed during late adolescence and that adulthood, including midlife, is a time of stability rather than continuing psychological development. Dedicated midlife research projects such as the Midlife in the US (MIDUS) project will continue to produce research and theory. In order to situate the study within developmental psychology the next section will outline some of the more significant theories of midlife development.

Psychodynamic models

Jung

In his '*Stages of Life*' essays (1930, 1933, in Cambell, 1971) Jung describes the 'midlife transition', which separates the first and second halves of adulthood. The first half is concerned with building the 'persona' or identity. This involves starting a family, investing in a career, forging connections and attaining status. During this phase Jung understood ego fulfilment to be the primary drive and this was done largely by complying with social norms of achievement in order to be viewed as successful by self and others. During the second half of life the ego lessens its grip and the breakdown of the 'persona' allows the individual to become more fully who they are. The weakening of the ego's requirements for social

conform was understood by Jung to reveal the 'shadow' aspects of the self which had previously been repressed, denied or rejected. He particularly felt that during (and as a result of) the midlife transition, men would get in touch with a more feminine part of themselves and women would release and utilise masculine energy. The male energy that a woman is able to harness during this time enables her to be bolder in the world. For the man it is a time of introspection, which involves his turning inward, concentrating on himself rather than the world. Jung formulated the midlife transition as being an important and natural developmental stage and that it was in response to a growing awareness of mortality and the inevitability of death. However, in a society that privileges achievement, status and materialism the ego may attempt to reassert dominance against the emerging authentic self. This may result in confusion, anguish and turmoil. For both men and women the task is individuation, which Jung describes as a 'way of being', coming to selfhood through a discovery of self. He did not intend individuation to imply individualism but rather to denote a self-realisation (Tacey, 2012). Critiques of Jung's theories of midlife transition have pointed out his gender essentialism, which categorises masculine as aggressive and rational and feminine as contemplative and emotional (Rowland, 2002).

Jaques

Credited with coining the term 'midlife crisis' the psychoanalyst Elliott Jaques (1965, 1981) based his theories on a study investigating creativity in successful male artists. His main objective was to discern whether there was a specific time during which the artists were more or less successfully creative. He concluded that indeed there was this 'seminal turning point' (Cohen, 2012) for men at around age 35. As a result of increasing awareness of one's mortality and finitude there was a tendency for reflection, which could lead to despair and artistic impotence. "The paradox is that of entering the prime of life; the stage fulfilment but at the same time the prime and fulfilment are dated. Death lies beyond." (Jacques, 1965, p. 11). However if the crisis was successfully negotiated the outcome would be deeper self-awareness and expressiveness. The midlife crisis was not intended to be a narrative of decline, rather, of promise. Jacques' model of midlife crisis was entirely based on men in creative fields; he is reported to have felt that for women midlife was obscured by the proximity of the menopause (Sherman, 1987).

Erikson

Erikson developed the highly influential stage theory of development which he detailed in his book, Eight Ages of Man (1959). Each stage is marked by a tension between two opposing forces. The crises are resolved through a dynamic interaction between inner ego and outer societal demands. However, environmental factors can derail the course, consequently altering the timing and pattern of development. This changed trajectory can result in a weakened ego and negatively impact present and future development. Applicable to midlife is Erikson's notion that identity is not fixed during adolescence but rather continues through to adulthood. The task at midlife is to tackle the strain between generativity and stagnation. For Erikson generativity refers to the adult's sense of responsibility for the next generation. This is not confined to the individual's immediate family but the wider community and entails productivity and creativity. This sense of generativity is in conflict with stagnation, which comes from self-absorption. As the resolution of one conflict is necessary in order to be equipped to confront the next conflict, failure to resolve a previous stage will result in an inability to adequately work through subsequent stages. A lack of clear resolution for the preceding stage of intimacy versus isolation will jeopardise an adult's ability to transition smoothly to the next stage; generativity versus stagnation.

Although originally intended to serve men and women equally well as a developmental theory Erikson later revisited the stage theory and made several adjustments in terms of women's development. His reorganisation of the stages reflected the cultural assumptions of the day that women's development is a function of finding a suitable husband and becoming a mother. As Shelia Greene (2003) eloquently puts it: "Women in Erikson's life plan are destined to be the sexual partners of men finding fulfilment in the filling of the empty interspace through the penetration of the penis and in pregnancy" (p. 50). However Erikson remains a stalwart of adult developmental psychology and his inclusion in psychology courses and textbooks remains uncontested.

Levinson

Influenced by the work of Erikson, Levinson (1978) formulated a sequential stage-based theory of adult development, which shifts between phases (or seasons) of stability and phases of transition. During the stable stage of early adulthood the central purpose is the construction of a life structure around which experience and ideas of self are organised.

During the midlife transition phase the primary task is to reappraise this life structure and explore possibility for change. Once this has been successfully negotiated the adult enters a new period of stability and the phase of 'becoming one's own man'. Levinson based much of his writings about adult identity development on a small-scale qualitative study undertaken with just forty participants between the ages of thirty-five and sixty. All were white middle class professional men. The researchers found that eighty per cent of the participants reported a midlife crisis that lasted approximately five years, the majority of which occurred between forty and forty-five years of age. This midlife transition was typified by intense introspection, as the man comes to terms with his past and gains insight and self-knowledge. During adulthood Levinson hypothesised four sets of opposing sources of conflict, which are encountered in the primary pursuit of individuation. Namely; young/old, destruction/creation, masculine/feminine and attachment /separateness.

Nearly twenty years later (and shortly after his death) *Seasons of a Woman's Life (Levinson & Levinson, 1996)* was published. Again it was based on a relatively small sample of forty-five women. Two thirds of the participants were educated professionals whilst the remaining 15 were traditional homemakers. Although Levinson concedes that the genders do differ, it is within the original standardised framework, which he asserts is equally applicable to women. He concludes:

> To my surprise the findings indicate that women go through the same sequence of eras as men and at the same ages. There is in short a single human life cycle through which all our lives evolve, with myriad variations related to gender, race, culture, historical epoch, specific circumstances and genetics. (1996, p. 5)

Levinson delivers a normalised view of the life cycle, which he claims is not only relevant for men and women but is in fact universal. Although he acknowledges differences in women's experiences (for example the difficulties faced by traditional homemakers to express their sense of self), he displays little interest in exploring this beyond the undeveloped notion of gender that simply denotes male/female as biological divide. Levinson appears to treat gender as a stable fixed singular identity that is framed within dominant discourses of heteronormativity (Burman, 2008).

Neurgarten

Neurgarten (1968) conducted research and wrote extensively about midlife. She examined the role of time in psychological development and she argued convincingly that a sense of time plays a significant role in how people view themselves. She conducted a study

exploring midlife using a participant group of relatively successful 'normal' men and women aged between forty and forty-five. One of the most interesting observations was that distress was more likely to occur if normative life events took place 'off time'. Using the concept of the 'social clock' Neurgarten claimed that expectations regarding age-appropriate behaviour (which becomes embedded in an individual by the dominant culture) have a powerful impact on a person's life. Her conclusions suggest that midlife adults have a sense of self across time and at midlife they view their lives in terms of how much time they have left and that this alters the way they perceive time passing. Neurgarten paints a relatively rosy picture of midlife, emphasising maturity, purposefulness, self-awareness and a drive towards generativity. Although some of her research and theoretical positions may appear overly optimistic and perhaps outdated, she articulated the central significance of time in psychological development.

Women-centred theories

Relational theorists such as Jean Baker Miller and her colleagues at the Stone Center, Wellesley College as well as Carol Gilligan at Harvard almost simultaneously put forward theories of female psychological development, which stress the importance of connection and relationship in the lives of girls and women. This was a dramatic departure from traditional developmental theories as they unashamedly put women front and centre, not only focusing on women participants but employing data collection techniques that would maximise the likelihood of capturing the uniqueness of women's voices (Gilligan, 1982). The Stone Center writers questioned the usefulness of a psychology that elevates and celebrates the separate self, whilst underestimating the power of growth fostering relationships (Jordan, 1991, 1997; Miller, 1986). Their relational model places connection at the heart of human growth and development whereas isolation is identified as being the primary source of human suffering and psychological distress. This growth through and towards connection is equally true for men and women however women are socialised to be more concerned with the relational and empathic caretaking whereas men are socialised to strive for autonomy and mastery. Therefore the self-in-relation theorists conceive relationship to be both the goal of and the mechanism for psychological development (Surrey, 1991). Surrey states, "the relational line of development then suggests that relationship and identity develop in synchrony" (1991. p. 63). This is reflected in developmental psychology where male qualities such as individuation, autonomy and self-reliance are advantaged over female qualities. All people

need both connection with others and differentiation from others, but females are more attuned to connection while males are more attuned to differentiation. However the Stone Center writers ascribe a different meaning to differentiation – it is not separation in the typical sense rather it is differentiation within the relationship. Using this definition, relationship is constant and growth occurs through accommodation of the other and a commitment to mutual nurturance (Jordan, 1997).

"Our theory suggests instead that for women a different – a relational – pathway is primary and continuous although its centrality may have been 'hidden' and unacknowledged" (Surrey, 1991, p. 52).

Gilligan

Gilligan is the theorist most strongly associated with the pursuit of a women-centred psychology and a rejection of existing androcentric developmental theories. In the article A *Woman's Place in a Man's Life Cycle*, Gilligan (1979) critiques adult development theories that implicitly adopt male experience as the norm. She problematises development models which take a view of adult development in which relationships are portrayed as a means to an end of individual achievement and success. In her groundbreaking research interrogating Kohlberg's theory of moral development she questions the relevancy of a model, which favoured male responses as standard and women's style of moralising as substandard, underdeveloped or immature. Gilligan's theory of women's psychological development is presented in her seminal book In a Different Voice (1982). In it she details how identity development for girls and women is stifled during adolescence when the young girl/woman first encounter the demands of patriarchy and feminine norms. This is when, according to Gilligan, women lose their voice and suppress their authentic selves as a sacrifice in order to adopt the narrow conventions of femininity. Gilligan emphasises 'crisis and transition', asserting that "the studies of women's lives over time portray the role of crisis in transition and underline the possibilities for growth and despair that lie in the recognition of defeat" (p. 109). She appears to suggest that crisis for women is a time of defeat, an experience of nearly being overcome. She goes on to say that crisis has the "potential to break a cycle of repetition" and "may signal a return to a missed opportunity for growth" (p. 109). For Gilligan, crisis is not haphazard, rather the experiences producing the crisis and the way in which the crisis expresses itself is deeply meaningful.

Along with other relational theorists Gilligan stresses the importance of connection and relationships in women's lives. For as long as developmental theories hold up as goals,

notions of separation, individuation and autonomy women are condemned to fall short as they aspire to relationship, connection and interdependency (Greene, 2003). The double whammy, which befalls women, is the way in which the very development of a woman's sense of self occurs through relationship. A woman's self-esteem and sense of effectiveness is achieved though successful care-taking in relationships. To have connection and dependence minimised is to strike at the heart of a woman's sense of self and value in the world.

Gilligan (1979) acknowledges the difficulty in the dualistic construction of conventional feminine traits whereby empathy, relationality and care for others is privileged over more male characteristics such as individuality.

> But since it is difficult to say different without saying better or worse and since there is a tendency to construct single scale measurements and since that scale has been derived and standardised on the basis of men's observations and interpretations of research data predominantly or exclusively drawn from studies of males, psychologists have tended to regard male behaviour as the norm and female behaviour as deviation from the norm. (Gilligan, 1979, p. 438)

Josselson

Josselson (1996, 2002) interrogated Erikson's stage model as applied to midlife women and found it insufficient and narrow in focus. She noticed that:

> According to Erikson's stage model women at midlife should be concerned with matters of generativity but a careful study of women in this developmental period suggests that issues of identity and intimacy merge with generativity in such a way that the boundaries of generativity blur. (2002, p. 432)

She conducted a longitudinal study which involved interviewing women at college and then twice more at thirty-three and forty-three. Using Marcia's (Marcia, 1966, as cited in Josselson, 1996) protocol the women were placed in four identity status classifications, namely: foreclosure, identity formation, moratorium and diffusion. The issues that emerged most clearly include the individuation/separation concept in that all four groups were somewhere along this continuum but evidently for women it is not as clear-cut as Erikson assumed. Josselson found the most noticeable revision the midlife women underwent were the shifts in expression of competence and connection. On a deeper level these shifts represent a subtle but meaningful reworking in the way in which the participants experience their own sense of agency, their need and ability to self-care and how they understand their

relationships with others. "Women derive their sense of competence (and therefore identity) from within an interpersonal web" (Josselson, 1996, p. 195).

Echoing the relational theorists, Josselson questioned the dominant conceptualisation of identity achievement as being about individuality and independence. For Josselson, the building blocks of identity for the women in her study were communion, connection, relational embeddedness, spirituality and affiliation. Josselson concludes poignantly:

> Revision of the self during midlife is most often a revision of desire. The recognition that what one seemed to want at an earlier stage of life was a false desire, a wish that felt at the time like it was one's own but now seems to have belonged to someone else (2002, p. 434).

Although the study was limited by its almost exclusively white, educated, middle-class and heterosexual participant demographic this longitudinal study has a great deal to offer. Josselson takes care to underscore the multiple pathways of development acknowledging that each woman traverses life in a diverse and changeable way. Additionally she remains non-evaluative and reluctant to designate one pathway as 'better' or 'healthier' than another.

Narrative approach to midlife

Sugarman (2003) puts forward that a narrative perspective of the life course neatly accommodates the inherently chaotic aspects of individual life. The life course as life-story makes intuitive sense as it incorporates subjective meaning making and personal construction as well as firmly locating it in a historical-cultural context. Narratives are innately suited to ordering events and experiences in a sequence across time and affording it meaning both on an individual and theoretical level. Narrative inquiry lends itself to the multi-dimensional analysis of life course development. From a critical perspective to 'development', a narrative approach offers a useful alternative as autobiography can be seen as the narration of an individual's development. Narrative's concern with the particularity of individual development addresses the critique that development is overly focussed on the generality, and is therefore a viable alternative approach (Morss, 2013).

Conceptualising adult development from a narrative perspective McAdams (1993, 2001 and 2006) suggests that development consists of creating a set of personal myths around which individuals organise and understand their experiences of self and others in their world. These myths are multiple and at times contradictory and during the midlife years, adults become more conscious of these tensions. This may bring about an attempt to address these conflicting personal myths and resolve the tension through personal contemplation and

reflection. McAdams theorised that the midlife was a time of 'putting things together' in preparation for a 'good ending'.

> In midlife we endeavour to put the many pieces of our life story together in a more integrative and generative whole. As we reach what we perceive to be the halfway point in our lives our thinking may become more subtle and nuanced and we may begin to confront our fundamental oppositions in the identities we have been creating since our adolescent years. (1993, p. 220)

Like other developmental scholars McAdams is concerned with the process of individuation, which he sees as an increasing distinction between masculine/feminine, work/home and agency/communion. It is the latter dimension of agency and communion he sees as being of primary importance. A personal narrative that is centred on 'agency' values autonomy, freedom and individual rights while a personal narrative of 'communion' attaches importance to the interpersonal and social responsibility. Balancing the conflicting demands of autonomy (agency) and relationship (communion) is a major preoccupation for midlife men and women. McAdams critiques established stage theorists such as Erikson and he takes care to situate his model of development in the westernised context where the research takes place. He makes no attempt to extend his thesis to a universal theme of human development. However, McAdams has clear ideas of what makes a better 'life story' setting out six standards of narrative maturity with which to evaluate an individual's level of development. Applying narrative theory to psychological development is a fairly recent occurrence and so there is limited literature. McLean and Pasupathi (2010) convincingly argue the case for a narrative development approach to identity formation during adolescence. They recommend that the question of 'where a person is going and where they have been', and how past and future are connected is a useful framework with which to address adolescent research. I would suggest that this framework is equally applicable to midlife research. Like adolescence, midlife is a time of transition and both are positioned as being 'in between'. Narrative is particularly well suited for understanding the dynamic interaction of processes within the individual and between the individual and their macro environment.

Singer (2004) adopts a slightly different approach to exploring the link between narrative and development. He tracks the development of the use of narrative through progressive stages of cognitive growth that takes place via socialisation and maturation. He concludes that "biological and cognitive changes in role demands of particular life stages, historical and cohort influences all conspire to make any individual's narrative a fluid and evolving

progress" (p. 443). Therefore psychological development and narrative development can be viewed as being one and the same.

Development in question

Developmental psychology with its principals of universality and unidirectionality and notions of normative, successful or healthy development has quite rightly received critical attention from within psychology and beyond (Greene, 2003; Burman, 2008; Morss, 1996). Without the widespread inclusion of women, non-western cultures and marginalised minorities; concepts such as 'maturity', 'successful resolution' or 'individuation' can only be considered as being shaped by dominant cultural assumptions, which require deconstruction. The very idea of a generic human condition, taking into account the diversity of people, is dubious. Therefore, if there isn't a common human condition across time and place there can be no such thing as the life span or the life course (Morss, 1996). Much about the previously reviewed developmental theories is excessively polarised, most often along gender lines, for example: masculine and feminine, separation and relatedness or inward and outwards orientations. For Burman (1998, 2008) the power of developmental psychology and therefore the importance of applying a critical lens cannot be underestimated, particularly for women. Claiming to chart a 'normal' or 'healthy' development of children and adults leaves space for the pathologising of 'abnormal' and 'unhealthy' development. Burman writes:

> Developmental psychology more than any other variety of psychology has a powerful impact on our everyday lives and ways of thinking about ourselves. Its effects are so great that they are often imperceptible, taken-for-granted features about our expectations of ourselves, others, parents, children and families (2008, p. 2).

Review of the literature

Midlife women have received a dubious treatment from the psychological research community. The pervasiveness of the menopause to explain adult women's behaviour according to the medical model has almost obliterated any alternative experience of midlife. What remains has almost been annihilated by 'disorders' such as the 'empty nest syndrome' or the 'empty bed syndrome', which is the result of singleness, widowhood and divorce. Much of the more recent and enlightened research addresses these imbalances, attempting to broaden the repertoire of discourses and images of women entering their midlife. Many of these studies originate in fields other than mainstream psychology such as social work and

nursing. There is a general concern that women have a particularly reduced set of narratives and identities, which they can claim for themselves. However the desire to counter this disparity risks further imbalance. The existing literature on turning points in midlife women is scarce even when 'turning point' is extended to include transitions. The studies that have been conducted seem to fall in one of two categories emphasising either the positive or negative aspects of midlife. Borrowing from McAdams (2001) I have characterised the literature under review as adopting either a narrative of growth and redemption or a narrative of decline or contamination.

Narratives of redemption

McQuaide's (1998) mixed methods study endeavoured to liberate the alternative images and narratives of midlife women in order to challenge dominant discourses and 'preferred stories' (p. 40). She is adamant that in order to prevent negative images of midlife from becoming self-fulfilling prophecies the deconstruction of the prevailing discourses around ageing is essential. McQuaide conducted a questionnaire-based study measuring psychological well-being as well as other demographic and sociological information. The participants were additionally asked to respond to a set of open-ended questions. Her findings suggested that contrary to what she branded 'the discourse of disease and decline' seventy-five per cent of her participants were happy or very happy. Factors predicting high psychological wellbeing included financial stability, good health, positive self-concept and the presence of a confidante or a group of women friends. The qualitative analysis identified themes such as 'empowerment', the 'counterculture of women friends', 'self-discovery and creation of meaning out of trauma', 'individuating one's narrative from the dominant discourse' and 'balancing contentment and challenge, growth and acceptance'. This last theme regarding the balance of perceived gains and losses appears to represent the study as a whole in that the researcher (herself a midlife woman) and the participant's attempt to redress the balance as well as arrive at a balanced conclusion with regards to the realities and social construction of the middle years. Like Josselson (1996), McQuaide struggles alongside her participants to strike a balance between the negative and positive aspects of midlife experience and midlife research. From her perspective the study supports a view that:

> Low self esteem, self denigration, lack of self reflectance, passivity, depression, isolation from others of one's same power situation can be understood as signs of being at the bottom of these power relations, as signs of being a subject of others narratives rather than the creator of owns own. (p. 52)

As the aim of the study McQuaide insists that opening spaces for alternative images and narratives of midlife women will allow previously subjected discourses to emerge and to be placed under scrutiny.

Recent nursing research similarly recognised a need for a 'newer broader lens' with which to view midlife women. Like the previous researcher, Arnold (2005) asserts that too few 'roadmaps' exist with which women can guide themselves in understanding the stage between adulthood and old age. She agrees that midlife development research has predominantly focussed on the woman's reproductive functions and their implications. Arnold points out that "failure to examine the lived experience of healthy midlife women obliterates the immense potential for a woman's development and consolidation of self-identity that is possible in their fifties." (p. 632). Her phenomenologically informed study asked 23 women to complete a written questionnaire of open-ended questions. The participants are described as white middle class women between the ages of 50 and 65 experiencing the normal challenges of life. The written task was thought to give the participants an opportunity to answer the questions in a more considered and reflective way. (Arnold does concede that the resulting text would naturally consist of the participant's selective presentation in answer to the set questions.) The six orienting questions in the task concentrated on the women's reflections of their current life, changes in self, sources of support and ideas about the future. The thematic analysis resulted in six broad domains intending to capture the participant's experiences of 'stepping out from the mould', 'letting go', 'walking in balance', 'moving in new directions', 'redefining relationships', 'a freedom to be' and 'time as a precious commodity'. These themes are remarkably consistent to the findings of McQuaide (1998) and Josselson (1996). Arnold's participants reported a "distinct psychological transformational paradigm shift" (p. 638). The majority of participants did not make reference to the menopause as a trigger for this 'paradigm shift' rather it was a function of a loss of something or someone of significance as the impetus for change. They described this shift as an unsettling and disconcerting process of challenging previously held definitions of self and assumptions about the world, which resulted in a deliberate movement towards authenticity.

In an attempt to redress the inclination towards middle class educated generated findings, an Australian study purposefully recruited participants from lower income suburbs of Sydney (Burns & Leonard, 2005). The participants were put into three cohorts resulting in a 40 to 45, 50 to 55 and a 60 to 65 age group. Using a narrative analysis the researchers identified

different 'stories' the women used to narrate their lives. For the older cohort only 10 per cent reported a loss narrative, 20 per cent presented a continuing contentment with their lives and the remaining 70 per cent described their current lives in terms of gains – either through their own actions (breakouts) or through changes as a result of the passage of time (stress relief). Interestingly 50 per cent of the youngest cohort (40 to 45) reported ongoing stress stories (which were absent in the 60 to 65 group) as they were still heavily engaged in raising a family and/or pursuing careers. The younger 'midlife group' presented breakout stories leaving relationships or returning to education as a mature student. The researchers noted that particularly amongst this younger group, there was an increasing emphasis on the importance of self-fulfilment and a questioning of gender roles. This appears to reflect the rapid changes in Australian society from conventional traditional expectations. The continuing contentment of the older cohort could be a reflection of the social expectations of the time corresponding more closely to the limited opportunities for women. The women born in the fifties were ostensibly able to access greater variety of possibilities however the traditional family role remained heavily privileged.

Narratives of contamination

Gergen's (1990) controversial article entitled Finished at 40. *Women's Development Within* the Patriarchy illustrates the difficulty with the binary construction of midlife women. In order to bring the reader's attention to the particular difficulty faced by midlife women it becomes necessary to linger over the negative impact of patriarchy and androcentricism and the distress this causes women. However, it might be suggested that this simply perpetuates and reinforces those same negative discourses. This tension is evident in other studies, which select as their focal point the negative aspects of midlife.

An ethnographic study from the field of mental health nursing explored the way in which midlife women experience their changing bodies. Banister (2000) conducted individual interviews as well as focus groups with eleven women aged forty to forty-three. The data collection took place over twelve months with each participant having several contacts with the researcher. The researcher endeavoured to adopt a contextual approach attending to the social, cultural and historical contexts within which midlife women find themselves. From the multiplicity of experiences a single cohesive theme emerged which was confusion. Banister argues that the confusion and uncertainty expressed by her participants reflect the internalisation of the socially held negative perceptions of aging. The participants were bombarded by conflicting messages, which exacerbated their feelings of inadequacy as

personal experience and individual reality was pitted against stereotype, media idea and medical discourse. She concludes that:

> Women's experiences of confusion at this time in their lives may reflect a much greater problem, the locus of which is not so much in midlife women themselves as previous research had assumed but rather in the way people within society refer to midlife women. (p. 749)

Banister appears startled by the negative tone of many of her participant's narratives but she stops short of questioning why, contrary to the research outlined above, this is the case.

Turner, Killian and Cain (2004) conducted a longitudinal study in order to research the connection between life course transitions and depressive symptoms during midlife. They had a decent sample size of 952 women aged between 50 and 59 from whom they collected quantitative data in two waves, with an eight-year interval in between. Life course transitions were measured over three domains that were 'typical' of midlife. These were marital state transitions (including loss of a partner through death, divorce or remarriage), parental caregiver transitions and perceived health status. As the researchers hypothesised, marital transitions involving bereavement, increased parental caring and low perceived health status were all associated with increased depressive symptoms. Marital transition involving a new partner was linked to decreased depressive symptoms. However, contrary to the author's assumptions marital transition involving divorce was not related to reduced psychological wellbeing. Turner and colleagues point out that the depressive symptom measure used in their study cannot by definition reveal the multidimensional nature of transitions. Although they allow that life transitions at midlife may potentially have positive and negative outcomes the focus of this study adopts a narrative of decline.

In a similar vein to the previous study Degges-White and Meyers (2006) conducted a quantitative research project using measures specifically developed to examine women's midlife transitions, psychological wellness and life satisfaction. Of particular interest was whether the participants perceived their reported transitions to be on or off time, in other words did the participants understand the transitions to be a normal, expected part of their adult lives? Surprisingly for the authors, timeliness and expectations of transitions were not related to life satisfaction or wellness (contrary to Neurgarten, 1968) .

Rationale for the study

Midlife is the least chartered territory in human development (Brim, Ryff, & Kessler, 2004) and midlife women have received proportionally less attention than midlife men. Research has consistently indicated that women are more likely to be diagnosed with depression and anxiety than men and for women midlife presents a particular "window of vulnerability" Dennerstein & Soares, 2008). Additionally women are more likely than men to seek help with mental health difficulties (Oliver, Pearson, Coe, & Gunnell, 2005). Considering these facts it stands to reason that a significant proportion of midlife women will access psychological therapies. It is therefore essential that more is known about this demographic. The image of the depressed and anxious middle-aged woman tends to be spoken about in language connected to loss, decline and imbalance. These types of discourses speak on behalf of women, denying them their own ways of making sense of their experiences. Gergen (1990) advocates identifying the "gaps and silences" (p. 472) in what has been written about women at midlife. The picture of midlife remains confused both within psychological theories and in popular culture. It is presented both as a time of loss and decline and as a stage of life that is relatively calmer and freer than what has come before. The messages women receive about the 'right' way to approach midlife in terms of menopause, the process of ageing or care for others versus care for self are decidedly mixed. Banister (2000) identified a "midlife confusion" caused by the inconsistent and conflicting discourses surrounding menopause and midlife. She explicitly links the paucity of research into this life stage and the lack of adequate help and support for midlife women. She says "Honouring the multiplicity and at the same time, uniqueness of women's midlife experiences helps to expand our understanding of that experience (p. 748)".

The current study aims to explore how midlife women presented a difficult turning point. As a counselling psychologist is likely to encounter a midlife woman somewhere in the process of a turning point which she will then present to him or her during therapy, it becomes essential that a therapist is aware of the developmental context in which the midlife woman client is located. The current research hopes to contribute to the growing literature regarding the particular experiences of women in their particular contexts and how this impacts on their psychological health.

Methodology

Research aims

The central research question is 'how do women present difficult turning points in their midlife?' The objectives of the research include capturing something of the participant's lived experience of a 'difficult turning point' during her midlife as well as how she then makes meaning of this event and in turn presents it to others. The research is therefore concerned with an individual's "life story as presented" (Langdridge, 2007, p. 132), which incorporates several different analytic layers such as the narrator's idea of self and identity, the performative function of the particular presentation and interactional elements. A significant aim of the investigation is to further our understanding of how women attribute meaning to moments of crisis during the midlife, in relation to their age, gender and social context.

Choice of methodology

Given my interest in meaning as well as ideas of self and identity, a qualitative approach was intuitively obvious. Willig (2001) identifies the shared concern of qualitative methodologies as being an interest in meaning. The principal goal of qualitative research is to investigate how people experience events and how they make sense of their world. The emphasis on meaning and subjective experience is compatible with both the objectives of the current study as well as a counselling psychology ethos (Morrow, 2009). Additionally much of the previous midlife research has been quantitative. Rosenburg, Rosenburg and Farrell (1999) criticised this over-reliance on quantitative approaches as it does not fully capture and interrogate the phenomenon of midlife. The authors suggest that this has contributed towards the discrepancy between how researchers and society each account for midlife difficulties.

Epistemology

Epistemology, the study of how knowledge is derived and the limits of human understanding, can be seen as the foundation upon which any research is built.
The current study rejects a positivist agenda of which the achievable goal is considered to be the production of objective knowledge that is unaffected by the researcher involvement (Willig, 2013). Nor am I however, able to fully embrace a social constructionist paradigm, which argues that the "world we experience and the people we find ourselves to be, are first

and foremost the product of social processes" (Cromby & Nightingale, 1999, p. 4). Narrative inquiry candidly concedes the interactional element of narrative construction; for each storyteller there is a listener and both jointly construct the narrative (Mischler, 1991). Consequently, following my supposition that identity is shaped and constructed in part through the telling and retelling of narratives, the study acknowledges a broadly constructionist stance. Catherine Riessman (1993, 2000), an eager proponent of narrative analysis, emphasises the cultural and historical contexts of the narrative and encourages researchers to pose the question "why was that story told in that way at that time?" (p. 2). This refers to the active sense-making aspect of narration; narrators interpret the past rather than reproduce the past as it was (Riessman, 1993). The ontological position of the current study is therefore one that acknowledges the impossibility of a fixed single truth, which is somehow accessible under the right conditions using the correct methodology. The Personal Narratives Group (1989) concludes that there is little point in pursuing the truth of the narrative, rather that there are several narrative truths. Consequently this study is sympathetic to the social constructionists' notion that a narrator would use language to construct different versions of themselves in different contexts. Nevertheless, a narrow focus on language and discourse are not the only routes to identifying the social processes and structures behind the reality. As Collier (1998) argues, language can only be understood insofar as it tells us something about reality.

The research aims to learn something of the experience of being a midlife woman, so this suggests that the existence of a subjective lived experience, which the research can access, does indeed exist. I have to therefore assume the actuality of an individual inner world or psychological dimension of experience. In fact, as a counselling psychologist, my worldview insists on a humanistic epistemology which values human meaning-making, individual agency and the ability to change. This leaves me with an epistemological dilemma between a realist/humanistic way of viewing the world – which is in keeping with my counselling psychology ethos – and social constructionist/relativist notions of reality. I am not the only researcher conflicted by the two seemingly irreconcilable paradigms. Increasingly, academics are engaging in debates regarding these epistemological tensions, particularly in psychology. Parker (1998) edited a selection of arguments and commentaries entitled Social Constructionism, Discourse and Realism in which researchers (Burr, Willig, & Davies, 1998) express their discomfort and at times frustration with the confines of the catch-all terms of the title. Burr (1998) presents two reasons for her growing discontent with social constructionism. The first is the apparent rejection of any notion of reality and the second is

the abandonment of the idea of personal agency, which she feels will "lead down a road to social and personal paralysis" (Burr, 1998, p. 14). This stance would undermine the fabric of counselling psychology as it seems to remove the power of the human spirit which is so integral in therapeutic interventions.

Therefore I would pursue the research position of a critical realist (Bhaskar, 1989). Critical realism prioritises the material dimension of experience, which cannot fully be described in discursive terms, "the world is much more than textual" (Burr, 1998, p. 20). This paradigm emphasises the complex and dynamic nature of human agency and therefore excludes any possibility of accurate prediction, rather it points to 'tendencies' and patterns. A critical realist stance also accommodates the discursive elements of narrative, the understanding that individuals make use of available personal and social discourses in order to create meaning for themselves. Furthermore, critical realism assumes lay knowledge is equal in value to expert knowledge. This corresponds with the counselling psychology principle of client as expert. Ussher (1999) argues that critical realism best suits the feminist agenda as it addresses social impact, personal construction, encourages reflexivity and positions women both in a social world and a physical reality. Ussher believes critical realism is able to straddle the gap between naïve realism and social constructionism and is able to reconcile the apparent contradictions. Similarly Michele Crossley (2000) insists that narrative inquiry can bridge the divide between subjective phenomenological approaches and constructionist perspectives. She argues:

> There is a need within contemporary psychology for a theoretical and methodological approach which appreciates the linguistic and discursive structuring of self and experience but also maintains a sense of the essentially personal, coherent and real nature of individual subjectivity (Crossley, 2000, p. 530).

The tension between realism and relativism are more usefully viewed as being on a continuum rather than as a binary. Therefore the current study positions itself along this continuum asserting that some type of reality does exist independently of discourse. Critical realism allows for the subjective construction of personal stories that are shaped by social processes as well as the internal structures which enable or constrain certain types of stories being used. This stance complements the objectives of the study as well as those of narrative inquiry.

Feminist stance

The current study is informed by a feminist theoretical stance. I would argue that much of the existing research on adult development and the experience of midlife has been organised around a male-as-norm assumption and is therefore either oblivious to women's differences or attempts to pathologise any diversity (Willig, 2013). Feminist psychology has been concerned with purposefully examining women's experiences in and of themselves but also in relation to living in an androcentric world. Feminist standpoint theory (Harding, 1987) articulated the absurdity of the use of traditional positivistic research frameworks (which have excluded women's voices and experiences and are inherently loaded with the same distorted power imbalance) to make sweeping generalised claims of the human condition. Feminist researchers do not accept the exclusions as accidental rather that there is systemised silencing and delegitimising of women's experience which occurs in psychology by those who hold the power in psychology (Burman, 1996). Central to the feminist standpoint is the idea that researchers' findings are grounded firmly in the everyday experience of the participants. This becomes increasingly important when investigating phenomena or populations which are often marginalised or made invisible by traditional epistemologies (Swann, 1997).

An ideal of feminist research, which chimes well with narrative analysis, is the endeavour to draw attention to the individuality and entanglement of the researcher in the research. Personal reflexivity becomes an indispensable research tool (Wilkinson, 1998). The subjective-reflective nature of narrative inquiry coincides with the feminist ideology of compassionate, un-authoritarian understanding of the other (Lieblich & Josselson, 1994: xii). Narrative research has a long history in challenging previously accepted male-dominated discourses. According to the Personal Narratives Group (1989) "personal narratives are essential primary documents for feminist research" as they position women as agentic players in the world and highlight the subjective meanings women ascribe to events and situations in their lives. Feminist research aims to give an under-researched portion of society an opportunity to be voiced, away from a male-as-standard discourse. Midlife research has been originated by men and has been largely written from a male experience (Gergen, 1990). According to Gergen "psychological theories of women's lives in middle age and beyond are restricted, negative and scarce". She notes the gaping holes and deafening silences in the life story of women and wonders why these omissions exist and what could have developed in

their stead. From a feminist standpoint it becomes crucial to address what has been ignored in order to give women the potential for richer and fuller lives.

Methods

Ethics

In keeping with BPS ethical guidelines the current study has assured informed consent. Interviewees were fully informed as to the nature and scope of the study, what was expected from them in terms of time commitment, and how the data would be used. They were assured the right to withdraw from the study within 30 days of the interview and were given a guarantee of confidentiality and anonymity. The data (audio and text) was securely stored on my personal laptop as well as on the Cloud and both were password protected. Hardcopies of transcripts were kept in a locked filing cabinet in my home and will be destroyed once the doctoral study is fully completed.

Ethics relating specifically to narrative analysis as a methodology will be addressed in a subsequent section.

Recruitment

In order to obtain the data required for the study I sought to recruit eight women who self-identified as being midlife. The literature on adult development is undecided on what actually constitutes midlife and so I decided to leave it to the participants to define themselves as being midlife. To that end the study employed a variety of purposive sampling methods. I created a recruitment poster asking a series of questions that I hoped would resonate with potential interviewees (see appendix 1) and sent it to groups that identified themselves as catering to women such as book clubs or walking groups. Additionally I approached local community centres and church halls and they displayed my poster. Unfortunately this did not generate many responses and I had very few willing participants come forward. Based on advice from fellow researchers I took my recruitment campaign to the Internet, using online meet-up groups and targeting appropriate websites. This was more fruitful as I contacted websites specifically designed for midlife women (e.g. midlifematters.com, fab@50.com). I am aware that this course of recruitment would lead to a very particular sample – women who had actively engaged with thinking about their age and their position of being women in their midlife. The final part of recruitment was

capitalising on social networking – I created a Facebook page and shared it with friends and colleagues, encouraging my network to 'share' the page with their own networks. Through these various methods I interviewed a group of seven relatively homogenous women.

Interviewees

Although the women were exclusively white middle class and educated, their stories were diverse. Their ages ranged from 43 to 59 with the mean age being 51. Five of the eight had postgraduate qualifications and all had professional careers. Two of the interviewees were undertaking postgraduate degrees; two were in full-time employment; three were in part-time employment and one had recently resigned from her full-time job. Half the women were married; one was in a long-term committed relationship; one was divorced and the remaining two were separated. Two of the participants had no children and the other five had between one and three children of varying ages.

Interviews

Interviews lasted between 48 and 96 minutes with the average being 70 minutes. The majority of the interviews took place at the respondent's home however they were always given the opportunity to meet at the university or a more neutral location of their choice, which two of the women chose to do.

I began the interviews by briefly introducing the research and explaining the interviewees' contribution and their rights, including confidentiality and anonymity. They were asked to read and sign the information sheet and consent form and were invited to ask questions if they arose. Additionally they were given a brief demographic sheet to complete.

Interview settings

All but two of the interviews took place in the participant's home and I was aware of the need to ensure my safety as much as possible. I created a check-in/check-out system and provided my selected responsible person with an address and expected timings. I would then send a text as I began and ended each interview with the instruction to get in touch if I had failed to check out within the previously stated time frame. At no time did I feel remotely at risk or even uneasy.

Narrative interviews

Interviews with the purpose of eliciting narratives have gained a new momentum in recent years (Jovchelovitch & Bauer, 2000). Narrative interviewing has become a recognised qualitative interviewing methodology, which allows respondents to provide an account of what happened during a particular event or period in their lives (Flick, 2009). A feminist stance dictates an acknowledgement of the power imbalance that exists on multiple levels for women research participants (within the psychological community, societal and the researcher-subject dyad). According to Elliot (2005) narrative interviewing can "help to redress some of the power differentials inherent in the research enterprise and can also provide good evidence about the everyday lives of the research subjects and the meanings they attach to their experiences" (p. 17).

The concern of the narrative interview is to provide a space in which the natural storytelling inclination of people can occur unhindered. Care needs to be taken not to suppress or distract from the emerging narratives and allow them to unfold fully without interruption from the interviewer.

Although the effect of the researcher can be minimised, it can never be eliminated. Mishler's influential Research Interviewing – Context and Narrative text (1986) argues this in depth. He emphasises the need to understand that the discourse of the interview is jointly constructed between the interviewer and narrator. Even if the interviewer limits her interactions to nods, silences and brief prompt questions she is still a co-producer of the resulting narrative (Brinkman & Kvale, 2015). Rather than identifying this as problematic, Mishler encourages researchers to accept this as an integral element of the interview, which needs to be taken seriously, not attempted to be overcome. Once again, the need for reflexivity that encompasses the role and identity of the researcher and the interview context becomes part of the research material.

As I was a novice to narrative interviewing I conducted a pilot interview with a fellow doctoral researcher. This was a useful activity and through it I recognised the tendency to slip into a more therapeutic style and heeded Polkinghorne's (1991) warning that:

> There is considerable overlap between the skills involved in research interviewing and those needed by counselling psychologists in the counselling and psychotherapeutic work. However, the aims of the two practices differ. The aim of the research

interview is to accomplish the researcher's goal of gaining information from the participant and it is important for counsellors from a research interview to make clear to themselves and the participants the goal that is being pursued (p. 142).

This tendency to become empathically attuned with research participants has ethical implications (Brinkman & Kvale, 2015) and I discovered a fine line between responsive listening and over identification with the midlife narrators.

Taking the advice offered by previous researchers (Mishler, 1996, Riessman, 1993, Crossley, 2000) I used a loose, semi-structured interview agenda. Following Jovchelovitch & Bauer's (2000) recommendation, the interviews began with a broad 'narrative generating question' (Fischer, Rosenthal, & Rosenthal, 2004) asking participants to identify an event which serves as a point in time which would open up a telling of a before and after sequence. Once the main narration seemed complete I used prompts and probes to draw out a fuller story. As I was interested in the meaning-making process I explicitly asked the participants questions such as 'how do you explain it to yourself' or 'why do you think that is?' A further aim of the research was to explore the gender differences in 'midlife crisis' discourse and so I asked 'how would your story have been different if you had been a man?' Many of the prompt questions were unnecessary as the narrators spontaneously covered a variety of subjects.

As an interviewer I strove to create and maintain rapport with the interviewees, giving them the confidence in me that allowed them the preparedness to be open in sharing their experiences and associated thoughts and feelings. The interviews followed a familiar pattern of participants slowly settling in and revealing themselves more as the interview progressed.

Narrative psychology and inquiry: A story of self and identity

Stories and storytelling are a fundamental part of how we as humans communicate and interact with others – what Sarbin (1986) referred to as the "storied nature of human conduct". At its heart it is a relational activity – requiring both a storyteller and an audience. It is ageless and universal and increasingly becoming a subject of psychological research. Narrative inquiry refers to the rapidly expanding and increasingly diverse body of research that puts the storied nature of people at the centre of analytic investigation. Narratives consist of the story we tell others and ourselves about ourselves in order to ask and answer the question "who am I?" (Bamberg, 2010, Polkinghorne, 1991) Catherine Riessman (2005, p. 1) explains that narrative is "sequence and consequence" where events are selected, organised, connected and evaluated as meaningful for a particular

audience at a particular time. Crossley (2000) would agree, stating her belief that the sequence of 'how it happened' on any occasion is vital in order to define and interpret 'what happened' – this is true for both the narrator and researcher. She emphasises the link between personal narratives and morality. "We have a sense of who we are through a sense of where we stand in relation to the good" (2000, p. 533). Taylor (2007) expands this idea by observing that what we perceive as 'the good' is informed by our communities and society. This introduces the idea that narratives have a purpose and function, which becomes part of the analysis.

A major aspect of narrative psychology and research is a preoccupation with self and identity. It grapples with the ancient question 'what is self?'. Individuals draft narratives from their experiences and they tell these stories internally and to others and ultimately apply these stories to knowledge of self, others and the world in general (Singer 2004). Therefore we are all in a constant state of reflecting and developing meaning systems. Individuals are endlessly presenting and re-presenting our self-narratives, which involves the choice of one narrative over another through which we present a preferred version of ourselves whilst relegating another (Crossley 2000). "The choice of one narrative over another often has serious implications for the construction of images of responsibility, blame and morality" (Crossley, 2000, p. 21).

A personal narrative provides coherence, serving to fill in gaps and smooth the rough edges of our life story. Polkinghorne (1991) views the self as narrative and McAdams (1997) agrees, maintaining that the composition of a life story conceives and embodies the identity and both shift and evolve over time.

Turning points provide a particularly interesting portal through which researchers can examine this process. The way in which an individual navigates a turning point by weaving it into the fabric of their life story illustrates how events may alter the meaning of past experience (and vice versa) as well as an individual's identity (Crossley, 2000, Josselson, 1996). A difficult turning point may constitute a narrative disruption and storytelling allows a narrator to regain a sense of coherence as new meanings are attached to events.

Narrative analysis

The ways in which a researcher can approach the analysis of personal narratives are numerous and varied; this diversity can be both liberating and overwhelming. In Chase's

(2005) review of narrative analysis (NA) she organised a useful model of the five possible analytic lenses, which are the assumptions under which narrative researchers operate.

(1) narrative is a distinct form of discourse with unique features

(2) narrative is a verbal action and the narrator is performing or accomplishing something

(3) narratives are enabled and constrained by social resources and circumstances

(4) narratives are a socially situated interactive activity

(5) researchers are narrators both as people and as researchers.

Therefore narrative analysis encompasses the discursive aspects, the rhetoric and performative function and implicates the researcher by positioning her as a co-constructor of the narrative.

Smith and Sparkes (2006) explored the tensions and contrasting perspectives that the multiplicity of concepts and assumptions held by different researchers would inevitably bring. Their meta-analysis identified a distinction in the different approaches to narrative, which divide analysis between the 'whats' and 'hows' of storytelling. That is; there are researchers who are concerned with what is being told: what is the story about and what happens? What type of story is being told? What does the story mean individually or collectively? The researchers who focus on the how, address: how is the storyteller or story characters constructed in the story? How are the narratives produced and how does the storyteller position herself and others in the narrative?

This appears to echo the epistemological debate outlined previously between the subjective experience and the socially constructed. Riessman (2005) suggests that different approaches can be combined and that they are not mutually exclusive. Other researchers have advocated a third way or a middle position (Crossley, 2000).

As mentioned previously, as a researcher I have to navigate my own positioning between constructionist and realist. I am committed to learning more about the respondents' internal processes, which I believe occur, such as meaning-making, identity work and the evolving sense of self. However I cannot disregard the impact of the cultural and societal context on the narrators or the construction and presentation of what they assume to be the acceptable version of themselves. It is, I think, intuitively obvious that as a counselling psychologist I would be drawn in some way to the question of the psychological purpose and function of the narrative itself.

The narrative researcher is confronted by an abundance of research but a lack of consensus on how that research is conducted. It reminded me of a varied menu from which you could

pick aspects of narrative analysis, according to your research aims. Although several researchers have laid down steps and described 'how to' there is no one widely accepted analytic method. This flexibility offers a researcher the opportunity to be creative, however this freedom can lead to a lack of rigour and validity. Squire (2008) acknowledges this difficulty by warning researchers that "this search for a valid interpretative frame is perhaps the research stage that causes most controversy and concern" (p. 33).

I certainly experienced this anxiety as I reviewed the literature. Due to the considerable variation on focus and resulting methods I found myself jumping from thematic analysis to considering methods which foreground structural and performative features. I arrived at the methodology described below by thoroughly reviewing the procedures set out by narrative analysts conducting psychological research. I consulted Riessman's research (1993) at length as well as the work of Crossley (2000). This led to those researchers focussing on identity work such as Gergen (1983), Bamberg (2005) and MacAdams (1989). As I was looking for a framework on which I could usefully organise the data and the analysis I was directed to the work of Darren Langdridge (2007) and his version of critical narrative analysis. However, instead of slavishly following his directions I incorporated suggestions and recommendations of other researchers as appropriate.

Critical Narrative Analysis

Stage 1: A critique of the illusions of subjectivity

Langdridge's (2007) first stage essentially involves a personal reflexivity exercise. Personal reflexivity entails actively reflecting on the ways in which our own interests, beliefs, social identities, experience and personal objectives inform and shape the research (Willig, 2013). Additionally it requires critically engaging with the subject under investigation. Langdridge advocates drawing on social theories and discourses to further clarify underlying assumptions, which inform my perception of the world. Langdridge borrows Ricoeur's (1984, cited in Langdridge, 2007) assertion that we always have a view from somewhere and that this 'somewhere' needs to be known. The aim therefore is to move away from the simple focus on the apparent, looking beyond and taking alternative perspectives. I engaged in an active reflection on who I am as a doctoral researcher, a clinician, a wife and mother, an immigrant and as a 37-year-old woman living in London. I then turned to my topic of midlife women and crisis as well as the larger subject of womanhood, gender, aging, self and identity.

I followed Langdridge's recommendations of conducting a reflexivity interview with myself, using his set questions as a guide (see appendix 9). This proved to be an insightful and useful exercise, drawing my attention to the depth of my investment in the research and the different potential influences on the study.

Stage 2: Identifying narratives, narrative tone and rhetorical function

Stage 2(a): Getting to know the data

The analysis began at the transcription phase. Riessman (1993) regards the transcription of interviews "not as a technical operation but the stuff of analysis itself, the 'unpacking' of structures that it essential to interpretation". Elliot (2005) concedes that it is impossible to adequately document the interview in its full complexity, however, care must be taken to capture some of the additional meaning located outside language as this provides richer data. As I am interested in the whole narrative, I transcribed the interviews in their entirety, noting prominent pauses or sighs, expressions of emotion such as laughter or tears. Additionally I captured all researchers' contributions including active listening responses and comments as well as details of the circumstances of the interview. In parallel to the transcription of the interview from audio to text I made notes in a research journal recording voice cadence, my emotional response to the interview and emerging thoughts and images.

Several researchers (Mishler, 1986, Murray, 2003) recommend preparing a narrative summary from the interview. This exercise helped reveal the key structural and content features of the narratives. I followed Murray's (2003) suggestion of presenting the summary using a beginning, middle and end structure. I organised the summary chronologically, momentarily bracketing the temporal sequence in which the narrative was presented during the interview. The summaries documented the narrative as a whole story using all the information the participant imparted about her life.

Stage 2(b): Identifying narrative tone and rhetorical function

Using the narrative summary prepared in Stage 2(a) I identified the main narrative as well as smaller stories. I was able to track the way in which the narrative was presented, the order in which it was revealed and the links the narrator made between the different small stories. I paid particular attention to the narrative regarding the difficult turning point, noting its location in the over-arching narrative.

I then set about identifying the tone of the narrative, both overall and the variation throughout. I read through the transcript with the accompanying audio recording, making notes on tone descriptors in the first left hand column. I would try to ask the question 'how does the material make me feel?' or 'what emotion is being expressed?'. Crossley (2000) explains that tone provides information beyond the content and that researchers should concentrate on the manner in which the story is being told. Langdridge (2007) warns against using predetermined tone or plot descriptors and to rather use the most appropriate descriptor available.

I then moved on to identifying the rhetoric function of the narrative(s). The rhetoric function is closely linked to the tone and I found that the one informed the other. Using the second left hand column I made notes of what the aim of the particular story was or what kind of story was being told. I understood rhetoric discourse as having specific functions such as arguing, convincing, justifying, criticising, distancing, disclaiming or otherwise positioning the narrator in a certain way.

Stage 3: Identities and identity work

Langdridge (2007) suggests identifying the self being brought into being by the narrative(s). Bamberg (2010) uses the term 'self claim' to describe the statements made by narrators which support the answer to the question 'who am I' or at least 'how do I want to be perceived?'. Drawing on the tone and rhetoric function notes, I used the first right hand column to make notes of the identity work being employed. I especially paid close attention to the uses of "I" statements and how the narrator positions herself in relation to herself or perhaps to a younger self, thus revealing counter-narratives.

Stages 2 and 3 constitute a performative analysis, whereby narrating is regarded as an activity the narrator is doing rather than simply telling (Riessman, 2003).

Stage 4: Thematic priorities and relationships

This phase requires yet another systematic working through of the text looking for themes and ideas as they emerge from the narrative. Langdridge (2007) advises a more gentle approach, taking care not to disturb the integrity of the coherent whole of the narrative. Therefore systematic coding and reducing the text to individual codes of meaning is not desirable. Using the last right hand column I made notes of key words and phrases. I then transferred the emerging themes onto Post-it notes which I could then move around,

clustering ideas and themes together, in an iterative process. I referred to the other three columns, including them where appropriate. Using the Post-it notes on a white board I organised the themes; relegating some to subthemes or merging themes into categories where necessary. Landgdridge (2007) suggests returning to the audio recording as well as the text at this stage whilst continuing the process of refining themes and identifying relationships between them.

Stage 5: Destabilising the narrative

This stage acts as a bookend for Stage 1 where the researcher critically engages with the text. I started by re-situating myself in my own context but then turning my attention to the text, and the context of both the narrator and the interview itself. This exercise interrogates the position from which the participant narrates her story as well as my positioning as researcher. Langdridge (2007) states "we are not only physically situated and contingent but also socially, culturally and politically situated and contingent" (p. 139).

A vital part of destabilising the narrative is examining the interaction between myself as the researcher and each participant. As my research question is specifically concerned with the presentation of difficult turning points I am plainly acknowledging a dialogic process between teller and listener. Therefore this becomes another analytic lens through which the interview transcripts are scrutinised. This is an extension of the performative analysis during Stages 2 and 3 but explicitly places the researcher as the audience and includes her in the co-construction of the resulting narratives. For Riessman (1993) the interpersonal function concerns the relationship between speakers, which allow for the expression of social and personal discourses within talk (1993, p. 21).

I spent time reflecting on the participants, how they were recruited to the study and who we each represented to the other. I then returned to the transcripts focusing on points of interaction as well the general manner of relating with each participant. I sought to identify the preferred selves the participants wished to present and in turn the self I wished to portray to them. I made notes of structural elements such as shifts in tone, voice cadence expressions of emotion and self-interruptions. My assumption is that the way the participants perceive me as well as their ideas about how they are being (or ought to be) perceived would have an inevitable and inescapable impact on the emerging narratives. This is both explicit and implicit in the questions I asked as well as the comments and responses I made. This was briefly summarised in a paragraph for each participant.

Stage 6: Critical synthesis

After applying several different analytic lenses to the narratives there is a danger of ending up with an unconnected, disparate analysis. In order to impose coherence to the findings I revisited the research question 'how do midlife women present difficult turning points in midlife?' This provided a focus to the production of the distilled themes. I returned to Stage 4 and the resulting thematic scheme. I spent a great deal of time immersed in the themes as well as the transcripts, going back and forth between the interviews, research notes and analysis, constantly refining the emerging themes. I then approached each participant and attempted to answer how they individually presented their turning point, noting how they accounted for contributory factors as well as the outcome. In this way I could formulate the subjective meaning-making as well as the external influences, which made up the turning points. I then related the results of this exercise with the themes and drawing on existing theory I arrived at four overarching themes.

Methodological reflexivity

Early on in the research project I carried out a reflexive exercise using Langdridge's (2007) questions devised to encourage a reflexive approach to research. Through this I could interrogate the meanings that I attach to doing the research, who I am and who I believe I am in relation to my participants. Moreover when I returned to the questions at the beginning of the analysis stage I could trace the arc of researcher impact, from the design of the recruitment poster, sampling decisions to choice of interview questions and how this could shape the psychological knowledge I aimed to produce.

Ethical considerations

I applied for and received ethical approval from the City University Ethics Committee. This ensures that I adhere to ethical codes guarding the confidentiality of my participants and protecting them from any harm that may arise from their participation however, beyond gaining ethical approval from the committee, there remain a multitude of ethical considerations. Due to the deeply relational and interactional nature of narrative research several researchers (Smythe & Murray, 2000, Josselson, 2007) suggest that additional ethical considerations are required. Josselson describes how researchers should adopt an 'ethical

attitude' throughout the research process. She writes, "…an ethical attitude toward narrative research is a stance that involves thinking through ethical matters and deciding how best to honour and protect those who participate in one's studies while still maintaining standards for responsible scholarship" (p. 538). An ethical attitude dictates that participants and the resulting interview material are always approached with respect, tentativeness and a lack of judgement.

Interpretation

It is fundamental to the enterprise of research that there is a level of interpretation and this is particularly true for constructivist approaches (regardless of how moderate). I am applying a 'suspicious' lens to the interview, probing the text for performance, function and psychological meaning, no matter what the participants' actual intent in answering the questions that are asked of them. As Josselson (2007, p. 549) succinctly put it "the mode of narrative research involves the task of understanding a narrator differently than he/she understands himself/herself." The act of analytic interpretation can potentially transform the participant's story into something foreign and unrecognisable, potentially quashing any endeavours to 'give voice'. Smythe and Murray (2000) would agree, as they raise the issue of 'narrative ownership' and the debates around the extent to which participants should be involved in the study after the interview stage. I was particularly preoccupied by this issue as coincidentally two of the interviewees were qualified counselling psychologists and are therefore more likely to encounter the research report. Josselson's (2007) solution to this dilemma is an utmost transparency of researcher reflexivity, unequivocally laying out standpoints, aims and positions and taking full interpretative authority and responsibility. This is echoed by Chase's belief that "claiming and acknowledging one's interpretative authority is imperative." (Chase, 1996, p. 52). Smythe and Murray (2000) recommend a constant reflexivity process, particularly during the analysis and interpretation phase. This can be done by using a separate reflexivity journal where the researcher can note personal perspectives and interpretation that may impact the analysis and participant. The current study implemented these recommendations and I recorded reflexivity issues and more general reflection in a research journal throughout the study. These thoughts and observations informed my approach to the data and the resulting analysis.

Confidentiality and its limits

Clearly protecting participant privacy by ensuring confidentiality and maintaining anonymity is a central objective of ethical research. To this end I changed all names and references to specific places. However as it was an aim to allow space for midlife women's voices to be heard I tried to remain as true to my participant's full stories as possible. Care was taken when using participant quotations to clarify or exemplify the analysis in the write-up, that it did not contain too many 'identity markers'.

Evaluation of methodology

As a qualitative researcher with a critical realist epistemology I do not aspire to produce definitive reproducible results. However, the challenge of demonstrating that the research findings go beyond the subjective opinions of this researcher remains. Issues of validity, reliability and generalisability may not be seamlessly transferred from quantitative to qualitative methodology yet the desire to illustrate that the findings are meaningful and are rooted in the data is of paramount importance. There is movement in qualitative research towards replacing those positivist evaluators of research with better alternatives such as rigour, ethical integrity and artistry (Finlay, 2006).

Validity

Validity addresses whether the investigation investigates what it seeks to investigate (Kvale & Brinkman, 2015) and it is a term that has become increasingly problematic as qualitative research continues to reject and distance itself from the positivist paradigm. Despite dissatisfaction with the term it represents a usable and understandable concept of the believability of a knowledge claim (Polkinghorne, 2007). Validity is a particular issue in narrative analysis, as interview data is not assumed to represent 'true' reflections of the interviewee's experience. Polkinghorne (2007) argues that validity threats arise due to the inefficiency of language to fully capture human experience, the limits of personal reflection, interviewee resistance due to social desirability and the fact that narratives are jointly created with the researcher. Although these threats cannot be eliminated, careful interviewing can increase the likelihood that participants are open to sharing experienced meanings. Narrative analysis assumes the interviewee is expressing something about her experience of herself and the world and is concerned with how, why and in what way this is being accomplished.

The critical narrative analysis (CNA) utilised by the current study encourages rigour through the multiple questions asked of the data. According to Brinkman and Kvale (2015) "to validate is to question" (p. 281) by which they mean validity increases the more the data and analysis is critically interrogated. CNA promotes rigour and validity through the hermeneutic interpretation; different stages of the analysis involve locating myself as the researcher, the narrators and the resulting narratives in context. The role of the researcher is openly and emphatically acknowledged; the interviews and subsequent analysis are regarded as being co-construed (Finlay, 2002). Finlay (2002) suggests reflexivity may be a tool to increase the integrity and trustworthiness of research and may decrease the possibility of the "researchers position being unduly privileged and blocking out the participants voice" (p.541). CNA addresses this problematic area through critiquing the 'illusion of subjectivity' and transparently conceding the interpretive nature of the analysis. The interpretations made during the study were constantly evaluated and themes were accepted and rejected if other interpretations accounted for phenomena more fully.

Generalisability or representativeness

The current study has a relatively small sample of seven participants. The research does, of course attempt to say something about the phenomenon of difficult turning points as experienced by midlife women but any attempt to generalise this experience to all midlife women is impossible. However, if the research identifies a way of experiencing difficult turning points during midlife it can be said that it is available within a certain culture or society (Willig, 2001).

Brinkman & Kvale (2015) problematise the entire notion of generalisability in qualitative research and reject the assumption that any psychological theory can produce generalisable, universal models for all people in all places and times. Instead, the concern of qualitative researchers is whether findings can be transferred or have meaning and relevance if applied to other individuals, contexts and situations (Finlay, 2006). The current study has established the relevance of the investigation in terms of midlife women being an under-researched population and so any new formulations of how they experience difficult turning points will be relevant.

Reflexivity

Narrative research places a great deal of value on reflexivity as it explicitly draws on the impact of the researcher both in the production of the data and in the analysis and

interpretation of the interview material. For many the weight placed on reflexivity is a result of the need to justify and account for qualitative research. For Willig, "reflexivity ensures that the research process as a whole is scrutinised throughout and the researcher continuously reviews his or her role in the research. This discourages impositions of meaning by the researcher and this promotes validity" (Willig, 2013, p. 16). Reflexivity in the current study is viewed as a constant ongoing process. I made use of a research diary into which I made reflexive notes during all stages of the data collection, analysis and write up. I also took part in a reflective research group with fellow doctoral researchers, which was an invaluable space.

Methodological issues

Recruitment

Initially the focus of the study was to be on 'midlife crisis in females' and although this remains to a certain extent there has been some revision. Midlife crisis is a loaded and contested term and it has many negative connotations, especially perhaps for women. I was concerned that I may struggle to locate women who fully embraced the idea of midlife crisis. Therefore, when I designed the recruitment poster I downplayed my interest in midlife crisis, foregrounding the change in priorities and couching MLC in the question 'have you ever been told you are having a midlife crisis' thus allowing potential participants to distance themselves from a pejorative label.

Interviews

I conducted the majority of the interviews in the participant's homes. I had assumed that participants would want to meet in a neutral 'safe' location such as the university but surprisingly each participant was content to have me come to their home as this was convenient and comfortable. My subjective experience was that it allowed women to feel somehow more in control of the interview situation and perhaps redress a power imbalance. However, as I struggled to recruit interviewees I conducted a single interview via Skype. I was initially wary and reluctant but practical pressures alongside a curiosity in terms of including an international perspective convinced me to attempt the interview. I was concerned that the virtual interview would lose the interactional subtleties of face-to-face dialogue and might result in a shallower, less rich experience for both the participant and researcher. Whilst it is true that the interview was shorter and the interviewee was more

concise than other interviews I don't feel it was to the detriment of the data produced. Despite the shortcomings of digital communication we did manage to achieve a sense of intimacy as illustrated by the participant's quote "we're close now, I'll open up to you". Utilising technology such as Skype is becoming increasingly prevalent in qualitative research as it is cheaper, easier and non-intrusive (Hanna, 2012). However technical difficulties experienced during the interview at times resulted in a stilted, ragged quality to the conversation but this might have resulted in a perceived urgency for that participant to get her point across quickly and concisely.

Another issue pertaining to interviews was the decision to limit the interview to one per participant. I had originally planned to revisit and do a second interview but very quickly it became obvious that this would not be practically possible due to time constraints.

Findings

Introduction to participants

The chapter will start with a brief introduction to each of the participants. Although superficially they appear a homogenous group in that they are all white middle class educated and live in a large city, their experiences and resulting narratives are uniquely individual.

Bettina aged 49

Bettina is a forty-nine year-old professional woman of European descent. She has two children and is in the process of getting divorced from her husband.

Bettina's narrative begins by detailing her life before her turning point. At her husband's request, she had moved to the UK from her country of origin and was living a traditional homemaker life, bringing up her daughters one of whom has a disability. She describes this time in terms of challenge, sacrifice and isolation. The tone is subdued and constrained, however she positions herself as having made a choice and that being at home with the children is what she wanted, emphatically rejecting a victim narrative. The narrative of the turning point brings a dramatic change in tone. The story of her attending a dinner party with her husband and infant daughter has a promising, magical quality. She realises (as if for the first time) that she could combine the two worlds, that of a mother and of a scholar. She now positions the previously conflicting needs of her family and of herself as being compatible and achievable. She construes this event as being the reawakening of an irrepressible force, whilst also acknowledging its potential destructiveness. The tenor of the narrative alters once again as she depicts the changes she made as a result of this turning point and the effect it had on her and her family. She positions her compulsion to make changes as almost beyond her control and emphasises the necessity and power of this new energising force. The most devastating effect of her new way of being was the end of her marriage. She constructs herself as almost powerless in the choice to divorce, portraying her husband as the main instigator and herself as trying to sustain the marriage, although she concedes to the freedom and release the separation brings her. Therefore there are seemingly contrary plotlines; one of achievement and progression and the other of dissolution and separation. In parallel there

is tension between the two counter narratives; the one highlights her own agency and the urgent need to act, while the other distances herself from the negative effects of her actions.

Abigail aged 53

Abigail is fifty-three and lives in the United States where she works in a family-run business. She is recently divorced and has an adult son. Abigail started her narrative by recounting the distress and despair which had dominated her life preceding her turning point. The tone is deeply negative; she presents a dark picture where she is lost and unknown, especially to herself. She identifies the root of these difficult feelings as being her lack of connection with significant people in her life, most centrally her son. This had occurred during her second marriage, which she felt she had prioritised to the detriment of other relationships. The difficulties in the marriage and her increasing desire to reconnect with others led to the decision to divorce. The tone becomes more objective and pragmatic as she explains how in the year she turned fifty she realised she had to make a change. She justifies this decision by pointing out that although she had tried to reconcile, the separation was necessary for her own good as well as others (such as her son). She positions her fiftieth birthday as a central character in her narrative; it serves as a 'line in the sand' reminding her of her own mortality and as something she felt she needed to equally accept and resist.

The overall plot of the narrative is one of progression and reconnection both with others and with herself. The outcome of the difficult turning point is portrayed as positive and by her reckoning the turbulence of the divorce was worth it. She rejects a victim narrative; often employing a critical voice, which admonishes her part in the story. Although she perceives herself as strong and independent, in her mind she was 'hoodwinked' into subscribing to an idealised version of marriage, which privileges the relationship with the spouse over others. She attempts to distance herself from a weak, suppressed, subsumed woman, invoking a counter narrative of strength, independence and courage.

Elizabeth aged 50

Elizabeth is a registered nurse. She lives with her husband and has no children. Elizabeth's narrative had a desolate and sorrowful quality. The loss of her father in her twenties and her mother in her thirties loomed large for her as she turned fifty. She presented herself as being alone, vulnerable and a survivor. As with other narrators she denies a victim narrative, rejecting the label 'orphan' and emphasising her 'luckiness' to have had such wonderful parents at all. Her fiftieth birthday is presented as a catalyst as she reflected back and became

aware of her own mortality and limited time. Her tone shifts and becomes more animated as she describes the turning point of resigning from her job and planning a period of travel with her husband. However, she positions the actual decision to do so as her husband's. She constructs an identity of a person who is concerned with caring as she cared for her parents, was a health care worker and a volunteer. She construes her actions as being brave and defiant in the face of her losses.

Anne aged 60

Anne is a sixty-year-old professional. She lives alone but has a long-term partner who she sees most days. Her parents are still alive and she is involved in their care. Anne identifies her turning point as resigning from her job and entering a 'semi-retirement'. She positions the story of her career as the primary narrative of her life. For Anne it reflects the dilemmas she encounters whilst trying to live a worthwhile life. She moves from the corporate world to the third sector and finally diverts from a formal career path altogether. The tone is largely candid and pragmatic. She described her life and career in terms of achievement, personal values and the need for planning and preparation. There is a strong counter-narrative of self-doubt and lack of confidence, which she explicitly understands in terms of her working class upbringing. In describing her childhood and the impact it has had on her life her tone becomes subdued and thoughtful. She emphasises the constraint and lack of options her upbringing imposed on her and how she understands this to inform her choices and actions as an adult. She positions herself as having been abandoned by her parents, rather through ignorance than wilful neglect. Her prevailing feeling is that she was not understood. The plot is ostensibly one of overcoming; she prevailed over her upbringing and had a successful career and financial security. Counter to this is her ongoing uncertainty particularly with regards to being an older woman.

Sarah aged 54

Sarah is fifty-four and married with three children, the youngest of whom will shortly be leaving for university. Sarah starts by distancing herself from a difficult turning point in her midlife but then reveals the dramatic event of her father dying the day before her fiftieth birthday. Initially the tone is stoic and pessimistic. It conveys a deeply fearful attitude towards ageing which she understands as inevitable decline and loss of independence. She is committed to presenting herself as unsentimental, responsible and self-reliant, citing examples of her refusal to ask for help or depend on others. Sarah presents her relationship

with her mother as 'poisonous' and this is uncontested and inexplicable. She describes the dilemma when her father passed away of choosing to either return to England to attend a long-planned fiftieth birthday party with friends and family or to stay in Scotland and attend to her newly widowed mother. She constructs her decision to return to the party as being for her own good and the good of her immediate family. Once more she makes a moral decision to look after her mother as she becomes more frail; she frames it as a human ethic of care. The tone of the narrative becomes increasingly confused and raw as she recounts the depressive episode she experienced six months after her father's death. Her sudden inability to continue coping represented a narrative disruption, which was very difficult for Sarah to make sense of. She was no longer on the 'even keel' upon which her identity rested. As she reveals the extent of her struggle and difficulty she begins to interrogate the role of her childhood in her adulthood and to question her own identity as a mother. This reflection on her experience of being parented brings about positive relational changes. The narrative resumes its more organised character, as she understands the turning point as a revelation and opportunity for change through reflection.

Sally aged 54

Sally is fifty-four and has a professional career in mental health. She lives with her husband and has two sons in their early twenties. Sally initially firmly framed her turning point in terms of her decision to retrain and pursue a new career. However, it became clear that the origin of this decision was as a result of the difficulties she had been experiencing in her marriage. The perceived betrayal and lack of regard she felt from her husband caused her to reflect and evaluate her life. She felt she was able to reprioritise herself and her own needs over those of her family and allow herself to pursue her own agenda. She positions this as a considered decision and that it would not be to the detriment of her children who were still her priority. The tone of the narrative is confident and she casts herself as accomplished and exceptional and the major plot of the narrative is one of acceleration and progression. She presents a troubled childhood in which she was either unrecognised or relied on very heavily. She sees the lack of nurturing and support as having restricted her options, which resulted in a secondary supportive role in much of her life. Despite the self-presentation of outstanding achievement there is an equally strong counter-narrative of being overlooked and needing to fight for recognition. Sally explicitly acknowledges the impact of her difficult upbringing on her feelings of inadequacy and although she positions herself as having overcome her past, her narrative remains unresolved.

Charlotte aged 42

Charlotte's narrative was unusual as it centred around the very sudden and shocking death of her husband about five years previously. It certainly represented a turning point: however I wondered whether this was a loss and new beginning narrative rather than a midlife turning point narrative.

The tone of the narrative was essentially progressive and positive, constructed around 'moving on' and 'getting over' the loss of her partner. She changed careers, becoming an academic and embarking on a PhD. Her decision was presented as being in the best interests of her children who had very much become her priority as she was now a lone parent. She vigorously defended herself from a victim narrative, actively engaged in 'moving on', joining groups and beginning a new relationship.

Critique of the illusion of subjectivity

Langdridge's (2007) first step in the analysis is to 'critique the illusions of subjectivity'. This is essentially a pause for reflexive engagement before embarking on the analysis itself. In this way I can begin to formulate my own particular vantage point from which I survey the data, encountering first my own story and how it has informed my choice of topic and then more specifically the questions I chose to ask, the avenues pursued and the interaction between them.

I feel there is a fluid shifting of my own position as being either in or out of the group of midlife women. Although my age may indicate I am not midlife, I sometimes feel I am living a midlife-style life. In a long marriage with three school age children, my story may be very similar to the participants I was interviewing.

My own curiosity in midlife women stemmed from an interest in women's identity and the changes that can take place in a woman's later life. I had experienced my own mother's tumultuous 'midlife crisis' in her 40s. I had also worked with women in clinical settings who were grappling with the paradoxes of the gains and losses midlife provides. I was drawn to the contrast between how men and women's midlife events were spoken about very differently both by individuals and society at large. Men were afforded a real midlife crisis complete with new model car and wife whilst women were assumed to have a smaller more dignified midlife transition. I wondered whether women experienced something as tumultuous but the result or the presentation of that result was constrained by those social expectations.

Midlife crisis is an especially loaded term due to its status in popular culture and I shied away from the phrase from the outset. I was reluctant to use it in the recruitment poster and in interviews I rather coyly referred to a 'wobble' or 'turning points' or simply a 'thing', thus perpetuating in a way the unacceptability of the female midlife crisis.

I am aware that the research on midlife is undecided regarding the existence of a crisis and I wondered whether my assumption that women simply differed in their representation of the same difficult feelings meant that I was somehow predisposing myself towards crisis narratives.

Although I personally position myself in between 'us' and 'them' in terms of midlife, I often speculated as to how I was being perceived by the participants. Was I a fellow midlife

woman ('one of us') who could easily understand what was being discussed, or was I an outsider who would struggle to grasp the complexities of the narrator's experience? I realised I was certainly being positioned as someone who had surely benefitted from changing social views towards women and mothers. I eventually concluded that the in-between-ness was a useful position to be in as I could draw on both perspectives striving to understand as an 'other'.

I also noticed my strong views in terms of the feminist stance could translate into the position that I adopted, leaking into my questions and responses. There was a strong sense between myself and the participants that as women we would share an understanding about the position of women in the world and what men are like. I appreciated the scripts we were each employing and paid careful attention to the dialogic and performative aspects of the analysis.

I was interested to note the discomfort in talking about death, which was surprising to me as I had assumed that facing one's own mortality would be a prominent theme in the participants' midlife experience. I realised that this reflected a society-wide anxiety of death, which results in a cultural distaste for ageing and decline, which confirms the unacceptability of older women. It also caused me to re-examine my decision to limit the inclusion of Charlotte's narrative and whether this represented the ultimate conclusion of an aversion in discussing death.

I became acutely aware of my role as researcher and interpreter in my endeavour to 'give voice' to an under-researched group. At every stage, from choice of interview questions to selecting themes and choosing illustrative quotes, I was conscious of my own voice in the analysis. The critical narrative analysis being employed posed multiple questions of the data and in this way the various voices could be uncovered. Reflexive exercises such as this were ongoing throughout the analysis and write-up giving me opportunities to observe my own voice in relation to (rather instead of) those of the narrators. Interpretation is inescapable in qualitative analysis as the 'data does not speak for itself' (Willig 2012, p. 56). It is not only possible but probable that different researchers would have reached different conclusions; such is the nature of interpretation. Strategies that were adopted by the current study in order to promote the focus on the participant's voice include keeping the research question firmly in mind and remaining open to alternative interpretations (Willig, 2012). This approach to analysis aims to ensure that I foreground how the narrators present their stories and how this relates to what is being investigated in the study. Additionally in considering alternative interpretations I can constantly question the legitimacy of one interpretation over the other,

which would highlight and limit any instances of my own voice swamping those of my participants.

Themes
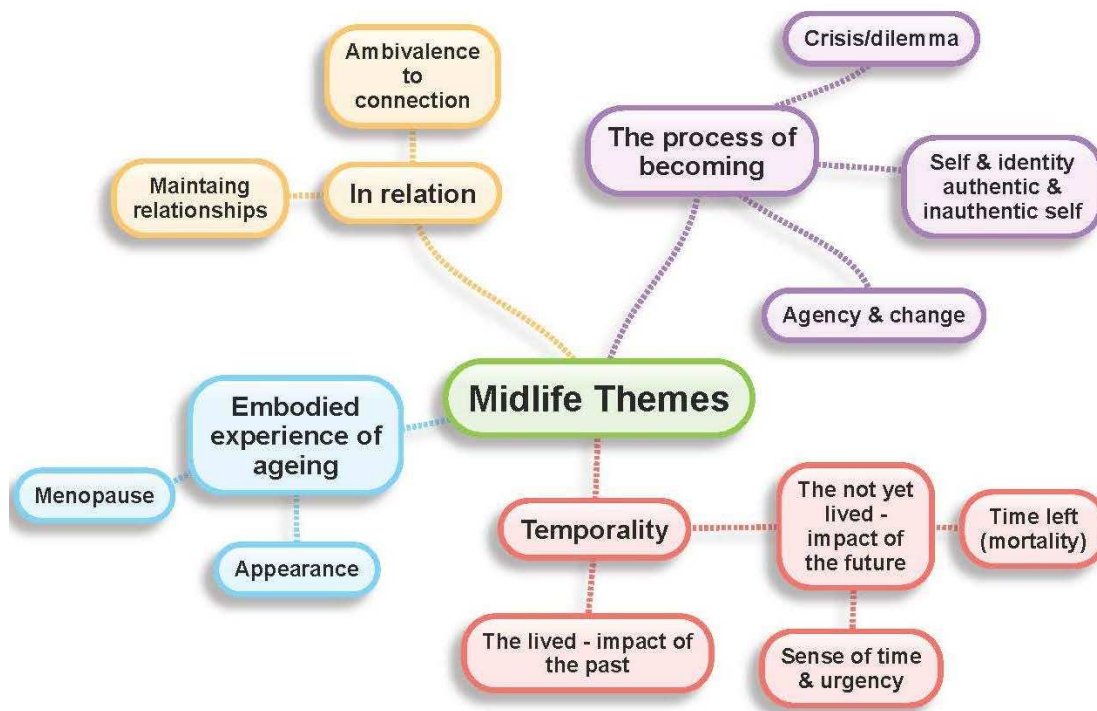
Illustration 1: Diagrammatic representation of themes

Temporality

Temporality refers to the narrator's relationship with time and the interaction between the past, present and future. The theme of temporality permeates the narratives. All of the narrators located themselves in time invoking the past and the future in order to fully convey the story of their turning point. The understanding and meanings attributed by the narrators to the turning points were shaped and moulded by their past experiences as well as the projected imaginings of an unknown future.

The lived: The impact of the past

Each of the participants used their past experiences in different ways in order to make sense of their current lives. What has come before is used to explain what happens next. Bettina states this unquestioningly:

> **Bettina**: *Well I think I need to talk about what went before, sure, otherwise it's* difficult to know what the turning point is, or what turned maybe.

Family of origin and childhood situations were repeatedly referenced in terms of the turning points being presented. Many of the narrators reported childhood losses, problematic parental relationships or difficult early experiences to account for their turning points. They used these past events to assemble an identity appearing to claim a consequential chain reaction, in a sense saying 'that happened so I am like this which is why the next thing happened.'

Anne explains that the way she had been parented had an important impact on the way she viewed the world, which in turn influenced the types of choices she felt she could or could not make. According to her:

> **Anne**: Had I had parents with more choices and had I gone out into the world *thinking 'I can fall on my face a few times and I can pick myself up' rather than 'I can't afford to fall'.*

Anne recalls her past and formulates the reason for her lack of confidence as being a result of her background and upbringing. She goes on to position her cautious outlook and the frustration this caused her as contributing towards her turning point. Furthermore she charts the change and increasing self-belief as positively impacting her present and future.

> **Anne**: That was the major difference and the kind of self-confidence; of feeling I did not need to conform. That actually choices were open to me and that I could shape my world much more, that I could choose one of the options the world had for me.

Anne presents an increasing sense of agency and ability to imagine a variety of future alternatives, which diverges from her previously held narrow range of options, which she inherited from her parents.

As another example Sally has a very strong narrative as 'carer' both in her personal and professional lives; she feels it is her duty to care for others. Her narrative is punctuated with evidence of her achievements and success however there is a clear counter-narrative of feelings of inadequacy and self-doubt. She explicitly explains this in terms of her early experiences; talking in a clear authoritative voice she related the following:

> **Sally:** I mean I came from a background where I had no self-confidence, I had a very bullying demanding father who left my mum and she ended up having a breakdown and I, as only an eight- or nine-year-old, was trying to sort of piece her together. She had no friends, no support and I was always looking after her. I was always a caretaker. *That's my narrative, my story.*

And so in this way she defines herself as caregiver according to her past experiences and early history. This self-understanding gained through those past experiences is also used to imagine a future, which in turn has bearings on her present. She goes on to tell me:

> **Sally:** So *... there's a bit of me that's also wanting to run away. It's that as well, because, it's like this never ends, this never* ends. Oh my God, people always want me to look after them to sort out*, and that's what I'm good at.*

Her tone shifts becoming desperate, betraying how trapped she feels by her past-designated role of perpetual carer and her despair that it will 'never end'. She alludes to the fact that as it (caring) is what she is good at, she is unable to stop, perhaps as it is bound up with a measure of her value and worth. She unequivocally links her past experiences to her current feelings of being trapped and wanting to escape. It is clear that Sally is unable to escape; such a narrative is unavailable to her. Similarly Charlotte precludes herself from an escape narrative explaining that after the loss of her husband she felt as if she wanted to run away.

> **Charlotte**: *I think if I was younger I would have taken the money and gone off ... run* away. And I think it had a big impact that I had to get up the next morning and take care of the children. And I had to feed them and the world did not stop.

Although most of the women draw on difficult past experiences to construct their current identity and make sense of their present there is a strong desire to avoid being perceived as a victim. Even though the periods or events being described give me the impression that they were profoundly difficult, sad and distressing, the narrators seem to reject my sympathy or pity. Elizabeth's narrative is littered with examples of loss. Both of her parents died and she has been unable to have children of her own; however she resists the label of 'orphan' and insists she has been 'lucky' to have had such lovely parents at all.

> **Elizabeth***: Yeah, I remember when my mum died my cousin saying 'we're orphans' and 'but we can't be 'cause we're grown up' –* laugh *– 'you can only be an orphan un*til *you're under eighteen!' she said 'it's not like that at all!' 'Yes it is!' It's about* being an orphan I think.

Elizabeth defends against the pitiful image of an orphan, positioning her cousin as insisting she is, her laugh possibly signifying that she feels the discussion is ridiculous and not to be taken seriously, but her last statement, delivered in a wistful tone, accedes to her status of being parentless and alone.

Other participants are quick to point out their part in the predicaments they present, reassuring me that they accept responsibility, often adopting a self-reproaching voice. Abigail made sense of her disconnection from friends and family during her troubled

marriage by positioning herself at fault and of bearing the main burden of sustaining relationships:

> **Abigail**: I definitely stopped calling people or if I did get a call I may or may not call *them back and that's bad on me, it really is.*

However this culpability is contradicted elsewhere in her narrative:

> **Abigail**: That is hard to make sense of and I think sort of biblically, I think that the husband and wife should be the most important thing to each other and I sort of went down that path and I was ok with that but not to the exclusion of everything else.

Abigail now accounts for her behaviour by invoking her belief in a 'Christian marriage' and claims that it is her attempt to adhere to this ideal that led her to (for a while) exclude everything else. So Abigail can defer blame from herself onto a flawed ethos of marriage. This back and forth between personal accountability and denial of responsibility was characteristic of all the narratives. This leads me to conclude that a 'victim narrative' is deemed unacceptable or perhaps shameful, which requires the women to oppose that categorisation. Charlotte who suffered the traumatic loss of her husband emphatically rejected a victim narrative:

> **Charlotte**: I tried very hard not to become a victim. I remember thinking it would be very easy to become a victim and feel sorry for myself. And I tried very hard not to do that.

The midlife narrators recall the past in order to make sense of their turning points. Elizabeth's loss of her parents, Anne, Sally and Bettina's difficult early experiences and Abigail's difficult marriage were all referenced in order to explain, justify or defend the events surrounding or leading up to their turning points. It appears that being perceived as a victim or running away are undesirable or unavailable.

The not yet lived: The impact of the future

The future loomed large for all participants and informed the events around their turning points. The narrators projected forward in time, imagining their current trajectory as well as alternative futures. Abigail demonstrated this as she described her married life:

> **Abigail**: I guess I would say that I felt like I was dying inside. I felt like I was living *in neutral, that I wasn't really living my life. I was just going through the days* unfulfilled and not growing and I sort of became his wife and lost myself. And that, *it's difficult to say, that and sort of difficult to express, the closer I got to fifty I started*

thinking 'gosh do I want to do this for another ten years and end up single at sixty?'

And I had to answer myself; 'no, I do not want to do that anymore.'

Abigail presents an incredibly desolate existence and the idea of her life continuing in this way is intolerable for her and she begins to imagine other possibilities. She suggests she was not living the life she was meant to be, and that perhaps there is a more authentic life available to her.

This important half-century birthday appeared to represent a catalyst for change and Elizabeth who was in her fiftieth year explained why turning fifty ignited the realisation that she needed to make different decisions.

> **Elizabeth**: *Because you think 'oh my goodness I'm fifty'. You know, and I suppose you think probably, well how I look at it is; in fifty years' time I probably won't be here so, you know, I think 'oh my goodness it's such a short time left'.*

Elizabeth's use of the word 'probably' here is interesting as it seems to open a possibility that she could avoid death altogether. Abigail's reaction to her fiftieth birthday was filled with ambivalence; as though it was something that she needed to resist and that attempting to do so was possibly a 'crazy' and unreasonable response. Turning fifty simultaneously signified something much deeper which had a profound impact.

> **Abigail**: Certainly my husband felt I was going crazy, that I was just sort of having a *crisis and that I would get over it but it wasn't, it was really much deeper than that I* would have to say that during that year I fought that fiftieth birthday every step of the *way. I never thought I would do that; I've never been one to be bothered b*y thirty or *forty and I didn't think fifty but it was that one. I don't know … sorry –*laugh.

I detected an element of embarrassment when the women admitted to struggling with a birthday, as if it is 'better' to age gracefully and celebrate ageing rather than resisting it. Abigail's laugh indicates her discomfort in discussing 'being bothered' by turning fifty, distancing herself from the 'the kind of person who is bothered'.

Abigail goes on to present her fiftieth birthday concretely as 'a line in the sand'. She says

> **Abigail**: I guess my fiftieth birthday was sort of the catalyst that pushed me over the edge, just the realisation that I'm well past halfway at this point and I need to do something differently.

Fifty represents a midway vantage point from which it is possible to reflect backwards and project forwards in order to evaluate the life lived. Both narrators quoted here refer to time left or of being half way (towards death) thus making indirect reference to their own mortality.

The idea that celebrating ageing is 'better' than resisting ageing is evident in other narratives. Sally explains her way of approaching this milestone birthday as:

> **Sally**: But age has always been a number for me, each decade birthday on all of them *I've had a big party and at that big party I think I've reflected a lot on what it means* and what the last decade has meant and what the next decade might mean and what *the theme… and perhaps the problem for me at the moment is that I am theme*-less for this decade.

Sally appears to rely on her reflective ability to create and assign meaning to her ageing process and that it is a problem that she is unable to render her fifties as meaningful and celebrate it as such.

When projecting into the future most of the narrators look forward to positive, optimistic aspects of their lives. However, this is done acknowledging the losses as well as the gains. Sarah, whose narrative as a whole emphasises the decline she associates with midlife appears to find it difficult to hold onto a sense of optimism.

> **Sarah**: I had children reasonably young and touch wood at the moment I am *reasonably healthy and we are in a position where we've got good jobs and stuff. You know it's a good time to be alive and in some ways I think the next twenty years of my* life I feel pretty positive about it, on some levels at the moment.

Sarah tentatively projects into a positive future but her frequent use of disclaimers such as 'reasonably', 'pretty' and 'at the moment' possibly reveal a pessimism that is linked to ageing and declining health.

> **Elizabeth**: *But I feel excited about the future. I suppose I haven't really for the last couple of years but I do now, I feel 'ooh', you know it's an exciting time.*

Elizabeth is less reserved in expressing her newfound optimism post turning point; she understands the changes she has undergone as being central to her ability to now look forward to an 'exciting future'.

Time left and being halfway

The ultimate future the narrators were imagining is unavoidably their own death. Inevitably the theme of mortality was ubiquitous to all the narratives; like Abigail and Elizabeth all the midlife women referenced mortality and time left.

Elizabeth says explicitly:

> **Elizabeth**: As a young person, in my early twenties you know life seemed forever then, *I think it is that, you know, once you're fifty it is about mortality.*

However, with few exceptions death was not explicitly discussed and was at times palpably avoided by both the participants and myself. More often death and mortality were framed in innocuous language such as 'time left' or 'being halfway', revealing a shared anxiety to discuss death.

> **Bettina**: I think shortly after I turned thirty-*seven and that felt like 'gosh! I'm almost in my late thirties' or 'woah', you know, that had a big* impact and I guess that thirty-six was also halfway, I thought this later, but it was also halfway through my *mother's life. My mother died at seventy*-two, I was thirty-six, so it was almost like I was halfway through the lifespan of my mother.

Bettina's use of the words 'gosh' and 'woah' implies that she feels shocked by the reality of her reaching her late thirties and being halfway through her mother's lifetime. Perhaps the alarm is connected to the idea of her own mortality and all that means to her. Similarly Sally connects an age with being halfway through an expected lifespan. She appears to position herself as not being troubled by the age of forty, distancing herself from a 'resistance' narrative but then almost as an afterthought she discloses her feeling of 'being halfway'. This feeling of halfway though is later linked to the turning point.

> **Sally**: *I was always looking forward to forty so it wasn't really about forty, although I* think at the back of my mind forty has always felt like halfway, *it's always been 'well you might not be here at eighty'; forty is halfway through.*

There is a similarity between Bettina's statement 'I thought later' and Sally's 'I think at the back of the mind' that suggests a difficulty in bringing these experiences directly to mind or to discuss them candidly.

Among the narrators Sarah alone defied the tendency to avoid death talk.

> **Sarah**: *When Gordon's mum had her stroke I was very surprised at how adamant he was that for a few days after it happened he wouldn't sign a DNR for her. I said 'I wouldn't want to be in that state. If that happened to me, I don't want to be resuscitated.' And he said, he couldn't get it, 'what do you mean? You need to try and stay alive forever!' I feel extremely strongly about not wanti*ng to do that. I'm very behind this whole movement of Swiss clinics and Dignitas and so on.

Sarah is resisting her husband Gordon's view, which I would argue reflects a grand narrative that requires a person to struggle against the inevitability of death. This discourse has moral overtones which Sarah questions positioning her stance as the 'right' thing to do and she is

'surprised' by Gordon's opposing view. Sarah's 'death and dying talk' is in sharp contrast to the other participants, highlighting the unspeakability of death.

Sense of time and urgency

The narrators' imagined futures and growing consciousness of their own mortality seemed to result in an altered understanding of time.

> **Elizabeth***: I think what I notice is probably how many times I've said 'gosh life is running past us at the moment.' I think there is something about time and how your* perception of time seems to be speeded up.

Elizabeth is acutely aware of the passage of time and this speeded-up quality seems to create a rush and sense of urgency. The heightened sense of time passing and an awareness of time left were framed as a motivating force, which compelled the narrators to take action.

> **Elizabeth**: So what do you do with the next part of your life? And you look back and think about w*hat you've achieved already and actually there are so many more things I want to achieve. And you think ' right, I've really got to hurry and do those things'. It's about, it's almost about time and space and speed actually. Cause you think 'oh* my goodne*ss there's not long left'. That's what I think.*

Elizabeth is describing how she came to the decision to resign from her job in order to take an adult gap year with her husband. Time is very much positioned as 'running out' which creates a push to 'hurry up and do those things'.

Time is conceptualised by the narrators as being limited and valuable and it therefore becomes necessary to capitalise on it. This was expressed as a need to take or make time in order to have leisurely breakfasts, travel, be charitable, reconnect with others or simply have fun.

> **Anne**: One of the things which has encouraged me to stop working full time is certainly the fear factor in that my partner is sixteen years older than me. And if I *don't spend time with him now that might not be an option for us in five years' time.*

Anne's perceived urgency to spend time with her partner before 'it is no longer an option' directly informed her turning point. Time becomes a valuable commodity.

The women deemed it 'good' to make the most of their time and as a corollary wasted time or opportunities were deemed 'bad' or 'wrong'.

> **Abigail***: I sort of think it's just the realisation that life is more than half over. You know in your twenties and even in your forties a bit, it's really easy to say 'I've got*

most of my life ahead of me' but at this stage you don't. You want to make the most of
it.

Abigail draws my attention to the recklessness of assuming you still have time, positioning her need to 'make the most of it' almost as a moral imperative justifying her actions. In this way the narrators seemed to create a space of urgency and moral obligation, allowing turning points to occur.

Bettina explained her motivation for returning to university and how she had to put aside her usual approach, (which required certainty in favour of throwing caution to the wind) in order to ensure she did not forego opportunities.

> **Bettina**: I think it must be urgency, there was that sense that the ideal thing might never happen, you must make the best of it. If I'm not doing something about it, I might not get anywhere!

The sensation of time passing creates urgency, which can be harnessed by the narrators in order to affect change in their lives. The interconnected notions of the past, the imagined future, mortality and the resulting sense of urgency operate in unison to provide justification or rationalisation and an impetus for change.

In relation

Throughout data collection and analysis my dominant observation was the extent to which the narratives being presented were anchored in stories of relationships.
In presenting their turning points all of the women spoke at length about their relationships with others. These included relationships within their communities, with their husbands or partners, with their children if they had any or with their parents.

Connection

On the whole connection with others was highly valued by the narrators.

> **Anne**: I was in the political party for about thirteen years and there was lots of valuing what I was good at and also just kind of encouragement and growth.

Anne's connection to a political party with whom she shared an ethos meant a great deal to her; the relationships provide her with a sense of positive self-worth and this encouragement enabled her to grow. She understands this nurturing environment as being instrumental in her turning point. Abigail presents her decision to leave a large corporate job for a small 'family-owned' company as being a result of her turning point and the accompanying need to reconnect with people in a meaningful way. Abigail's tone is self-assured as she tells me:

> **Abigail**: I moved to a small family-owned company filled with people I already knew and had worked with before so it was very comfortable and easy for me. Yes, it was part of my reconnection with better parts of myself.

An interesting aspect of relationships and connection was the way in which many of the narrators specifically referred to a community of women and how other women featured in their turning points.

> **Abigail**: I also started doing a lot of reading about midlife and saw the changes that *other women went through. I think it helped me gain strength through other women's* experiences.

Abigail reports that she 'gains strength' through reading about other women's experiences. This is echoed by Sarah, who explains, almost as if the thought had just occurred to her:

> **Sarah***: I suppose one of the things I do do… and I suppose I don't consciously seek it out… I will always read articles. I haven't really thought about this but there was an article recently … and they had something like 'Women Over the Age of Fifty Who Dress Well', so you don't have to be written off, just keep finding these women.*

Sarah appears to be unconsciously seeking out accounts of women who have successfully navigated midlife and have avoided 'being written off'. This assures her that she too can avoid this fate. Sarah is explicit that it is the stories of successful women that she finds inspiring; she comments thoughtfully:

> **Sarah***: And it's interesting because my examples are always women, I wouldn't be* seeking out, or particularly impressed by, a guy; because I'm trying to find a role model for me.

Sarah seems to realise that it is the fact that the magazine articles are detailing the lives of midlife women that is of value and interest to her as they can then serve as role models in her own life. Sally is another narrator who values connections with women who are undergoing similar experiences to herself. During her retraining she gained a great deal from creating a small community of women; she explains:

> **Sally**: And in a way finding two other women who were in the same boat with children was very helpful because a lot of the people were younger and at different stages and it meant we had solidarity of knowing how difficult the journey was.

Like Sarah and Abigail, Sally finds it helpful and supportive to be around women who are 'in the same boat' and she gains a sense of solidarity knowing that they are experiencing similar highs and lows.

The midlife narrators undoubtedly value connection with others and particularly with other women undergoing similar life experiences. However, relationships are not always positioned as being positive.

Maintaining relationships

All the women in the study agreed that it was the women's job to care for others and to maintain connections. They spoke about this in terms of their role in caring for parents, children and partners. This was an accepted and expected aspect of their lives and one that they connected to being female.

Relationships and the accompanying challenges were in many instances fundamental to the turning point. A complicated dynamic emerged as the women attempted to comply with and resist grand narratives of what it is to be a 'good woman' with respect to their relationships. They tended to orientate themselves towards a sense of moral acceptability in their relationships with others. This was particularly evident in marital relationships, which several of the narrators placed at the root of their turning points. Marriages that had ended were strenuously justified or the responsibility of the separation was placed with the partner. I was struck at how much the women claimed to persevere with their marriages and other relationships. Several mentioned how hard they had tried to make it work, citing counselling or 'sticking around to pick up the pieces'. Bettina located the responsibility for the eventual marriage breakdown squarely with her husband. She told me:

> **Bettina**: So it was him that broke it off really, not me. I was prepared to continue and to compromise and to live with the imperfection of the relationship.

Her tone is pragmatic, almost indifferent, and I was drawn to the contrast between her presentation of an intelligent, ambitious woman and her reported preparedness to endure the imperfection and continue to make compromises in her marriage. Bettina's account of her marriage renders her passive and her husband as the active decision-maker. Possibly this allows her to fulfil the requirement of 'good woman' by not purposefully breaking the connection. She continues:

> **Bettina**: But however, having lost that battle I notice that I do have a lot of freedom now, now that I feel I have gone through a lot of the grieving and things, I am better off, than you know that constant battle which is a losing battle.

Bettina's narrative shifts from one of loss and destruction to a more progressive and hopeful plotline, emphasising the freedom and calm she now experiences. Although she repeatedly

equates her marriage to a battle she still feels it is necessary to draw my attention to her grief at its inevitable dissolution.

Abigail left an unhappy marriage saying matter-of-factly:

> **Abigail**: We did go to counselling actually and I expressed these things to him but it *didn't cha*nge so I had to.

Abigail uses the imperative 'had to' and in so doing positions herself as being without choice, therefore justifying the necessity for her change.

It seemed essential on the part of the participants for me to understand how hard they had tried to maintain that connection. This suggests a powerful societal disapproval of women severing relationships, which includes an expected negative response from me. The midlife women are all in agreement that caring for others is understood to be a woman's job, traditionally a woman's role. This appears to be an accepted aspect of their reality and there is little resistance to this.

> **Elizabeth**: There is this whole thing around your parents being very elderly and dependent. It seems to be the woman in the relationship that is dealing with the elderly people. It is me that is dealing with my in-laws. I love them, but they do have two sons of their own!

Caring for people is simply part of being human, and the narrators seem to suggest it is simply part of what is expected from a good woman. Elizabeth, in the quote above, is quick to point out she does love her in-laws and only alludes to any resentment she may feel that it is her, rather than their sons, who is involved in their care. Sally who persevered with her troubled marriage ponders:

> **Sally:** I know the statistics on alcohol and partnerships. If I had been a man with a wife who had a drink problem I would have just left her, I suspect, not stayed around to pick up the pieces.

Sally imagines that had she been a man it would have been possible to relinquish her spousal responsibilities, but as a woman this option does not seem to be open to her. Sarah provides an illustration of this inability to abandon responsibility for others as she continues to care for her mother with whom she has always had a difficult relationship. She reflects:

> **Sarah**: You know I see my mother quite a lot. I sort out a lot of stuff for her even *though she still… you know she still says horrible things, she still tells me I'm a lesbian really awful and it's not a conscious thing… I just do that because I think any human should do that for another human, that's how my life is.*

Although she is emphatic that her mother is unlikable, Sarah appears to unquestioningly justify her actions as merely being the bare minimum of acceptable behaviour. She does not seem to invite my admiration for her actions, dismissing it as an unconscious human response, more to do with being a woman than a daughter.

Equally the narrators who had children presented their turning points as being caught up with their experiences of being a mother. Two of the participants were not mothers, however they had similar stories about their role and responsibilities to others such as ageing parents. Describing the decision-making process that led her to leave full-time employment and begin her own venture, Anne explained:

> **Anne**: Which is sort of part-time consultancy and being on committees and having *enough time to you know… have leisurely breakfasts and worry about* ageing mothers not to mention ageing fathers and that sort of thing.

Of the narrators who were mothers, the most arresting was Abigail's narrative of reconnection with her adult son.

> {**Researcher:** And is there anything you think we are missing, that should be brought into this conversation?}
>
> **Abigail***: I don't know what I haven't said before but really the reconnection part for* me was the biggest thing, particularly with my son. He is a man now and I sort of missed the younger years of him turning into a man because he was not in my house, he was only here for holidays and that was a terrible experience for me, a great loss and that was really one of the biggest triggers for me, restoring that relationship.

I felt that Abigail wanted to reiterate to me the significance of regaining the relationship with her son. Abigail's extreme language such as 'biggest', 'terrible' and 'great loss' indicates the distress the disconnection caused and her determination to regain that connection. It occurred to me that Abigail might have been concerned about my possible perception of her as a 'bad mother', which she wished to replace with 'good mother'. In describing her momentous dinner party, which signifies her turning point, Bettina notes in an excited voice:

> **Bettina**: I remember standing there with my baby in my arms, talking about philosophy and that felt great, you know, maybe bringing that together, it was *possible and there was nothing in between, it wasn't as if the two worlds didn't work* together. And, umm, so yeah, I just remember something kind of widening my horizons or the, umm, it was like something had opened up really.

Bettina appears to base her subsequent changes on the fact that she could pursue her own agenda and remain a 'good mother'. It is this realisation that she could fulfil her own needs

as well as those of her children that justifies her turning point. Many of the mothers identified a space that was created by children becoming less needy, a space which they could occupy themselves. The responsibility of the role of mother and other relationships were also discussed in terms of the constraint. This discourse was carefully balanced with proclamations of prioritising relationships. In terms of the mothering relationship Sally claims that having children early '*set me apart, set me back, put me in a different place',* however she also describes the difficult '*clash'* she experienced as her retraining took her out of the home more. She quickly points out that they were teenagers by this time and therefore less needy and that up until then they had *'always, always been my priority'.* Leaving children, even teenagers, seems to require strenuous justification, indicating an expectation or moral requirement to put children first.

Ambivalence to connection

Connection and being in relation is positioned, with difficulty, as being a vital part of women's lives and identities as well as a source of frustration and constraint. In the context of several different relationships the narrators feel constrained by their caring roles. The narrators position these responsibilities as limiting their choices, restricting their options and preventing them from escaping. Bettina points to her role as a primary carer for her disabled daughter as a reason why she could not pursue her career and was restricted to the role of stay-at-home mum.

> **Bettina**: *In the back of my mind there was always this 'what will I do? What will I be doing?' but my life was so full with looking after a disabled child and a baby so there* was no *help and I wouldn't have been able to go anywhere for work, there wasn't any support around and my husband worked a very busy, you know, corporate job ... that* sort of thing.

Bettina illustrates how her own needs and desires had to be relegated to the back of her mind, while the needs of others, including her husband took precedence.

Anne recalled a story she had been told as a child and how it resonated with her own experience of her parents and other people around her as she was growing up.

> **Anne**: When I was six we were told a story at school about a mother in the American South who had been a slave, became free, had a problem son who got himself into debt and she got back into slavery to pay off his debts. I mean, silly story, but I remember it; it was over fifty years ago. That sense of freedom was important and

> *lack of money was… you know… well… lack of money was a constraint, but also*
> actually loving other people was a constraint.

Anne relates this small story very stoically; detailing the progression of the narrative from captivity to freedom and then due to the actions of the son, back into captivity. Although she dismisses it as a 'silly story' she admits that it was profoundly affecting and has remained in her mind for fifty years. The tale's intended purpose is to showcase the admirable qualities of a mother's love. However it has been interpreted by Elizabeth as a persuasive representation of the danger of connection where women are prepared to sacrifice themselves for relationship. This may be reflected in her decisions to remain unmarried and childless. It is also an illustration of the powerful contradiction between the gains and losses of being in relationship.

The process of becoming

The process of becoming refers to the ongoing becoming of something other than what had been previously. This was presented in a series of consequential links with the turning point being pivotal.

Dilemma and crisis

Each narrative being presented contained, to varying degrees, a rupture or disturbance that represented the turning point. The narrators tended to present these monumental turning points in different ways, often offering a superficial story, (career changes were revealed to be due to underlying relational difficulties) diminishing the impact of the turning point. Regardless, the participants reported a high level of distress using emotive language such as '*dark period', 'devastating', 'painful', 'lost', 'alone'* and '*dead inside'* indicating the extent of their reported despair.

Sarah initially distanced herself from the idea of crisis; in response to my first question eliciting a turning point she replied:

> **Sarah**: OK, nothing particularly dramatic leaps out and says midlife thing or event or whatever.

As the interview progressed she relates the story of her father's death, the day before her fiftieth birthday celebration.

> **Sarah**: *I don't think anyone would think I've had a midlife crisis but actually when my father died when I was fifty, that's right, we were having a massive fiftieth* birthday, joint fi*ftieth birthday party. We had this massive party at a venue… and my*

father… we got a phone call to say he was in hospital, he was dying and so on. That was two days beforehand. And he actually died the night before and I was up all night in Scotland and *it was weird because I remember thinking 'oh God, what do I do? Do I stay here with my mother who I can't stand? Do I go back to England because all of this is happening?' That was really… you know… it's quite kind of hard. In the end I did come back…* and actually my primary allegiance should be to *my partner all that kind of stuff. So… and everyone saying 'what are you doing* here, *your father has just died; and just being 'it's fine' sort of thing. But actually about* six months after that I had a m*ajor, serious kind of… I don't know… I just went kind of weird; I couldn't concentrate and I couldn't sleep, I wasn't sleeping, I was awake* what felt like weeks on end.

Although Sarah once again attempts to dissociate herself from her 'midlife crisis' she gives a harrowing account of the dilemma she faced and the aftermath of the event. Sarah emphasises the impossibility of her predicament. She is positioned as being caught between an expected loyalty to her undeserving mother and the primary allegiance to her family, however her decision was still questioned by her guests. She appears to consider the needs of others, however her own voice is unclear. The impact is described as 'serious' and 'major' but is then dismissed as being 'kind of weird' and she resists pathologising the episode.

The term midlife crisis (MLC) was by and large rejected by the narrators and was identified as a male phenomenon.

> **Abigail**: You hear about, when you are younger, about men having a midlife crisis – buying a sports car or m*otorcycle and having an affair, but you don't really hear about women, it's just change. I think it sounds negative, but it's probably what I did,* probably.

Abigail unhesitatingly invokes a popular image of MLC in men and initially distances herself from it, before tentatively admitting that it might be an accurate description of her experience. Her double use of the word 'probably' indicates her reluctance to do so.

Sally also referenced Ferraris and affairs in terms of the male MLC contrasting that with women, she asserts:

> **Sally**: Rather than what a woman does which is slow-*burning and thinking: 'I would like to do something transformational'. Neither of the things I have experienced felt* like a midlife crisis. I would describe them more as transitions.

A feature of women's experiences of turning points, which distinguishes them from the male MLC, according to the narrators, is that they are slow and considered rather than being rash and unthinking.

> **Bettina**: *I don't think my change was foolish, I think i*t took a long time because I was more emotionally guided, you know, my way was more intuitive and emotional before. *And it changed towards a more rational way, it meant I wasn't foolhardy. It was* actually quite considered, you know, what I did do, what I *didn't do; I made decisions, I discussed them with my husband. I wasn't going out like crazy* – laugh.

Bettina's laugh may suggest incredulity of behaving 'crazy' or perhaps it is the comedic discourse she assumes we share where men are positioned as being 'like this' and women are 'like that'. Regardless, the narrators were clear that there was a difference between the male 'midlife crisis' and a female 'transition'. The MLC is not an appropriate construction for the narrators to describe their experiences, they resist undesirable characteristics such as 'irrational' or impulsive, and accentuate the measured nature of 'transition'. Sarah agrees, commenting:

> **Sarah**: *I think of it (MLC) as a male thing. That's not something women do, they're* too sensible.

The narrators described a time of turmoil and disturbance surrounding their experience of turning points, however they are wary of a crisis narrative and the perceived negative connotations.

Agency and change

The narrators appeared to be constantly negotiating their own sense of agency and ability to affect change in their lives. The midlife women were caught in a relentless tussle between formulating themselves as active participants in their lives or being constrained by themselves, their gender, their relationships or society in general. Anne who views herself as having overcome her upbringing admits:

> **Anne**: I still get constrained by myself and constrained by my lack of knowledge and self-confidence.

The narrators made reference to options and choices specifically in relation to their gender and how this has narrowed choices. Whether it was leaving a relationship or changing direction in career the narrators situated themselves as being both agentic players in their lives and as powerless objects being swept along. Abigail says:

> **Abigail**: I thought maybe I could make change, that it was necessary rather than just sitting back and letting it happen to me, which is what I had been doing.

Here Abigail refers to her previous way of being which she feels had been passive, simply allowing things to happen to her. Post turning point she is actively making choices and changes and that this is necessary and unavoidable. She remains tentative in her belief that she can 'make change'. The use of the word 'maybe' communicates her uncertainty of this new way of being.

> **Bettina**: And so that was a hard struggle for me too because there was something that had got moving in me which was kind of difficult to stop I think even though I actually did try sometimes to stop *it because I found it so difficult to yeah… combine with the* rest of my life.

Bettina equates the turning point with a force that is somehow of her own making but slightly out of her control. This perhaps introduces ambivalence towards and the struggle of change and the potential for disruption. Bettina presents herself as having almost relinquished control to a more powerful force. This possibly relieves her of responsibility for her actions.

> **Sally**: I started thinking about a different type of future as well. Where I had to be less dependent and make a leap in the dark, make a change, do something different and significant.

Similarly, other narrators construed agency as previously being lost or absent and part of the momentum following the turning point was reclaiming a sense of power.

Abigail struggles to come to terms with her loss of self-determination during her marriage. She says:

> **Abigail**: I'm a fairly strong independent woman so how I lost it – pause – but now *I've taken it back.*

Her tone is self-condemning as she ponders how she allowed herself to lose her agentic power and she clearly feels this is an undesirable state, which requires rectification.

> **Anne:** *In a sense my priorities didn't change, what changed was my ability to live out* my priorities.

Anne plots her sense of agency as developing, allowing her to live a more authentic life. Abigail formulates the shift as a willingness to take control; she seems to acknowledge a previous reluctance to actively direct her life. She appears to struggle to adequately express herself on this point:

> **Abigail**: So I sort of feel, umm, more bold, more willing to take control of my life than I was previously. I think midlife is a great time, once you take that control back.

Twinned with the narrators' ideas of agency is the activity of change. Change itself was positioned by the narrators as being '*difficult'*, being a '*lengthy process'*, '*jumping off a cliff'*, '*scary'* and '*daunting'*.

> **Sally**: *Through the second year I just thought excuse my French but 'fuck this'! –* laugh – *I don't know if I can do this, I don't know whether I'm going to get through* this, it is too awful.

The difficulty of this time is clear: it was 'too awful' to the extent she doubted her ability to endure it. However Sally couches her description of change in humour, which I took as a signal that she did not wish me to take her struggle seriously. This was indicative of the midlife women's discomfort in discussing the negative aspects of change. Bettina particularly alluded to the potentially destructive nature of change; she used images of explosions as well as the energising 're-awakening'.

> **Bettina**: One image was that a bomb had hit my life; the other was that somehow I had been asleep and something had woken me up.

Despite these clearly challenging features the women resisted a 'crisis' narrative, preferring instead to use language such as transition, awakening, metamorphosis.

> **Sally**: I think in my head I see the training as a metamorphosis in a sense as, a, yeah, as a hatching but a difficult one, a very difficult transition but where I came out the other end.

Sally's tone is thoughtful as she attempts to unravel the difficulties associated in achieving transformational change as well as the positives of emerging at the other end once the metamorphosis has been accomplished.

Change was viewed as important and necessary and as having a positive impact.

> **Abigail**: So I did, I went ahead and got divorced and it was ugly and terrible, like *every divorce but I'm better now.*

Abigail endured the 'ugly' and 'terrible' as the necessary route to being better. She also points out that her experience was no worse than anybody else's. The narrators assured me that the difficulty and struggle of the turning point resulted in progressive growth and lessons learnt. As a result of her difficult turning point Sarah scrutinised herself as a mother and took steps to address her perceived inadequacies. She tells me:

> **Sarah**: I sort of really started to think a lot because I had always really parked all of this, the stuff that had happened, and actually I think I then started to think much more about the effect it had had on my relationships and on the way I had parented

the children and all that type of stuff. I think it has made me want to try and communicate feelings more to those that are close to me. I'm kind of trying to say things to people, which is kind of quite a big change for me, and I suppose as a *change that's a good thing to get out of it.*

All of the narrators reported positive outcomes from their transitions, however this was done tentatively, negotiating gains and losses. Anne was determined to convey a sense of pride and accomplishment following her turning point. She told me emphatically:

> **Anne**: I suppose the key thing about my story is that this sense of, at one level, what I have done and this last period in my life has been work in our field but where I'm at, what I feel about it is WOW.

Bettina presented an equally positive outcome of her turning point:

> **Bettina**: I was thinking, I made my transition and I'm on the other side now. So, which felt great and it felt like so much better than I had ever thought.

The process of crisis and change seems to hinge on an increasing sense of agency and a sense of competence, which enabled the narrators to take command of their lives in a new and important way.

Self and identity

Central to the process of becoming and the turning point narratives overall is the narrator's sense of self and identity. Turning points were positioned as being for the good of their own sense of self, either to remove themselves from a place where they felt they were compromising themselves or to orientate themselves more closely with their authentic selves. The narrators positioned their turning point as a return to self or reclaiming parts of themselves that they felt had been neglected or relegated. They reported that this return to their old self was welcomed by significant others who really knew them.

> **Abigail***: I didn't like who I had become in this marriage and I needed to ge*t back to myself. But once I did do that my close friends really noticed a difference in me you *know, I hadn't been myself for the last several years and they were excited to see me* back, I guess I would say.

Abigail identifies an authentic self or a 'real me' which was compromised in her marriage. Her unnatural inauthentic self was seen as inferior and had to be abandoned in favour of her more desirable 'me'.

> **Bettina**: I needed to be looking after this side of me that I had pushed away and that this was really important to me and that it was a part of me that was really important. And then my old friends, my really old friends I think they saw the old me coming back. So with them I was always my old self in some ways but I had somehow left that behind, somewhere along the line.

Bettina emphasises how important the 'pushed away' parts of herself were to her 'old self' and it was for this 'old self's' benefit that she needed to look after that side of her. Like Abigail, she calls on her 'really old friends' to confirm the return of her true 'old self'. It seemed to me that there was an attempt to moralise and suggest changes were made for either the good of others or for their own good. Elizabeth explained her reasoning for resigning from her nursing job to go travelling with her husband as a shift in focus from caring for others to caring for herself. She presents this as a departure from a previous way of being which would have prioritised the needs of others.

> **Elizabeth***: I think I suppose there's a shift as well from taking care of others to thinking about taking care of yourself. And then others. When it has always been the other way around.*

The idea that the turning point was in consideration of the narrators' own good was particularly prominent in the women's narratives. Complete self-sacrifice in the service of others was seen as 'not good' and required rectifying. Several of the women recognised the ways in which they had compromised themselves or had lost parts of themselves and realised that this was 'bad' for them. In this way they justified their changes.

> **Sally**: I think the problems in the marriage, which were quite sort of devastating, pushed me to really decide that I had to be a priority. Because there was a sense of *'well I've given my all to other people' and yet at the end of the day it can be sort of* thrown in your face.

Sally frames the betrayal she feels her husband committed as a justification for prioritising herself. Abigail reports a similar instance of rupture in her 'self-sacrifice' narrative within her relationship. She describes her thinking about her turning point in the following:

> **Abigail***: I guess my thought process was: I've given up everything in my life for this and now there is nothing for me, I think that's where I got to, it's painful to say sort of where I was.*

Abigail, like Sally above, pinpoints a moment of devastating realisation that the level of self-sacrifice she was making in her marriage was ultimately unrewarding and could not continue. This created a space in which a shift could occur from others to self.

The narrators spoke about their sense of self, often making reference to who they were or weren't. The narrators' sense of self was explicitly used to make sense of the turning point to both me as the audience and to themselves. The participants referred to positive self-attributes such as *'tenaciousness'*, *'resilience'*, *'brave'*, *'strong'* or *'reflective'* in order to make sense of their ability to endure the difficulty of the turning point and to make necessary changes. Sally's understanding of herself as 'brave' and 'tenacious' is in keeping with her idea of herself as someone who underwent a turning point and got to the other side.

> **Sally**: I suppose that – pause – I see myself in good ways as being rather brave and tenacious. I think tenacious is a word I would ascribe to myself more than anything *else. I am very glad I did it, that's not the same thing as explaining it, it was a* necessary step in getting to the other side in order to do something that at one level I always wanted to.

Several of the narrators understood their turning points in a philosophical or spiritual way, presenting the disruption and consequent adaptions as having a higher significance.

> **Bettina:** That party was just one moment, it could have happened at another time along the way I guess. So I think I need to say that happened on the sixth of January which is epiphany and although, I am also religious, so for me that also meant something. So a sense-making there in terms of: I saw something, was shown *something. It felt like... umm... ah..., like an important thing.*

Bettina uses her religious understanding to further legitimise the changes she subsequently made by ascribing them profound meaning.

> **Sally***: I've evolved a sort of philosophy, which I've always had but this ties into it, which is; at the end of my life I want to know the I've not knowingly, because* obviously I'm going to do it unknowingly all the time, not knowingly done too much *harm to anyone. And that hopefully I've done qu*ite a lot of good.

Inauthentic self

Several of the narrators allude to a presentational self, which is qualitatively different to their real selves. There was awareness that the incongruity between who they really were and who they were in the minds of others could become problematic. This appears to be exacerbated during times of crisis.

Sarah presents her turning point in this way. Her firm sense of self is called into question, as her external presentation no longer matches her internal experience.

> **{Researcher: Do you think anybody looks at you and thinks you've had a midlife wobble or whatever?}**
>
> **Sarah**: – laughs – *umm, no they don't but that's much more about me, I've always* been somebody to the outside world, people describe me a lot as a kind of – pause – *not getting phased about things, water off a duck's back pretty much on an even keel* most of the time.

As she goes on to describe the events surrounding her turning point she tries to explain:

> **{Researcher: And when she was saying what was wrong with you, what did you think was wrong?}**
>
> **Sarah**: *I think, I think, I don't know what was wrong with me, I think I had always,* umm – pause – I think I found it quite frightening not to be able to hold things together. I have always been able to take control of things and I think people would *describe me as quite a strong person. And I felt very out of … I just couldn't* understand why it was happening either, it was just – laugh – a dark period.

She begins haltingly, struggling to articulate 'what was wrong'. Sarah's distress stems from the assault on her sense of self, that she was no longer the strong stable person she was in her mind and in the minds of others and this created a disturbing identity crisis.

> **Abigail**: I stopped caring about myself, I gained weight, I just became this mess of a *person and I really became somebody else, somebody I didn't like at that point. And when you don't like yourself something has to change.*

Abigail seems to identify her inauthentic self who she positions as 'somebody else' as far removed from her authentic self. Ridding herself of the unlikable mess of a person she feels she had become is framed as a justification of the changes she had to make. The turning point again involves a shift to caring for self.

> **Bettina**: Because I think I used to be very interested in philosophy and philosophising about the darker side of life and I think I pushed that away under the influence of my husband who though it was morbid.

Bettina presents her inauthentic self as being a product of pleasing her husband whereby she purposefully pushed a part of herself in order to be more appealing to her husband. In the process of her turning point this inauthenticity became more uncomfortable for her and she returned to a more authentic way of being.

The narrators appeared to be very clear about their true self, old self or authentic self and when this was in jeopardy.

Embodied experience of ageing

Menopause

The majority of the participants, to varying degrees, spoke about the menopause. The topic of menopause was almost buried, emerging only as a brief mention or at the end of the interviews masquerading as an afterthought. In response to my final question Sarah illustrates this:

> **{Researcher: I was wondering if in thinking about this conversation that we're going to have, whether you had any expectations or if you thought we were going to talk about something or if you had hoped I would have asked about something?}**
>
> **Sarah***: No not really. I suppose the one thing we haven't talked about – not that I* particularly want to talk about it to be honest – is the whole kind of the effect of menopause on women.

Sarah clearly feels the menopause is worthy of a mention and in some way significant in her midlife narrative but it is equally clear that she is reluctant to discuss it. This unwillingness and unspeakability that I experienced in the interviews is mirrored by what participants encounter in their own lives.

> **Elizabeth**: I just think there is almost this big kind of vow of silence among women and what is that all about?

Most of the narrators (with one notable exception, detailed below) used emotionally charged language when discussing the menopause, indicating a profound emotional impact. Menopause represented for many of the women a poignant loss of their reproductive selves and therefore went to the core of their identity as a woman.

> **Sarah***: And you do, there's something about feeling like you've served what you're biologically supposed to do and now, you know, you're not, your reproductive days* are well and trul*y over so actually what's the point of you sort of thing. And I have been surprised that I've felt that to the extent I have.*

Sarah questions the worth of her post-menopausal self, what value does she now offer? I was interested in her surprise, again seeming to make value judgement as if she ought not to be affected in this way.

> **Sally**: The menopause has really loomed large for me, I was frightened of it because I had heard all sorts of grisly stories and also it seemed to be associated in my head more with endings than beginnings. You know?

Sally positions the menopause as frightening; the only narratives she could apply were ones of decline and deficiency. Her question 'you know?' assumes I share this pessimistic view and assumption that for women the menopause represents an ending and a loss.

> **Sarah**: I had serious hot flushes but really I just thought they were funny, you know *you're suddenly like 'wow I'm boiling, I'm absolutely boiling, why am I boiling?' But I have no idea how long that's going to last, I still don't know what to expect.*

Sarah begins the quote in a light-hearted manner describing the hot flushes, but her anxiety of not knowing is evident. She utilises an alternative menopause narrative, of quiet suffering or comical middle-aged women going through the mysterious 'change'.

In sharp contrast to the other narrators Anne's menopause narrative was far more benign, she positioned the menopause as offering her relief and freedom.

> **Anne**: And on a practical level do I think the menopause makes a difference? Yes, much, much better afterwards just much calmer. So the sense of losing the sense of cycle, that there was a time of the month you were stressed, there was a time of month when you were angry, more of a sense of an even keel. I was incredibly lucky in that I swanned through it.

Anne refreshingly has adopted a positive attitude towards her menopause and instead of endings she is celebrating a beginning and a freedom. Anne has never been a mother, she had tried to become pregnant but had been unsuccessful and I wondered if then menopause was a release in that way. Menopause featured heavily in the participant's narratives as an event that mattered in one way or another during midlife.

Appearance

The majority of the women referenced their appearance and how this affected their experience of themselves.

> **Elizabeth**: For example my neighbour next door is what, fifty-*two? Yeah, it's quite interesting, we all went out as a group the other night, and others were like 'she shouldn't be wearing a* leather dress because she's fifty-two – laugh – and I thought *'well why wouldn't she?' 'But she's fifty-two' and I said 'so?' 'Well she shouldn't wear one' and there was quite a discussion.*

This small story reflects the bigger story of the contradictions and conflicts middle-aged women are faced with. Elizabeth takes the position of the defender of her neighbour's right to wear what she chooses. Her laugh could either be interpreted as an invitation to laugh at the ridiculousness of the situation or to laugh at the ridiculousness of a fifty-two year old

woman wearing a leather dress. There is a 'mutton dressed as lamb' discourse, which dictates how women need to dress according to their age. Elizabeth supports her neighbour's right to dress how she wishes however she implicitly accepts the 'mutton dressed as lamb' discourse as she remarks a few minutes later:

> **Elizabeth**: I think if I want to wear a leather dress – *which I don't* – I think I just *would do and that's that*.

She positions herself as rebelling against societal expectations in that she would dress to please herself but her aside – that she wouldn't want to wear a leather dress – reveals her complicity. She then discloses:

> **Elizabeth***: I think privately she told me she felt she doesn't feel as se*xy now as she did *when she was forty. I said to her 'it's all in your head, isn't it'.* – laugh – Yeah, but I think she is probably struggling quite a lot with being fifty.

Elizabeth continues the story to reveal her neighbour's insecurity about her ageing self. Elizabeth assures her neighbour 'it's all in her head' but is aware that this is of little comfort and that she (the neighbour) is struggling. This indicates the complicated effect of the contradictory discourses where midlife women are simultaneously encouraged to wear what they want and criticised for doing so. Similarly some of the participants contemplated the appropriateness of dressing in a certain way, as Elizabeth's neighbour's wearing of the leather dress. Sarah reported struggling with a dilemma between conforming to age-appropriate norms and dressing according to her own taste.

> **Sarah**: Actually the way one dresses as well. I think I dress age inappropriately but I'm not going to stop doing it sort of thing. **{What puts that in your mind, why do you think that?}** Because I buy my clothes from places like Top Shop and stuff and I *think 'no you are really too old for that stuff'.*

This reflects an internal and external struggle, which results in women questioning their identity. They possibly feel it is necessary revise their identity as they age in response to a pressure to adopt the identity of an older women and relegate their younger selves.

Several of the women mentioned their changing body in relation to ageing.

> **Sarah**: And definitely *your body starts to change in ways that you think 'oh dear, I don't have much control over that'. Like I have never put much weight on and I have* never done exercise but now I am starting to exercise, because you end up getting really solid around the mid*dle and you don't want that so …*

Sarah understands her tendency to 'get solid around the middle' as an inevitable part of ageing, something that cannot be prevented, merely dealt with through exercise. Her statement 'you don't want that so …' suggests that she assumes I share her belief that extra weight is obviously undesirable and requires action.

> **Abigail**: *I'm trying to stay as active as possible. It's certainly getting harder to keep* the weight off and things like that. The metabolism has been a killer; it really is a reminder of my age.

Like Sarah, Abigail links her changing body with ageing. Ageing is positioned as a 'killer' and as something that requires combating. Anne's experience of changing body was presented as something far more positive. She reported that her weight loss combined with her decision to let her grey hair grow out resulted in a pleasing appearance. She told me, with pride:

> **Anne**: It really worked for me; the grey hair, the thinner face and the definitely thinner hips.

Anne went on to relate the story of how she came to decide to stop dying her hair:

> **Anne**: *There was a woman and she had natural grey hair and I just went 'wow'. And* whereas previously I had the sense that grey hair was sort of ageing hippy, I now had a sense that actually grey hair was looking confident and a woman of a certain age.

Anne recalls another woman who seemed to model embracing your grey hair and she could reformulate greying from 'ageing hip' to confident older women. Perhaps this becomes part of the turning point and a shift towards self-confidence and authenticity.

However, she later admits:

> **Anne**: John was okay with it because I think if you have a partner that is turned off by that it would have made a difference.

Her narrative of resistance and authenticity has a caveat; it requires the sanction of a man. The physical embodiment of ageing has a profound effect on the midlife narrators. Menopause particularly impacted the ways in which the narrators understood themselves as women.

Conclusions

The findings of the critical narrative analysis was organised in terms of four overarching and at times interconnected themes. The theme of Temporality refers to the narrator's tendency to locate themselves in time. The narrators presented their turning points in relation to their pasts and imagined futures. In this way the turning points were rendered meaningful and understandable to both the narrators and myself. The theme In relation identifies the value the narrators place on connections and relationships. However there is a tension between prioritising others and caring for self. The process of becoming seeks to encapsulate the journey of the turning point from the initial crisis or dilemma through to the impact of self and identity towards an increasing sense of agency and ability to affect change. Lastly the theme of The embodied experience of ageing describes the profound impact of menopause on the midlife participants and how this becomes caught up in the turning point narratives. Additionally the narrators present their changing appearance and how this impacts their body image.

Discussion

Overview

This chapter will begin by presenting a discussion of the research findings, integrating the analytic themes introduced in the previous chapter with appropriate psychological theory. Additionally I will review the research project, consider the applicability of the findings to counselling psychology, assess the limitations of the study and suggest areas for further research.

Integration, relevance and implications

The present study was concerned with exploring the ways in which women presented difficult turning points during their midlife. Narrative methodology offered a plethora of analytic lenses with which to examine the data. The narrators' accounts could be investigated according to form, content or function and this resulted in a rich, certainly, but simultaneously complex analysis. As a counselling psychologist I found myself almost automatically generating formulations as to why the narrators were accounting for their behaviour in the way that they were. I could easily adopt a 'hermeneutic of suspicion' and attempt to explain the underlying motivations of the individual, in the vein of Holloway and Jefferson's (2000) 'defended subject.' While I have sympathy for the psychosocial position, I do not think it is appropriate or even possible in relation to the objectives of this study. However, this position does not imply that I have merely described 'something' but rather that my focus has been on understanding rather than explaining. I also fully acknowledge that the 'hermeneutic of empathy' that I wish to adopt still requires interpretation on my part as Josselson (2004) makes clear "interpretation is not limited to direct expressed explicit meanings but may consider implicit meanings that lie beneath or within the structure of the language used to depict the experience" (Josselson, 2004, p. 21).

Turning point

> The midlife crisis is an example of a good concept that has been trivialised by popular culture.   (McAdams, 1993, p. 195)

The question the current research posed was how women present difficult turning points in

their midlife. Although it was not the purpose of this study to enter the debate surrounding the legitimacy of the 'midlife crisis', the pervasiveness of this construct in midlife development theory denotes that some engagement with the term is required. The word 'crisis' is understood to mean: a stage in a sequence of events at which the trend of all future events, especially for better or for worse, is determined; a turning point; a dramatic emotional or circumstantial upheaval in a person's life. (Dictionary.com)

The experiences the narrators recounted could be said to fit the above characterisation. The notion of 'crisis' reflects both the change in direction as well as the emotional impact of events preceding the turning point. The midlife women reported periods of loss, isolation or a compromised sense of self, triggering changes in thinking which eventually led to a re-orientation of their lives. The individual narratives did not speak of an out of-control-crisis, however they did entail emotional disturbance to a greater or lesser degree. Women at midlife continue to be faced with a variety of often polarised discourses; turbulent crisis on the one hand, emphasising struggle with connotations of loss of control (Banister 2000; Turner, Killian & Cain, 2004) and a normative developmental stage on the other which should be accomplished with ease (Lachman 2004; Levinson, 1978, 1996). Newer women-centred research asserts that midlife transitions can result in evolution and positive outcomes (McQuaide, 1998; Arnold 2005). This idea of 'growth through diversity' was mostly supported by the narrators in the present study. Many of the midlife women reported making changes for the better or having learnt important lessons, extracting positive meanings out of negative events (McAdams, 2004). Sarah reports how her turning point allowed her to reflect on her experience of being mothered and how in turn this may have impacted the way she has mothered her own children. As a result of this introspection she has made changes in the way she interacts with her sons and daughter. Overall the narrators presented 'redemptive narratives' (McAdams, 2004)) in that they overcame obstacles and went on to progress and achieve. For McAdams redemptive sequences are made up of episodes of suffering which are dealt with and result in a positive, more advanced state. However, in listening more closely to the narrators of the present study I detected, in amongst the progressive plotline, evidence of uncertainty and insecurity. Anne's narrative was rooted in her career success and her constant striving in her chosen field. However, her turning point, although presented as positive had also activated an anxiety in terms of her new role and purpose. She wondered how she would cope on the plateau she had now reached after decades of climbing upwards. This was echoed by Sally who still felt, with all her fiercely fought-for success, that she lacked the recognition and sense of approval she still sought. Similar to Kearl and Hoag's

(1984) construction of the midlife crisis as a narrative tool perhaps 'growth through adversity' is a narrative tool or discourse women make use of but one that obscures aspects of the experience.

The narrators utilised discourses of midlife crisis which were polarised along gender lines, with men experiencing a destructive tumultuous 'crisis' whilst for women the turning point was a well-thought-out and measured 'transition'. Several of the narrators gave examples of highly stereotypical male midlife crisis behaviours such as buying a convertible or having an affair. They explicitly contrasted this with the considered, intentional nature of their own turning points. Midlife events for men were spoken about in terms of being rash and destructive, clearly exhibiting characteristics of a tumultuous crisis. To describe their female turning points the midlife women used gentler words such as 'reawakening' or 'metamorphosis', which imply a natural process. This choice of language conveys a feminised un-harmful midlife event. This is further demonstrated in the narrators' resistance of a crisis narrative preferring language that conforms to femininity ideals such as remaining in control, ability to cope and taking personal responsibility. Possibly this is to counteract the image of the hormonal out-of-control midlife woman that has been problematised by feminist researchers. In their view (peri)menopausal women are positioned as being victims of their bodies requiring intervention to (re)gain control of themselves (King, 2013; Ussher, 2008). The menopausal midlife woman therefore is associated with instability, which is an undesirable state. The out-of-control representation of midlife women is seen as deviant and unfeminine (Perz & Ussher, 2008) and requires guarding against. Therefore the narrators' rejection of the crisis narrative may be seen as an avoidance of contamination by the 'out-of-control' moniker.

The construction of the 'good woman'

> *A typical female: 'someone who does not use harsh language, is talkative,* tactful, gentle, is aware of the feelings of others, is religious, interested in her own appearance, neat in habits, quiet, has a strong need for security, appreciates art and literature and expresses tender feelings.
>
> (Rosencrantz, Vogel, Bee, Boverman, & Boverman, 1968 in Cain, 1989)

The 'good woman' behaves in a certain way

Throughout the data collection, critical narrative analysis and write-up I was repeatedly and distinctly hearing the narrators negotiate with a larger, society-level construction of what it is to be a 'good woman'. The narrators often positioned themselves as resisting or rebelling against social expectations. At times the participants insisted that they do indeed dress according to their own taste, refuse to stay at home and conform to traditional feminine roles or reject conventional career paths. However, these proclamations of contesting accepted societal expectations were always contradicted elsewhere in the narrative. The narratives were strewn with paradox; the narrator who railed against her 'domestic pit' and the resulting limited options persevered with a dysfunctional marriage and the self-characterised independent career women was only prepared to allow her hair to grow grey if this was acceptable to her male partner. The women appeared to be bombarded by disparate and often opposing grand narratives, and the task of authentically living either within or without these social discourses at times seemed impossible. The contradictory nature of the different discourses which can be applied to midlife women is a theme which several other researchers observed in their own studies of midlife experience. McQuaide (1998) observed that midlife women are engaged in the task of "individuating one's narrative from the dominant discourse" which implies that alternative spaces can be created outside of the usual dichotomies. Abigail, for example, created such a space in her new job in a small family-run company. Here she could both advance her prospects as a 'career woman' as well as feeling part of a community and satisfying her need for relationship.

There is a growing area of research, which places this socially desirable notion of womanhood under the spotlight in terms of criminality (Cain, 1989), attitudes to body (Ussher, 1989, 2002) and female depression (Jack, 1991; Stoppard, 2000; Lafrance, 2009; Kaplan, 1986).
Mimi Schippers (2007) wrote about a 'hegemonic femininity', a powerful formulation of an idealised version of femininity, which is complementary, hierarchical and directly relative to masculinity. Schippers concludes that this specific type of femininity "serves the interests and ascendency of ruling classes, legitimates their ascendency and dominance and encourages all to consent to and go along with the social relations of ruing" (Schippers, 2007, p. 90). Deviation from this socially sanctioned femininity threatens hegemonic gender relations and results in what Schippers terms the "pariah femininity". This formidable set of cultural expectations, which is encapsulated by the construction of the 'good woman', has been internalised by both men and women who behave accordingly thus perpetuating the

hegemony (Schippers, 2007). The woman who displays characteristics of the 'pariah femininity' is regarded with deep suspicion by society and can be systematically punished for her nonconformity by both men and women. This is the idealised 'good woman' upon her pedestal to which all women must aspire in order to gain social acceptability. Stoppard (2000) refers to the "discourse of femininity", which refers to a shared set of beliefs within a culture about what it is to be a good woman, which reflect the implicit social guidelines detailing how a woman is to behave. There is a powerful incentive to adhere to these cultural expectations particularly in the traditionally female sphere of the home.

The theme of 'In relation' is intended to capture the rootedness of the women's narratives in relationship. They recounted stories about children, friends, colleagues, partners, parents, communities and even strangers. The women positioned themselves as being responsible for the maintenance of relationships. This is played out in Abigail's self rebuke at her 'neglect' of her son and other relationships during her marriage. Her turning point involved the decision to end one relationship (her husband) in order to reconnect with others. Possibly Abigail came to recognise that her relationships with her son and friends offered her a more authentic growth fostering relationship (Miller, 1986) than the one she had with her husband. The prioritising of relationship is supported by women-centred relational theory (Miller, 1986; Gilligan, 1982; Josselson, 1996), which emphasises the fundamentality of relationships particularly for women and how being in connection can foster growth and well-being. The narrators unequivocally placed value on connection, often positioning their turning point in terms of relationship and all of the narrators cited a desire for connection. The relationships the women described were rich, multi-faceted and at times difficult. However these same theorists also point out that relational activities such as caring for, maintaining connection and nurturing others is a primary pathway for a women's self-concept. Furthermore, perceived success in the sphere of relationships contributes towards a woman's positive self-esteem. This sets up a double-edged sword whereby women derive a sense of self through relationships with others, which results in a tendency to prioritise relational needs of others. The narrators provided many instances of attending to the needs of significant others even if was at the detriment to their own selves. The midlife women had a long list of people for whom they needed to provide care: children, husbands or partners, ageing parents and those they cared for in a professional capacity. They worked hard to emphasise their commitment to relationships and earnestly defended against instances of not caring. For example, Sally stressed how her children had 'absolutely always' been her priority to the point of describing

herself as 'obsessed' and that she had only allowed herself to pursue retraining when her sons were older and no longer as needy. She even framed her return to university as being for the good of the children as well as for herself. This chimes with the concept of the "selfless syndrome" (Lemkau & Landau, 1986) which posits that women are likely to give precedence to meeting the needs of others even when these conflict with their own. The authors suggest women have been socialised into behaving selflessly and avoid being perceived as being selfish. The consequence of this cultural directive is that women tend to seek approval via self-denial and fulfilling the needs of others to the exclusion of their own. In its extreme form the "selfless syndrome" can lead to negative psychological consequences such as the inhibition of self-knowledge, self-expression and self-esteem. This suppression of self is seen as a direct result of curtailing aspects of the woman's own development which are at odds with meeting the needs of others. For the participants in the study it was a reversal of selflessness to investing in self that marked their turning points. This negotiation is made extremely difficult by the dichotomous nature of the 'good woman' construct, whereby the narrators' attempts to avoid selflessness risked being branded selfish.

Concurrently the narrators engaged with the cost of caring, frequently describing instances where they positioned the needs of others as paramount, to their own detriment. However this clashes with the opposing popular discourse of 'putting yourself first.' Sarah illustrates this as she situates her continuation to care for her demanding mother as a 'human response' therefore defending herself against potential criticism of not taking care of herself. Therefore she is placed in a double bind requiring painstaking negotiation. In presenting their turning points the narrators simultaneously referenced a narrative of a 'good woman' carefully emphasising their caring selves as well as an alternative narrative accentuating their commitment to self-care. Michelle Lafrance (2009) explored these contradictory messages and their impact on women suffering from depression.

> In short the meaning and implications of the Western discourse of self-care are multiple, contradictory and shifting. It can serve to produce and maintain the hegemony of various dominant discourses (e.g., the discourses of biomedicine, individualism, capitalism), and at the same time can be used in resistance of these discourses (e.g., within a feminist discourse). (Lafrance, 2009, p. 112)

Although I am not suggesting that the women in my study were necessarily depressed, I would argue that the pathways identified by Lafrance and others (White, 1991; Kaplan, 1991; Stoppard, 2002) are applicable to the midlife narrators. Lafrance suggests that the discourse

of self-care is problematic as it can be viewed as simply another demand on women. A further complication is the higher significance women place on relationships as a source of self-esteem. This results in a reluctance to shift energy from others to self regardless of the perceived benefits. Sally alluded to the control she would need to relinquish as the pursuit of her career goals took her out of the house and her influence on the children lessened. Elizabeth frequently referenced her need to care for herself however this was positioned as a future intention or as an ideal objective that she should find time for.

Several of the narrators in the study identified a moment when it occurred to them that they could create a space for themselves within their lives. For Bettina it was the realisation that she no longer needed to (or could) suppress her inner scholar; for Abigail it was an inability to tolerate an unfulfilling relationship and for Anne it was allowing vulnerabilities and acceptance of her more authentic self. Each of these instances required a shift in the balance of care from others to self. This is consistent with "recovery narratives" (Lafrance, 2009) from the overcoming depression study whereby a rupture or resistance of the dominant femininity discourse was an indicator for positive change. In the present study the narrators recounted instances of relational breakdown, awareness of one's own worth or a growing sense of self-acceptance, which provided that shift in care. In the present study two participants presented a very similar narrative, the essence of which was an occasion of rupture or resistance of the 'good woman' narrative. Both Sally and Abigail reported moments of 'seeing' how much they had sacrificed in service of relationship and realising that their needs had been utterly neglected. Importantly, for these two women, this was no longer deemed acceptable and it became intolerable to continue. It was in this space that change began to occur.

It appears that there are the external social expectations and discourses which become internalised, unquestioned and universally accepted, and there is also an internal happening, which allows spaces to be created for countering and resisting assumptions. This causes women distress but the discourse is so effective in instructing women to cope and manage in all these tasks of femininity, as it is the normal and natural way of being, that women do not easily admit to their struggles or accept help.

The 'good woman' looks a certain way

> When I am an old woman I shall wear purple
> *With a red hat which doesn't go, and doesn't suit me.*
>
> (Joseph, 1961)

The findings of the present study suggest that the midlife women are acutely aware of their ageing bodies. They spoke of the increased difficulty in 'keeping the weight off', decisions regarding 'washing away the grey' and quandaries about 'dressing appropriately'. This intimately corresponds with the femininity discourse, which instructs women to comply with a specific physical ideal. The narrators were once again contending with contradictory social messages, this time about their appearance. The narrators expressed this predicament in terms of what it is to dress appropriately, the virtues of Botox or how best to deal with greying hair. This is consistent with research, which pinpoints two antagonistic discourses namely 'growing old gracefully' versus 'mutton dressed as lamb' (Fairhurst, 1998). Fairhurst describes the latter as having pejorative connotations, which the women participants strove to avoid. 'Mutton dressed as lamb' indicates a woman (and it is only ever applied to women) who is dressed in an unsuitably youthful way, however the underlying insinuation is that it is sexually inappropriate and it is linked to other sexualised slurs such as 'tarty' or 'dressing like a slapper' (Twigg, 2007). Therefore the enterprise of 'growing old gracefully' can be seen as having moral implications. The narrative relayed by Elizabeth of 'the neighbour's leather dress' neatly illustrates this clash as the neighbour encounters a social pressure to age well within a confined set of parameters and how the resulting dissonance causes her distress. Elizabeth appears to struggle with the tension between defending her neighbour's right to dress according to her taste and her internalisation of the wider social discourses intended to regulate the aged body (Twigg, 2007). Twigg understands this ambivalence in terms of the precarious balancing act between 'age resistance' and 'age denial'.

The narrators related this to their idea of a continuous self, resenting having to alter their clothes in order to be 'appropriate'. Sarah contended with this dilemma as she derided herself for shopping in Topshop as it is perceived to be aimed at a younger generation. However this did not prevent her from dressing in a 'youthful' way although she did concede that if the occasion called for it she would 'dress sensibly'. This was not done out of a sense of vanity rather it symbolised a continuation of self. There is a sensed incongruence between who the midlife women perceive themselves to be and who they are perceived to be by others (Banister, 1999). However elsewhere in her narrative Sarah insisted that she would 'no sooner have Botox than fly to the moon', as possibly that would be interpreted as an act of age denial rather than age resistance. It appears that resistance of the policing of women's ageing bodies, which is achieved through dress choice, is achievable but altering the physical body is subjectively perceived by Sarah as age denial and therefore undesirable. Twigg argues that age denial represents an internalisation of society's devaluation of older people.

The majority of the narrators mentioned their weight and the difficulties of the 'middle-age spread'. One study found the prevalence of body dissatisfaction was as high as eighty per cent in their sample of midlife women, with seventy-five per cent actively trying to lose weight. The participants in that study reported higher levels of body dissatisfaction in their fifties than in the preceding decades, including their forties (McLaren & Kuh, 2004). The midlife narrators did not express undue distress related to their changing bodies however it was a persistent theme.

A complicated picture emerges where the midlife women find themselves in the crossfire of competing discourses which simultaneously insist on an acceptance of the inevitability of ageing as well as urging women to defy the physical signs of ageing. The midlife women were walking a fine line between ageing gracefully and disgracefully. It is well documented that our current society privileges youth and standards of physical attractiveness are drawn from the young. Women are particularly affected by societal-level negative responses to signs of ageing (Saucier, 2004).

Unspeakability: The need for new language

Where language and naming are power, silence is oppression, is violence.

(Rich, 1977)

There was a clear reluctance to talk about certain themes of the midlife experience specifically the menopause and death. These two topics were conspicuous fr the euphemisms used, a shared avoidance and glaring silences, which left me wondering what was not being said. I became increasingly aware that the interaction between the participants and myself (as the researcher) mirrored a cultural lack of vocabulary reducing opportunities to express these experiences. It has been widely argued that language has a powerful and often unacknowledged ability to impact the way that people (including researchers) experience and interact in the world (Burman & Parker, 1993). The phenomenon of silence and unspeakability with regards to menopause and death can therefore be said to reflect much about the societal context as well as the individual experience.

Menopause

The central myth is that menopause is a time in a woman's life when she goes batty for a few years – subject to wild rages and deep depressions – and after it she mourns her lost youth and fades into the woodwork. In truth, menopause is a

bridge to the most vital and liberated period in a woman's' life.

<div align="right">(Sheehy, 1992)</div>

Menopause and midlife are inextricably linked both by the narrators and, I would suggest, society as a whole. I was aware from the inception of this study how robust the woman at midlife narrative is: which informs us that a midlife woman is a menopausal woman. I resolutely resisted framing midlife women within a biomedical discourse which foregrounds hormones and connects all midlife experiences to the menopause. This insistence of what menopause is or isn't strongly represents the dichotomy surrounding menopause which on the one extreme is trivialising and on the other exaggerates the distress and need for intervention (Ussher, 2008).

The participants did not uniformly bring the menopause into the presentation of their turning points, however when it did appear, it was referred to in limited ways. (Some participants omitted the menopause from their narrative entirely possibly due to their younger age.) Anne spoke about her menopause in terms of release and a new sense of predictable calm while Sally conjured up images of diminished womanhood and loss. The use of contradictory narratives is consistent with a material-discursive study undertaken by Hunter & O'Dea (1997), which identified particular ways in which women spoke about the menopause. The themes "menopause as the end of reproductive life" and "menopause as a normal sign of ageing" were equally evident in the menopause narratives of the current study. The narrators attached meanings to the menopause in terms of their reproductive selves, questioning their worth outside of their ability to reproduce. Sally revealed a pregnancy in her late forties, which ended in miscarriage, turning her experience of menopause into a poignant reminder of her infertility. Two of the narrators were childless and both confided that they had wanted a family; potentially they experienced a heightened sense of loss at the onset of menopause as it represented a concrete end to the possibility of pregnancy. Although not explicitly evident in the interview the differences in circumstances illuminates how life experiences can alter the meaning of the menopause. Hunter and O'Dea (1997) found that the theme encapsulated by "menopause as a non-event" was the most common way in which their participants presented the menopause. This discourse portrays menopause as a 'non-event' or a normative natural part of midlife development which women could simply 'get on with'. Interestingly only Anne accounted for her menopause experience in this way, claiming she 'sailed through it' and that it brought relief rather than distress. The findings of the present study verify the restricted availability of menopause narratives forcing women to dismiss their experiences as

a non-event or to accept the decline and disease narrative. This highlights the danger of adopting polarised ways of thinking and talking about the menopause. It is Hunter and O'Dea's final theme: "staving off the unknown, menopause as taboo" that resonates most strongly with the outcomes of the present study. The participants as the narrators and I as the researcher/audience struggled to bring the menopause to each other's attention. There was an unspeakability with regards to the menopause both in and outside the interviews. There appeared to be a need to create an afterthought space within the interviews and in parallel the women reported difficulty in speaking about the menopause in their lives. This speaks to its status as taboo. Ussher (1989) noticed a similar tendency in her research concerning menstruation and menopause. She argues that a shared inability to talk about women's bodies and a lack of language to challenge what she refers to as "the biomedical positioning of menopause as a cause of disease and debilitation" (p. 1176) allows this discourse to continue as unquestioned truth. The silence surrounding menopause exacerbates its unknown quality, which was referred to by the narrators. Sarah's representation of her menopause experience could easily be summed up using a theme from Banister (2000) "What is going on?". She reported uncertainty, a lack of information from healthcare professionals and few opportunities to discuss what was going on. Banister found this uncertainty and lack of available language translated into the women feeling unsupported and without resources to allow them to make personalised decisions. A narrative study from the field of nursing concludes "silence, stigma and shame" is a dominant theme in the stories of women who are experiencing distress associated with the menopause (Nosek, Powell Kennedy & Gudmundsdottir, 2010). This was linked to perceived lack of support, feelings of alienation and of not knowing.

Death and mortality

> As we reach the crest of life and look at the path before us we apprehend that the path no longer ascends but slopes downward toward decline and diminishment. From that point on concerns about death are never far from mind.
> (Yalom, 2008 p. 5)

Although the notion of mortality was ever present in the narratives, it too had an unspeakable quality. The death of a parent or a partner loomed large in several of the narrator's turning points but there was a shared discomfort in discussing these events and associated meanings. The notion of mortality and finitude were only obliquely referred to in terms of 'time left' or being 'halfway'. The use of euphemisms can be understood to be a result of the social

constraints around talking about a taboo subject such as death. Language inevitably reflects cultural censure and becomes constrained by the fear or shame associated with certain taboo topics (Allan & Burridge, 2006). Taboo subjects are the product of the policing of behaviour that might cause real or perceived discomfort, harm or injury. Death is a fear-based taboo – fear of lost loved ones, fear of disintegration of the body, fear of uncertainty and fear of meaninglessness (Allan & Burridge, 2006).

The original concept of a 'midlife crisis' was founded on the notion of death awareness or death anxiety (Jung 1933; Jacques, 1965). Existential psychology understands death anxiety to be a primary source of psychological distress. In order to lessen the anxiety and reduce distress it is vital to confront and accept the certainty of death and to not indulge in avoidance or self-delusion (Scarre, 2007). Earnest Becker reports in his book The Denial of Death (1973) that this is a society-wide repression of death-related anxiety. Individuals and society collude to suppress death anxiety through regulating the way in which death and dying is spoken about. Expressed fear of death or dwelling on the macabre are viewed negatively and have become to be seen as symptoms of weak personality or an undeveloped mind (Kastenabum, 2000).

Elizabeth's narrative revolved around the death of both of her parents and at the age of 50 the idea of her own mortality. In our interaction there are several instances of changing the subject from death, the use of euphemisms or an unspeakability of the subject at hand. As an example:

KS: *… so a realisation that life isn't forever?*

E: *Yes I do think that's a really big thing actually. Yeah…* – laugh –

KS: *So for you this feeling, or this crystallisation of the realisation… how did you notice it how did you…*

E: *ummm… I think there are just many things that just… I think there's many* things. I can tell you a couple but *I think there are many…*

Existential psychology draws our attention to the essential task of acknowledging the certainty of death and to deal with the death anxiety, which is universal. Yalom (2008) proposes that an awareness of mortality and finitude many result in an 'awakening experience' which can be the harbinger of a renewed sense of life yet to live. The subtheme 'being halfway' is intended to encapsulate the invigorating sense of urgency and renewed agency that is the product of an awareness of one's own mortality.

Meaning-making

We must never forget that we may also find meaning in life even when confronted
with a hopeless situation, when facing a fate that cannot be changed. When we
are no longer able to change a situation, we are challenged to change ourselves
(Frankl, 1959)

The turning points presented were saturated with meaning and personal significance. The
narrators described a 'magical dinner party', a 'devastating' relational event or a milestone
birthday, which acted as a 'line in the sand'. Consistent with the turning point literature these
events were laden with subjective meaning, which raised them to turning point importance.
These episodes were presented as having additional meaning for the midlife narrators due to
their age and point in their lives. The women appeared to be imbued with urgency, which
operated as an activating ingredient, functioning as a catalyst for change. Each event was
interpreted by the narrators and re-presented in their narratives according to their subjective
understanding of who they were. As McAdams (2001) pointed out, the turning points were a
product of identity as well as a source of identity development. The narrators were actively
construing meaning in order to make sense of themselves, their experiences and the world
(Baumeister, 1991) within the dominant discourses of age and gender. Bettina's fairy tale of
attending the dinner party became meaningful as it resonated so strongly with her 'scholar
identity' but it also furthered the cause of this identity as it could be interpreted as a 'sign'
she should pursue her academic passions.

The participants all reported negative aspects of their past (captured by the subtheme 'The
lived') however this was understood in idiosyncratic ways. Sally, Bettina and Anne each
presented a childhood which was marked with neglect, the tone of these narratives
communicated isolation and difficulty. Each woman interpreted these early experiences in a
way that rendered their past meaningful, which was then used to promote a certain identity.
In this way the legacy of an emotionally impoverished childhood does not necessarily
indicate lasting ill effects (Clark & Clarke, 2000). For Sally a difficult upbringing
contributes to an understanding of herself as empathic and resilient; which informs her choice
of career and the stories she relates to me supports this formulation. In the same way
Bettina's love for learning is interpreted by her as contributing to her dissatisfaction with
'just being a housewife' and she gives prominence to stories that portray this 'scholar' part of
her. All the narrators presented 'redemption narratives' which is defined as "a movement in

life story telling from an emotionally negative or bad scene to an emotionally positive or good overcome" (McAdams, 2001, p. 5). According to McAdam's life story theory, adult identity is an evolving and tacit narrative of the self that reconstructs the past and anticipates the future in such a way as to impose on the chaos of life a sense of understanding and dependability. According to this theory a 'redemptive' narrative is an indicator of better psychological well-being than a 'contamination' narrative. Although any such conclusion is beyond the scope of the current study, it is evident that the meanings the narrators drew from their turning points did have implications for their ability to deal with the disruptions. The narrators presented an event that was meaningful for them in that it identified a turning point, which involved a change or a difference within themselves. They chronicled a complex set of circumstances, which intricately worked together to create a space within which the turning point could occur. As Singer (2004) points out: we as human-narrators make use of the narratives we have created for particular purposes. One of the principal functions of the narratives is to provide a sense of meaning, which can defend or justify their actions.

The theme 'process of becoming' conveys the participants' emerging sense of self which the narrators formulated as a progression towards a more authentic self or 'the real me'. The narrators presented their 'pre-turning point' experience of self as a sense of 'losing themselves' or 'suppressing parts of themselves' in relation to an 'other'. Bettina and Abigail were particularly concerned with regaining parts of themselves and a movement back towards who they really are. They conceptualised their authentic selves as unitary and constant but that due to relational demands they had neglected or suppressed aspects of themselves. The participants appeared to understand this as wrong, even unnatural. The women frame the sense of increasing congruence with their authentic self as positive therefore justifying their changes as 'right' and 'meant to be'. Other midlife women researchers have identified similar themes, which effectively describe the process of becoming. Burns and Leonard (2005) found that the Australian midlife women told 'breaking out stories' to talk about a time when they broke out from a previous way of life that they found unsatisfactory or oppressive. As with the current study the participants in the Australian study believed that their breakouts had been for the better although they described these events as being difficult in one way or another. Josselson's (1996) study equally identified a major shift in how midlife women understood themselves in terms of their ability to effect change as well as a firmer inner knowing of self and self's desires.

The narrators' reference to an authentic self evokes a sense of knowing one's own self and a desire to live according to an internal morality. Anne cited this sense of core values and a growing need for congruence as the impetus for her turning point, leaving her corporate career for a position in a charitable organisation. This movement towards self is suggestive of autonomy and individuation as conceptualised by Erikson (1959) and Levinson (1978). However for the midlife participants the notion of 'autonomy' appeared to have a different quality. The narrators seem to be occupied with navigating between attending to others and attending to self. Their apparent dogged perseverance with relationships and strenuous justification of any disconnection suggests that autonomy and individuation as a separateness is not top of their agenda. Friedman (2000) calls for the cultural understanding of autonomy to change, she suggests that autonomy for women is: "choosing and living according to standards or values that are in some plausible sense one's own". Friedman rejects the claim that 'autonomy' inherently implies masculine traits and calls for a reclamation of 'autonomous living' as it relates to girls' and women's development. For the midlife narrators the task appears to involve navigating between maintaining connection without losing the self (Jack, 1991).

Consistent with Wethington Cooper and Holme's (1997) finding that although midlife events may require a coping effort, the narrators viewed them as meaningful turning points which resulted in new insights.

Implications for counselling psychology

Due to the nature of this piece of work – in that it forms part of a portfolio of clinical and empirical work in fulfilment of the requirements of the professional doctorate in counselling psychology – it is obvious that its worth must be evaluated in terms of its contribution and applicability to the field of counselling psychology itself.

Although modest, I believe the most valuable aspect of this research into midlife turning points is uncovering the multiple layers of impact which the women were required to negotiate. It is this focus on the narrator's unique subjective experiencing whilst also acknowledging the material discursive elements of midlife turning points that firmly aligns the research with counselling psychology ethos and practice (Woolfe & Strawbridge, 2010; Milton, 2010). Furthermore, qualitative research in the field of counselling psychology such as this one can engage participants almost as co-researchers in matters that concern their everyday lives in order to inform theory and practice (Morrow, 2007).

The findings of the current study suggest that psychological distress in midlife women is associated with the social construction of the 'good woman' and all that this entails. Moradi and Yoder (2012) argue that for counselling psychologists attempting to formulate women's mental health difficulties it is essential to consider the effect of inequality and power differentials connected to gender. In their words: "To better understand women as women counselling psychologists need to look outside individual women themselves to the gendered social context in which all women live their lives" (p. 346). Leading on from Stoppard (2000) and Lafrance's (2009) effort to understand the process of recovery from depression, this study could contribute to the understanding of what needs to be in place in order for women to empower themselves, to harness their emerging sense of authentic self and agency in order to make changes in their lives.

The frequent reference to 'authentic self' or 'my true self' immediately brings to mind the work of Carl Rogers (1959, 1963) and person-centred theory's emphasis on 'self actualisation' and 'congruence'. Additionally this corresponds to a counselling psychology's positive view of humans as having potential to self-realise and become a fully functioning entity (Strawbridge & Woolfe, 2010; Milton, 2010). The theme 'process of becoming' fits well into person-centred principles and therapeutic methodology. Roger's belief in the

individual's internal resources for self-understanding and personal agency to alter self-concept and self-directed behaviour are borne out in this study.

What has been interesting about the study with midlife women has been encountering the dilemmas and contradictions the narrators are negotiating in their process of becoming. I would suggest that the idea of 'autonomy' as discussed previously is particularly complex for women and this needs to be addressed in therapy. The narratives the midlife participants produced to account for their turning points emphasised a growing sense of self-determination and fulfilment which could occur within helpful relationships rather than a focus on individuation or separateness. This study contributes to a critique of developmental psychology that is seen to be overly masculine and formulated as the movement from attachment to detachment or from dependence to independence. Although originally this review was based on child (Burman, 1995, 2008) and adolescent (Brown & Gilligan, 1990) development it is equally applicable to adult development. Through a growing understanding of the complexities of a woman's world, counselling psychology can begin to critically re-examine what is being heard by a female client who is being encouraged to prioritise the self and engage in self-care – does she hear this as 'selfish', in which case she will strongly resist the therapist's best intentions?

Counselling psychology is concerned with the subjective meaning-making of individual clients and service users (Polkinghorne, 1984; Milton, 2010). A deepening awareness of how meaning is derived from and attributed to internal and external experiences of midlife women is vital. In a therapeutic context eliciting these personal understandings and how these relate to a midlife client's self-concept is a valuable method in the disentangling of distress and the construction of new meanings.

Due to the highly relational nature of the midlife women's experiences I would submit that there are useful applications to couple and family work. Considering * counselling psychology's holistic approach of considering the individual in context, working with families and couples is garnering increasing interest and attention within the field (Nutt, 2012). The deeply entrenched 'construction of the good woman' and the ways in which it hampers women's development must be present in marital (or similar) relationships. Midlife can be the time of relational breakdowns due to the multitude of changing roles and the accompanying stress it places on a couple. Furthermore, 'gender crossover' can occur where women reclaim powers that fixed gender roles precluded them from in their younger adult years (Biggs, 2010). Burck and Daniel (1995) agree that gender roles play a significant role in midlife relationships: "We see men's and women's relationships with each other as

saturated with premises about gender, embedded in and demonstrated over and over again in family and couple relationships as well as explicitly stated in sayings or stories" (p. 16). The contradictions regarding care for self and others that are so apparent in the women's narratives are difficult to challenge as they are immediately counteracted by some other paradoxical belief (Buck & Daniel, 1995). Evidence from the current study indicates that the disintegration of the couple is not necessarily inevitable. One of the midlife participants managed to negotiate and be accommodated by her husband and family, thus securing for her the space and understanding she required in order for the relationship to continue. During midlife, relationship difficulties may arise from previously held assumptions around each member's capacity to care and how changing gender identities impact on this (Rosowsky, 1999). These struggles are compounded by compensatory development, most often in the women, for parts of the self that may have been suppressed in earlier phases of the relationship. Therefore, effective relationship counselling would entail identifying the 'grand narratives' that are being accessed by both members of the couple and how these affect the relationship. The therapy requires a focus on the acknowledgement and accommodation of the midlife woman's 'breakout' from suppression towards growth and becoming within the relationship.

Another area, which would be of interest to counselling psychologists, is the usefulness of group work as an intervention in relation to psychological disturbance in midlife women. Consistent with the findings of other midlife researchers (Banister, 1998; McQuaide, 1998; Leonard & Burns, 2005) the narrators in the present study reported seeking out midlife role-models, taking inspiration from successful (in a variety of ways) midlife women as well as support from sharing similar experiences. I would suggest that group work could be an effective way to deliver psychological input.

The research has been framed in a life course perspective, which is defined by Sugarman (2010) as a framework and a way of organising human experience and behaviour within which to locate practice. According to Sugarman, a lifespan perspective advocates that where an individual is on his or her life course will dually impact their psychological well-being and the treatment they receive. This way of viewing psychological development emphasises the historical and cultural embeddedness of theories of individual development (and developmental theories) as well as the multidimensional and multidirectional nature of development that other developmental approaches fail to acknowledge. A life course approach dovetails with the counselling psychology perspective as both take a broad, inclusive and holistic stance to understanding human development and difficulties (Milton,

2010). Pertinent to the current study is the belief that psychological development is a lifelong process; this is apparent in the midlife participant's continuous engagement in negotiating their sense of self and identity. Additionally, the co-construction of the narratives which can be extended to include 'therapy narratives', draws our attention to the fact that the life course perspective can be applied to both the client and the therapist. Where the therapist is on his or her life course is of importance (Sugarman & Woolfe, 1997).

Adopting a narrative approach is a useful way of formulating lifespan development. Life course involves the 'reflexive project of self (Giddens, 1991 in Coupland, Nussbaum & Grossman, 1993). Furthermore a narrative approach formulates development as being dynamic and not a fixed orderly progression. A narrative way of thinking about the life stage is contextually sensitive and takes into account generational differences. Rather than taking age of the life stage as an objectively factual departure point, it places the developing self and processes of identity formation, maintenance and change at the centre of the model of development (Coupland, Nussbaum & Grossman, 1993). Davy (2010) suggests all talking therapies are in a sense narrative and the therapist will promote some stories over others. This study is consistent with McAdams' findings that some stories are more helpful than others. Although it is beyond the remit of the present study, the participants' use of narrative does indicate the usefulness of a narrative approach in psychological interventions (e.g. see White & Epston, 1990).

Kastenbaum has suggested that the avoidance of death and mortality speak can be extended to psychology as a whole. Mainstream psychology neglects the impact of these ideas on psychological difficulties (Milton, 2010).

In conclusion the implication for counselling psychology, although slight could be of real interest, especially to practitioners working with women and families. The discursive findings of the study suggest that women are faced with a complex set of cultural directives which impact them individually and their relationships. These gender-related assumptions and discourses need to be brought to bear in the therapeutic encounter in order for their impact to be fully realised and examined. The study indicated that the narrative approach and life course perspective are useful frameworks with which to organise client experience, both theoretically and technically in the therapy room. Lastly, the turning point study appears to confirm the humanistic and relational ethos from which counselling psychology has evolved.

Limitations of the present study and suggestions for further research

The current study sought to advance our understanding of turning points as experienced by midlife women. It adopted a broad exploratory stance in terms of subject matter as well as analytic method. It is also a 'small study'; due to exclusions only seven participants were interviewed. The data obtained and the stories they contained were fascinating and rich but there is no expectancy of generalisation based on this study. Due to the intensive and time-consuming nature of critical narrative analysis a smaller sample becomes necessary and in effect breadth is sacrificed for depth (Smith & Osborn, 2008). However, I would argue that the types of narratives that were or were not accessed by the midlife women might provide a different way of understanding these types of experiences. The interviewees were only interviewed once due to time constraints but I think a second meeting with the participants would have provided extra detail and allowed fuller stories to develop. Additionally it would have provided an opportunity to obtain credibility check (Elliot 1999 in Willig 2013) from the participants themselves.

The narrow homogeneity of the sample means I interviewed exclusively white, middle-class, and heterosexual women. This is a common limitation of qualitative research's use of small homogenous samples, which tends to preclude women from different social, sexual and ethnic populations (Cannon, Higginbotham, & La Leung, 1988). Future directions in midlife turning point research should include a broadening of scope to include a wider variety of participants and include women from different social and cultural groups. Linked to this is an acknowledgement of the cultural and social forces which shaped the research process in a way which is unique to this researcher and this set of participants. My relationship with the participants was laden with layers of identification as we each navigated between notions of 'sameness' and 'difference'. As the participants were all white, middle class, educated and of course female there were a variety of identities to which I could relate. Moreover there was a notion of a shared identity, which is accompanied by an assumption of shared discourses and ideas. Perhaps the shared racialised identity increased the perception of shared gender and sexual identities thus increasing the assumed commonalities. There were instances of interaction between the participants and myself, which illustrate this impact. The participants would at times pause as they spoke anticipating a particular reaction from me or an exchange of a knowing look and a shared laugh are all implicit markers of the common discourses at

play.   This impact strongly indicates that there would have been a different outcome if either my participants or I had been of alternative racial or social identities. Archer (2002) explored the various ways in which the social positioning of the researcher and participants interact to produce particular types of knowledge. She conceptualised the identities of each as being; shifting, multiple and cutting across boundaries and intersects. She addresses how the fact that her participants found it 'easier that you're a girl and that you're Asian' both opened and closed discursive opportunities with which they could explore the topic at hand. Equally the obvious sameness and differences between the participants and myself inevitably led to specific 'white', 'female' and hetronormative assumptions and discourses. Although I would suggest that these shared narratives tell us a great deal about social constructs and how these constrain relationships and individuals, which has value in and of itself, it is very worthwhile to address Bowleg's (2008) question of 'what do we lose when we fail to take intersectionality into account?'

The participants in the current study had very clear ideas regarding the perceived differences between a male and female midlife event. It would be interesting to explore the ways in which men and women talk about and construct the midlife crisis; this may lead to further uncovering of the variance in the type of discourses available to men and women during this life stage.

Of particular consequence to me as a counselling psychologist was the power the construction of the 'good woman' has over women and how this impacts their psychological well-being. As other researchers have applied this 'discourse of femininity' to depression studies it could be beneficial to more closely examine a possible link between the 'good woman' and other psychological difficulties such as post-natal depression in order to more effectively incorporate these ideas into treatment protocols.

Taking a more active feminist standpoint it has been suggested that women's talking groups offer valuable opportunities for insight and growth. Action research from feminist psychologists emphasises activity beyond individualistic research that can help activate new social forms that can improve women's lives (Gergen, 2008). Without exception the midlife women in the present study mentioned in some form the importance of women role models or the search for a women-based community. This suggests that women refer to each other in order to gain support, a sense of what can be done and a need for 'something' that can be obtained from other women rather than men. Women's talking groups may harness this corroboration and validation and normalisation that women require in their physical and psychological lives during midlife.

Conclusions

This research study invited women to present their story of midlife turning points. The resulting accounts were analysed using critical narrative analysis which resulted in four overarching themes: The process of becoming, Time and temporality, In relation and The embodied experience of ageing. These were discussed in terms of the construction of the 'good woman' and how this powerful social discourse impacts the psychological development of women. Continuing the discursive theme the themes were also discussed in terms of the unspeakability of issues pertinent to midlife such as death and mortality as well as the menopause. Finally turning points were discussed in terms of their narrative utility as well as the subjective meaning-making involved. Implications for counselling psychology were explored and several limitations of the current study were identified.

Midlife women, the focus of this study have been an under-researched segment of our society which has been riddled with negative stereotypes and assumptions. It is hoped that the findings of the research may expose the gaps and silences and allow a fuller picture of midlife women to emerge.

Reflexivity statement

Engaging with reflexivity in relation to this research study has been a constant and at times inadvertent preoccupation of mine. This relentless reflexivity has been woven into the fabric of the research and write-up in terms of topic choice, my subjective positioning and the constructive nature of the resulting narratives. Like the 'critique of the illusion of subjectivity' this reflexive statement is an opportunity to explicitly state my evolving thought process in relation to this study. This has been a demanding and difficult journey and has required an immense amount of energy.

I have had several moments of feeling utterly overwhelmed by the process and it is in overcoming these instances of 'stuck-ness' that have been personally useful. The first such moment was narrowing the narrative analytic lens into something suitable and manageable for the project. I did a great deal of reading, with each new book or journal article I became more rather than less confused as each variety of analysis had its merits. This decision required a personal epistemology and a thorough understanding of what I took to be 'knowable' and 'true.' This is not something I had previously so thoroughly engaged with and it alerted me to inconsistencies in my personal ideology and the suspicion I employed when listening to the accounts of others. This has had an impact on my interactions with others, in and out of the therapy room and I find myself paying attention to dialogical and discursive aspects when communicating with others.

Overcoming the almost paralysing effect of indecision regarding exact choice of methodology was significant because although there was no option to simply give up, getting through was, for me a marker of 'something', which I held onto in similar moments of despair. Another such moment was completing the analysis write-up and receiving positive feedback from my supervisor. I used these 'getting through' narratives as stepping stones that I could retrieve from behind me and place in front of me in order to step across rapids of the stream.

Although such moments of despair did indeed exist there were moments of fascination with the participants' stories and my reaction to them. I believe fervently that the completion of the research project which I had previously lamented as having little to do with my abilities as a counselling psychology clinician has somehow completed my training. Most

importantly for me it has given me an opportunity to explore my gender and the extent of its impact on who I am in the world. At times my preoccupation with gender concerned me and I grew anxious that I was privileging gender-based themes during analysis. This is reflected in my decision to not make 'the construction of the good woman' a theme in the findings. However, once I returned to the literature and found references to 'the discourse of femininity' I felt reassured that this theme was rooted in the participants' narratives and has been identified by other researchers.

As the culmination of my journey through counselling psychology training, the research project was equally imbued with a sense of uncertainty and self-doubt. During analysis and write-up I was initially blocked by feelings of inadequacy, which caused me to question myself and rely highly on the work of others. This very much mirrored my initial experience of entering the counselling psychology doctorate in that I wanted to be told what to do and was preoccupied with my worthiness. As my confidence increased I became freer and more able to express myself.

References

Allan, K, & Burridge, K. (2006). Forbidden words: Taboo and the censoring of language. Cambridge: Cambridge University Press.

Apter, T. (1997). Secret paths: Women in the new midlife. New York, NY: WW Norton & Company.

Archer, L. (2002). "It's easier that you're a girl and that you're Asian": interactions of 'race' and 'gender' between researchers and participants." Feminist Review, 72 (1), 108-132.

Arnold, E. (2005). A voice of their own: women moving into their fifties. Health Care for Women International, 26(8), 630–651.

Bamberg, M. (2005). Narrative discourse and identities. In Meister, J., Kindt, T., & Schernus, W. (Eds.) Narratology beyond literary Criticism: Mediality, disciplinarity (pp. 213–237). Berlin: Walter de Gruyter.

Bamberg, M. (2011). Who am I? Narration and its contribution to self and identity. Theory & Psychology, 1(21), 3–24.

Banister, E. (2000). Women's midlife confusion:" why am I feeling this way?". Issues in Mental Health Nursing, 21(8), 745–764.

Barbre, J. & Personal Narratives Group. (Ed.). (1989). Interpreting women's lives: Feminist theory and personal narratives. Bloomington: Indiana University Press.

Becker, E. (1973). The denial of death. New York: Free Press.

Bhaskar, R. (1989). Reclaiming reality: A critical introduction to contemporary philosophy. London: Verso.

Biggs, S. (2010). Midlife issues. In R. Woolfe (Ed.), Handbook of counselling psychology (3rd ed., pp. 354-372). Los Angeles: Sage

Bowleg, L. (2008). When Black+ lesbian+ woman≠ Black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. Sex Roles, 59(5-6), 312-325.

Brim, O, Ryff, C., & Kessler, R. (2004). How healthy are we?: A national study of well-being at midlife. Chicago: University of Chicago Press.

Brinkman, S. & Kvale, S. (2015). InterViews: Learning the craft of qualitative research interviewing (3rd ed.). Thousand Oaks: Sage.

Brown, L., & Gilligan, C. (1990). Meeting at the Crossroads: The psychology of women and the development of girls. Cambridge: Harvard University Press.

Burck, C. & Daniel, G. (1995). Gender and family therapy. London: Karnac Books.

Burman, E. (1995) 'What is it?' Masculine and feminine in cultural representations of childhood. In Wilkinson, C. & Kitzinger S. (Eds.), Feminism and discourse: Psychological perspectives (pp. 49 – 67).London: Sage.

Burman, E. (1998). Deconstructing feminist psychology. London: Sage.

Burman, E. (2008). Deconstructing developmental psychology (2nd ed). Hove: Routledge.

Burman, E. & Parker, I. (1993). Discourse analytic research: Repertoires and readings of texts in action. Leicester: British Psychological Society.

Burman, E., Alldred, P., Bewley, C. & Goldberg, B. (1996). Challenging women: Psychology's exclusions, feminist possibilities. London: Open University Press.

Burns, A., & Leonard, R. (2005). Chapters of our lives: Life narratives of midlife and older Australian women. Sex Roles, 52(5-6), 269–277.

Burr, V. (1998). Overview: Realism, relativism, social constructionism and discourse. In Parker, I. (Ed.). Social Constructionism, Discourse and Realism (pp. 13–26). London: Sage

Burr, V. (1998). Overview: Realism, relativism, social constructionism and discourse. In Parker I. (Ed.) Social Constructionism, Discourse and Realism, 13–26.

Cain, M. (1989). Growing up good: Policing the behaviour of girls in Europe. London: Sage.

Clandinin, J., & Connelly, M. (2000) Narrative inquiry: Experience and story in qualitative research. San Francisco: Jossey-Bass.

Clausen, J. A. (1995). Gender, contexts, and turning points in adults' lives. In P. Moen, G. Elder, & K. Lüscher (Eds.), Examining Lives in Context: Perspectives in the Ecology of Human Development (pp. 36–389). Washington: American Psychological Association.

Collier, A. (1998). Language, practice and realism. In Parker, I. (Ed.) Social Constructionism, Discourse and Realism (pp. 47–58). London: Sage

Coupland, N., Nussbaum, J. & Grossman, A. (1993). Introduction: Discourse, selfhood, and the lifespan. In Coupland, N. & Nussbaum, J. (Eds.), Discourse and Lifespan Identity. (pp. 1–16). Newbury Park: Sage.

Crossley, M. (2000). Introducing Narrative psychology: Self, trauma and the construction of meaning. London: Open University Press.

Davy, J. (2010). A narrative approach to counselling psychology. In R. Woolfe (Ed.), Handbook of counselling psychology (pp. 151–171). Los Angeles: Sage.

Degges- White, S., & Myers, J. (2006). Women at midlife: An exploration of chronological age, subjective age, wellness, and life satisfaction. Adultspan Journal, 5(2), 67–80.

Dennerstein, L., & Soares, C. N. (2008). The unique challenges of managing depression in mid- life women. World Psychiatry, 7(3), 137–142.

Elliott, J. (2005). Using narrative in social research: Qualitative and quantitative approaches London: Sage.

Erikson, E. (1959). Identity and the life cycle: Selected papers. New York: International Universities Press

Fairhurst, E. (1998). 'Growing old gracefully' as opposed to 'mutton dressed as lamb'. In Nettleton, S. & Watson, J. (Eds.), Body in everyday life (pp. 255–274). New York: Routledge.

Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. Qualitative Health Research 12(4), 531-545.

Finlay, L. (2006). 'Rigour','ethical integrity' or 'artistry'? Reflexively reviewing criteria for evaluating qualitative research. The British Journal of Occupational Therapy, 69 (7), 319–326.

Flick, U. (2009). An introduction to qualitative research (4th ed.). London: Sage.

Frankl, V. (1959). Man's search for meaning. New York: Touchstone.

Freund, A., & Ritter, J. (2009). Midlife crisis: A debate. Gerontology, 55(5), 582–591.

Gatling, M., Mills, J., & Lindsay, D. (2014). Representations of middle age in comedy film: A critical discourse analysis. The Qualitative Report, 19(23), 1–15.

Gergen, K., & Gergen, M. (1997). Narratives of the self. In Hinchman, L & Hinchman, S. Memory, Identity, Community: The Idea of Narrative in the Human Sciences (pp. 161–184). Albany: State of New York University Press.

Gergen, M. (1990). Finished at 40: Women's development within the patriarchy. Psychology of Women Quarterly, 14(4), 471–493.

Giddens, A. (1991). Modernity and self-identity. Cambridge: Polity.

Gilligan, C. (1979). Woman's place in man's life cycle. Harvard Educational Review, 49(4), 431–446.

Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge: Harvard University Press.

Goffman, E. (1959). The presentation of self in everyday life. New York: Anchor Books.

Greene, S. (2003). The psychological development of girls and women: Rethinking change in time. London: Psychology Press.

Harding, S. (1987). Feminism and methodology: Social science issues. Indiana: University Press.

Hermans, H., & Oles, P. (1999). Midlife crisis in men: Affective organization of personal meanings. Human Relations, 52(11), 1403–1426.

Hunter, M. and O'Dea, I. (2002). Menopause: Bodily changes and multiple meanings. In J. Ussher (Ed.), Body talk: The material and discursive regulation of sexuality, madness and reproduction (2nd ed., pp. 199–222). London: Routledge.

Jack, D. (1991). Silencing the self: Women and depression. Cambridge: Harvard University Press.

Jaques, E. (1980). The midlife crisis. The Course of Life, 3, 1–23.

Jordan, J. V. (1991). Women's growth in connection: Writings from the Stone Center. New York: Guilford Press.

Jordan, J. V. (1997). *A relational perspective for understanding women's development*. In Jordan, J. (Eds). *Women's Growth in Diversity: More Writings fr*om the Stone Center (pp. 9–24). New York, NY: Guilford Press.

Joseph, J. (1961). Warning. In J. Joseph (Ed.), Rose in the afternoon, and other poems. (1974). London: Dent & Sons.

Josselson, R. (1996). Revising herself: The story of women's identity from college to midlife. New York, NY: Oxford University Press.

Josselson, R. (2002). Revisions. In Demick, J., & Andreoletti, C. (Eds). Handbook of Adult Development (pp. 431–441). New York: Plenum

Josselson, R. (2004). The hermeneutics of faith and the hermeneutics of suspicion. Narrative Inquiry, 14(1), 1–28.

Josselson, R. (2007). The ethical attitude in narrative research. In Clandinin, D. (Ed.). Handbook of narrative inquiry: Mapping a methodology (pp. 537–566). Thousand Oaks: Sage.

Jovchelovitch, S., & Bauer, M. (2000). Narrative interviewing. In Bauer, M. & Gaskell, G. (Eds.), Qualitative Researching with Text, Image and Sound: A practical handbook 57–74. London: Sage.

Jung, C. G., & Campbell, J. (1976). The portable Jung. New York: Penguin Books.

Kaplan, A. (1986). The "self-in-relation": Implications for depression in women. Psychotherapy: Theory, Research, Practice, Training, 23(2), 234.

Kastenbaum, R. (2007). Death anxiety. In Fink, G. (Ed.), Encyclopedia of stress (2nd ed., pp. 717–722). Oxford: Academic Press.

Kearl, M. & Hoag, L. (1984). The social construction of the midlife crisis: A case study in the temporalities of identity. Sociological Inquiry, 54(3), 279–300.

King, J. (2012). Discourses of ageing in fiction and feminism: The invisible woman. Hampshire: Palgrave Macmillan.

Lachman, M. (2004). Development in midlife. Annual Review of Psychology, 55, 305–331.

Lafrance, M. (2009). Women and depression: Recovery and resistance. East Sussex: Routledge.

Langdridge, D. (2007). Phenomenological psychology: Theory, research and method. London: Pearson Education.

Leary, M., Tchividijian, L., & Kraxberger, B. (1994). Self-presentation can be hazardous to your health: Impression management and health risk. Health Psychology, 13(6), 461.

Lemkau, J. & Landau, C. (1986). The "selfless syndrome": Assessment and treatment considerations. Psychotherapy: Theory, Research, Practice, Training, 23(2), 227.

Levinson, D. (1978). The seasons of a man's life. New York: Knopf.

Levinson, D. & Levinson, J. (1996). The seasons of a woman's life. New York: Knopf.

Lieblich, A., & Tuval-Mashiach, R. & Zilber, T. (1998). A new model for classification of approaches to reading, analysis, and interpretations. In A. Lieblich, R. Tuval-Mashiach, & T. Zilber (Eds.), Narrative research (pp. 2–21) Thousand Oaks: Sage.

McAdams, D. (1993). The stories we live by: Personal myths and the making of the self. New York: Guilford Press.

McAdams, D. P. (1989). The development of a narrative identity. Personality psychology (pp. 160–174) Springer.

McAdams, D., Josselson, R., & Lieblich, A. (2001). Turns in the road: Narrative studies of lives in transition. Washington: American Psychological Association.

McLaren, L. & Kuh, D. (2004). Body dissatisfaction in midlife women. Journal of Women & Aging, 16(1–2), 35–54.

McLean, K. & Pasupathi, M. (2010). Narrative development in adolescence: Creating the storied self. New York: Springer.

McQuaide, S. (1998). Women at midlife. Social Work, 43(1), 21–31.

Miller, J. (1986). Toward a new psychology of women. Boston: Beacon Press.

Mishler, E. (1991). Research interviewing: Context and narrative. Cambridge: Harvard University Press.

Moen, P. & Wethington, E. (1999). Midlife development in a life course context. In Willis, S. & Reid, J. (Eds.), Life in the Middle: Psychological and Social Development in Middle Age. (pp. 3–23). San Diego: Academic Press.

Moradi, B. & Yoder, D. (2011). The psychology of Women. In Altmaier, E & Hansen, J. (Eds.), The Oxford Handbook of Counseling Psychology (pp. 346–374). New York: Oxford University Press.

Morrow, S. (2007). Qualitative research in counseling psychology: Conceptual foundations. The Counseling Psychologist, 35(2), 209–235.

Morss, J. R. (2013). Growing critical: Alternatives to developmental psychology. London: Routledge.

Murray, M. (2003). Narrative psychology. In Smith, J. (Ed.), Qualitative Psychology: A Practical Guide to Research Methods (pp. 111–131). London: Sage.

Neugarten, B. (1968). The awareness of middle age. In Neugarten, B. (Ed.), Middle Age and Aging: A reader in social psychology (pp. 93–98). Chicago: Chicago University Press.

Nightingale, D., & Cromby, J. (1999). Social constructionist psychology: A critical analysis of theory and practice. Buckingham: Open University Press.

Nosek, M., Kennedy, H. & Gudmundsdottir, M. (2012). Distress during the menopause transition: A rich contextual analysis of midlife women's narratives. Sage Open, 2(3)

Oliver, M., Pearson, N., Coe, N., & Gunnell, D. (2005). Help-seeking behaviour in men and women with common mental health problems: Cross-sectional study. The British Journal of Psychiatry: The Journal of Mental Science, 186, 297–301.

Parker, I. (1998). Social constructionism, discourse and realism. London: Sage.

Perz, J., & Ussher, J. (2008). "The horror of this living decay": Women's negotiation and resistance of medical discourses around menopause and midlife. Paper presented at the Women's Studies International Forum, 31(4) 293–299.

Polkinghorne, D. (2007). Validity issues in narrative research. Qualitative Inquiry, 13(4), 471–486.

Polkinghorne, D. E. (1991). Narrative and self-concept. Journal of Narrative and Life History, 1(2–3), 135–153.

Rich, A. (1979). On lies, secrets, and silence: Selected prose: 1966–1978. New York: Norton.

Ricoeur, P. (1984). Time and narrative: Vol. I. Chicago: University of Chicago Press.

Riessman, C. (1993). Narrative analysis. Newbury Park: Sage.

Riessman, C. (1990). Strategic uses of narrative in the presentation of self and illness: A research note. Social Science & Medicine, 30(11), 1195–1200.

Riessman, K. R. 2002. Analysis of Personal Narratives. In Gubrium, J. & Holstein, J. (Eds.), Handbook of Interview Research: Context and Method (pp. 695–710). Thousand Oaks: Sage.

Rosenberg, S., Rosenberg, H., & Farrell, M. (1999). The midlife crisis revisited. In Willis, S. & Reid, J. (Eds.), Life in the Middle: Psychological and Social Development in Middle Age (pp. 47–73). San Diego: Academic Press.

Rosenkrantz, P., Vogel, S., Bee, H., Broverman, I., & Broverman, D. (1968). Sex-role stereotypes and self-concepts in college students. Journal of Consulting and Clinical Psychology, 32(3), 287.

Rosowsky, E. (1999). Couple therapy with long-married older adults. In Duffy, M (Eds.), Handbook of Counseling and Psychotherapy with Older Adults, (pp. 242–266). New York: John Wiley.

Rowland, S. (2002). Jung: A feminist revision. Cambridge: Polity Press.

Sarbin, T. (1986). Narrative psychology: The storied nature of human conduct. New York: Praeger.

Saucier, M. (2004). Midlife and beyond: Issues for aging women. Journal of Counseling & Development, 82(4), 420–425.

Scarre, G. (2007). Death. Chesham: Acumen.

Schippers, M. (2007). Recovering the feminine other: Masculinity, femininity, and gender hegemony. Theory and Society, 36(1), 85–102.

Sheehy, G. (1976). Passages. New York: EP Dutton & Co.

Sheehy, G. (1992). The silent passage: Menopause. New York: Random House.

Sherman, E. A. (1987). Meaning in mid-life transitions. New York: State of New York Press.

Singer, J. A. (2004). Narrative identity and meaning making across the adult lifespan: An introduction. Journal of Personality, 72(3), 437–460.

Smith, B., & Sparkes, A. (2006). Narrative inquiry in psychology: Exploring the tensions within. Qualitative Research in Psychology, 3(3), 169–192.

Smythe, W., & Murray, M. (2000). Owning the story: Ethical considerations in narrative research. Ethics & Behavior, 10(4), 311–336.

Squire, C. (2008). Approaches to narrative research. Unpublished manuscript.

Staudinger, U. M., & Bluck, S. (2001). A view on midlife development from life-span theory. In Lachman, M. (Ed.), Handbook of midlife development (pp. 3–39). New York: Wiley

Stewart, A. & Ostrove, J. (1998). Women's personality in middle age: Gender, history, and midcourse corrections. American Psychologist, 53(11), 1185.

Stoppard, J. (2002). Women's bodies, women's lives and depression: Towards a reconciliation of material and discursive accounts. In Ussher, J. (Ed.), Body talk: The material and discursive regulation of sexuality, madness and reproduction (2nd ed., pp. 10–32). London: Routledge.

Stoppard, J. M. (2000). Understanding depression: Feminist social constructionist approaches. London: Routledge.

Strawbridge, S., & Woolfe, R. (2010). Counselling psychology: Origins, developments and challenges. In Woolfe.R. (Ed.), Handbook of Counselling Psychology (3rd ed., pp. 3–22).

Sugarman, L. (2003). The life course as meta-model for counselling psychologists. In Woolfe, R., Dryden, W., & Strawbridge, S. Handbook of Counselling Psychology (2nd Ed). London: Sage Publications

Surrey, J. (1991). The "self-in-relation": A theory of women's development. In Jordan, J.,

Kaplan, A., Miller, J., Stiver, I. & Surrey, J. (Eds.), *Women's growth in connection: Wr*itings from the stone center (pp. 51-66). New York: Guilford Press.

Tacey, D. (2012). The Jung reader. London: Routledge.

Taylor, S. (2007). Narrative as construction and discursive resource. In Bamberg, M. (Ed.), Narrative: State of the art (pp. 113–122). Philadelphia: John Benjamin.

Turner, M., Killian, T. & Cain, R. (2004). Life course transitions and depressive symptoms among women in midlife. The International Journal of Aging and Human Development, 58(4), 241–265.

Twigg, J. (2007). Clothing, age and the body: A critical review. Ageing and society, 27(02), 285–305.

Ussher, J. (1989). The psychology of the female body. London: Routledge.

Ussher, J. (2002). Body talk: The material and discursive regulation of sexuality, madness and reproduction. London: Routledge.

Ussher, M. (1999). Commentary: Eclecticism and methodological pluralism: The way forward for psychological research. In M. Crawford, & E. Kimmel (Eds.), Innovations in feminist psychological research, Volume 23, part 12, (pp 41–46). Cambridge: Cambridge University Press.

Wethington, E., Cooper, H., & Holmes, C. (1997). Turning points in midlife. In Gotlib, I. & Wheaton, B. (Eds.), Stress and adversity across the life course: Trajectories and turning points (pp. 215–231). New York: Cambridge University Press.

Wethington, E., Kessler, R., & Pixley, J. (2004). Turning points in adulthood. In Brim, O., Ryff, C., & Kessler, R. (Eds.). How healthy are we?: A national study of well-being at midlife (pp. 586 – 613). Chicago: University of Chicago Press.

Wheaton, B. & Gotlib, I. (1997). Trajectories and turning points over the life course: Concepts and themes. In Wheaton, B., & Gotlib, I. (Eds.) Stress and adversity over the

life course: Trajectories and turning points (pp. 1–25). New York: Cambridge University Press.

White, M., & Epston, D. (1990). Narrative means to therapeutic ends. New York: Norton.

Willig, C. (1998). Social constructionism and revolutionary socialism: A contradiction in terms. In Parker, I. (Ed.) Social Constructionism, Discourse and Realism Discourse and Realism (pp. 91–104). London: Sage.

Willig, C. (2001). Introducing qualitative research in psychology Adventures in theory and method. Buckingham: Open University Press.

Willig, C. (2012). Qualitative interpretation and analysis in psychology. Buckingham: Open University Press.

Willig, C. (2013). Introducing qualitative research in psychology (3rd ed.). London: Open University Press.

Willis, S. & Reid, J. (1998). Life in the middle: Psychological and social development in middle age. San Diego: Academic Press.

Yalom, I. (2008). Staring at the sun: Overcoming the dread of death. London: Piatkus.

Calling all midlife women!
I want to hear your stories!

Do you think you have changed markedly during your midlife years? Have your priorities changed? Are you making different decisions or behaving in a new way?
Have you ever been told you are having a 'midlife crisis'?

I would like to give you an opportunity to have your story heard and be part of a study that will further our understanding of women's experience.

As an experienced Trainee Psychologist I will provide a safe and ethical environment in which you can tell your story.
If you would like further information on the project,
please get in contact with me at kalyco.stobart.1@city.ac.uk

This project is being supervised by Dr Susan Strauss (susan.strauss.1@city.ac.uk)

Researcher: kalyco.stobart.1@city.ac.uk
Supervisor: susan.strauss.1@city.ac.uk

Appendix 2: Information sheet

Purpose of the Study:
We are conducting interviews to explore and further our understanding of the experience of difficult turning points in midlife women.
The research project is part of a doctoral thesis in partial fulfilment of the requirements of the Professional Doctorate in Counselling Psychology at City University London.

Your Contribution:
You will be asked to attend an interview (approx 60-90 mins duration), which will be audio-taped. These will then be transcribed and the data will be analysed by the researcher. The recordings and transcripts will be stored in a secure place and destroyed once the study is fully completed. The findings of the study will be shared with peers and assessors and the results will be written up and possibly published.

Your Rights:
Confidentiality: The researchers assure any participants complete anonymity and confidentiality. We will ensure that the data does not contain any identifying information and that there will be no link between the data and this form. However, direct quotes from the interviews may be used in the write-up of the study but any identifying marker will be omitted and the quotes will be annonymised.
Right to Withdraw: Participants have the right to withdraw from the study without an explanation until 30 days after the interview without any prejudice from the researcher.
Ask Questions: Participants may ask any questions pertaining to the study at any time. You will find contact details on this form.

Benefits and Risks:
It is hoped the retelling of your story to a qualified counsellor will be a positive experience and may be of benefit to you.
However, there is a minimal risk that the interview may uncover sensitive material, which may cause distress. If this does happen please discuss this with the researcher.

CITY UNIVERSITY LONDON

Researcher: kalyco.stobart.1@city.ac.uk
Supervisor: susan.strauss.1@city.ac.uk

Appendix 3: Research participant consent form

Name of Researcher: Kalyco Stobart
Name of Supervisor: Dr. Susan Strauss

I confirm that I have read and understood the information sheet for the above study and what my contribution will be.	**Yes** **No**
I have been given the opportunity to ask questions.	**Yes** **No**
I agree to take part in the interview	**Yes** **No**
I agree to the interview being tape-recorded, transcribed and used for this research project in fulfilment of the DPsych degree.	**Yes** **No**
I understand that my participation is voluntary and that I canwithdraw from the research up until 30 days after the research without giving any reason	**Yes** **No**
I agree to take part in the above study	**Yes** **No**

Name

Signature

Date

The researcher agrees to comply with all the
above statements and adhere to BPS code of
human research ethics.

Signed on behalf of research team:

Date:

Appendix 4: Post interview reflection

Thank you for participating as a research participant in the present study and sharing your experience of difficult turning points during midlife.

If you have any questions regarding this study or would like to be kept informed of the results or possible publications, please feel free to ask the researcher at kalyco.stobart.1@city.ac.uk.

In the event that you feel psychologically distressed by participation in this study, we encourage you to contact the researcher at kalyco.stobart.1@city.ac.uk and you will be referred to an appropriate person.

Thank you again for your time, it is greatly appreciated.

CITY UNIVERSITY LONDON

Researcher: kalyco.stobart.1@city.ac.uk
Supervisor: susan.strauss.1@city.ac.uk

Appendix 5: Interview agenda

- o If you imagine your midlife as being a timeline divided into a 'before' and 'after' what is the event or happening that divides the two parts. Please could you tell me more about that?
  - ❖ Prompts: what happened, what happened next, can you give me an example?
- o Do you notice yourself behaving/thinking/feeling differently now that you are in this life stage?
  - ❖ Prompts: what happened, what happened next, can you give me an example?
- o Why do you think this is? How do you make sense of that?
- o Do you find your priorities have changed? How?
  - ❖ Prompts: what happened, what happened next, can you give me an example?
- o Can you describe others reactions to this?
- o If you had been a man how do you think your story might have been different or the same?
- o How do you explain it to yourself?
- o Have you been told you have had a midlife crisis?

Appendix 6: Sally turning point narrative

How does Sally present her turning point?

Sally identifies her turning point as embarking on her post-grad degree course when she was 40. She presents this experience in several ways, at times positive and optimistic and at others as challenging and difficult. Throughout the interview there is a split between Sally's narrative of achievement, accomplishment and superior abilities and of not being able to fulfill her potential and of being overlooked and struggling for recognition. This counter narrative of not being fully acknowledged or not being heard is utilised in terms of contributing to her turning point but it remains unresolved as a consequence.

Sally begins by firmly positioning her turning point in her career in mental health. *"retraining in xyz*abc was one of the making things for me and that I see as my before and after because I had a whole new life post-40 which I had not had pre-40 and a whole new career, a whole new way of being." She describes this in the polarised terms, which typify the tone of her narrative. *"Finished the degree, did really well, I thought* it was quite easy actually but umm, and then I thought what I really want to be is a xyzabc but how impossible is that?" She emphasises her superior intellect and achievement but counter to this she suggests she is a person who is daunted by her chosen profession and appears to lack self-belief and confidence.

Although the turning point is emphatically presented as her career change, the underlying reasons for it are relational and personal. Her marriage difficulties, which she labels 'devastating', appear to have caused her to reconsider her position and identity as a wife. *"They (the m*arriage difficulties) revealed themselves, a lot of things happened simultaneously which sort of shook my, shook my feelings about myself as a married *person".* The sense of betrayal she feels throws into relief the sacrifices she was making on behalf of her husband and family. *"because there* was a sense of well *'*I've given my all to other people*'* and yet at the end of the day that can be sort of thrown in your face. I've got to find a

different way through; *I've got to find a new way through."* She orientates herself as being pushed by her husband's behavior and that change was necessary and an imperative. This negates her responsibility as she has been left with no choice. As she re-examines her identity in light of her marital problems her own needs become more prominent. Perhaps, as the discourse of good wife/good mother/good women is disrupted it gives Sally the opportunity to attend to her own voice. *"I think the problems in the marriage which were quite sort of devastating pushed me to really decide that I had to be a priority."*

In keeping with the dominant narrative of good woman she attributes her ability to make changes to her shifting role as a mother. Sally emphasises her commitment and dedication to being a good mother. She reminds herself *"this is a choice, this is a choice whereas up to now* they had always, always been a priority. I had never thought about leaving them in anyway because I had such a big obsession, you know I didn't*'t want them to be affected, I didn't want them to be left alone, I didn't want to* <u>not</u> *be influencing them in any way."* She explained what a difficult decision it was to "leave them alone*"* describing it as a "clash*"* and 'extremely hard.*"* She defends her choice, taking care to point out that it was only possible due to her sons' changing needs of her as teenagers *"they, my oldest was 17 so it I could, I was beginning to see the end in s*ight for child rearing as well."* So the primary narrative is, in accordance with a powerful social discourse of a good mother/wife/women, one who prioritises her children and relationships. It requires justification to 'leave the children' or attempt to nurture your own needs at the potential expense of the family.

She acknowledges the *"me stuff"* of *"*I want something else, I want something different, I don*'t feel fulfilled."* Again this is positioned as an imperative a necessary step that <u>had</u> to be taken**.** *"I didn't want that feeling of financial dependence, I knew I had to have something the other* side of childcare being the major investment in life. So that, all sorts of factors *were coming together to push me into a new beginning. Really."* A primary theme in sally's narrative is how she identifies herself as being overlooked and in a constant struggle for recognition. This occurs in her work life *"the xyz were not willing to recognise all the skills and experience I had before and I remember arguing that 'I was bringing all this skill and all this experience, why am I having to start again?' I had to fight a lot for that."* She expresses a feeling of being taken for granted

by her husband, neglected by her family of origin and underestimated by society in general. As an example she recounts a story *"a few years ago at xyz flower show we went to some big dinner after the thing and a man said to me, sort of off the cuff remark as we sat down 'oh are you just decorative or do you work for a living'* – pause – *and that to me just kind of summed it all up. The idea that that is what I was worth."* Another theme is her identity as a care-giver, which she refers to herself as in relation to her children, her mother, her parents and in her work. She says about her relationship with her mother that she was *"always looking after her, I was always a caretaker, that's my narrative, that's my story."* For her husband she "stayed to pick up the pieces." In her workplace "I was constantly helping people out and in my home life *constantly helping people out...I was endlessly doing the therapeutic stuff in any educational establishment.'"* Her identity as a caregiver is both positive and negative. While she views her constant caregiving as a drain on her personal resources and a contributory factor to her turning point, it is also constructed as an advantage in her chosen profession. *"I was consta*ntly in a field where I kept thinking, actually I could do this bit for a living and I might be more interested *in it."*

Sally accepts that her turning point was at the time very difficult and challenging and that it did have an impact on the family. She understands this as being primarily positive and that the immediate family was typically supportive of her changes. *"I think it was from the family, the immediate family – sons and husband – that there was an understanding that this was important, this was transformational and that this was something that we had to give a lot of attention to."* She credits this accommodation from her family as allowing her to complete and succeed with the course and subsequent career. Therefore the construction of good wife/good mother is still intact, suggesting that if they had been adversely affected she may not have persevered in the same way. Sally recognises that her role as a good wife and mother is a constraint to her own self. Being a mother at an early age *"set m*e apart, set me back, put be in a different place, well back is a bit of a value judgment but it put me in a place where again I was care taking, *I was looking after."*

Sally identifies the fact that she is a woman as a contributing to her turning point. She positions herself very much in opposition to societal expectations of women, which she feels very keenly. However, although she explicitly resists these pressures she does in fact

comply for example *"I went to a ridiculous private girl's school which in those days was completely non-academic and we were supposed to find XYZers to marry which we all did".* She in fact did marry a man who had attended the correct school and university and was from the 'right' kind of family, as per her family's expectations. She sees being a woman as a disadvantage *"so yeah, right from the beginning the word go, I was on the back foot. I married early and then once again being a woman kind of defined me."* Closely linked to this is her identity as child from a dysfunctional home. Again she positions her early experiences as being a major disadvantage but also as having a positive impact on her chosen career as a mental health specialist. *"I didn't have any good grounding, um, my upbringing left me amazingly unprepared for what was going to come. But as a result I did develop an enormous empathy for others because I had an experience of a lot of tragic life experiences."* Sally's sense making is to reframe her *"tragic life experiences"* into a *"richness of experience"* which has assisted her in life as well as hindered.

Sally's age and the process of ageing is typically spoken about in contradictory terms. She explicitly positions being in her midlife as contributing towards her turning point and it remains a source of discomfort. She appears to make use of the discourse of embracing and accepting ageing where denying or avoiding ageing is viewed negatively. She claims: *"I mean age has always been a number to me and in a* way I was always looking forward to 40 *so it wasn't really about 40."* However, the discourse of decline is evident in her talk about being perimenopausal. *"This (the menopause) loomed large for me, I was frightened of it because I had heard all sorts of grizzly stories and also it seemed to be associated in my head more with endings than beginnings. You know, towards the end of your working life, the end of your fertile life."* Getting older clearly has an impact on the way she views herself and raises questions as she assesses her life. *"So now I am 53 is that* significant? Yeah, that feels massively significant on so may levels because I'm aware of my career status sort of, where I could be going and not going and I think *I'm probably too old now to get a job in another xyz."*

Towards the end of the interview the tone becomes less progressive and more uncertain. *" Oh I've got myself, I've carved out status and I've* carved out money but actually a lot of the time I think this doesn't*'t feel like the last bit."* This sensation of discontentment is admitted with

difficulty even shame. *" ... but still, should I even be admitting this on tape, but still the nagging dissatisfaction is there."* Sally's reluctance to admit to her "nagging dissatisfaction" indicates that it is contrary to the social perceptions that midlife is a time of tranquility and maturity and the fact that Sally still fees unsettled, disturbed and in flux is bad. (Her assumption is that it will be perceived by me as bad). The outcome of the turning point is not therefore resolution. She pinpoints a realisation that a lack of connection plays a part in her ongoing disturbance.

Appendix 7: Sally themes

Transformation		Male World	
•Metamorphosis/hatching	•Leap into unknown		
•Reconsidering/reassessing	•Shifts in roles	•Dominant	•Basis of worth
•Exciting/optimism	•New focus on self needs	•Privileged	•Sexism
		•Prioritised	

<table>
<tr><td colspan="2">

a whole new way of being

make a change, do something different and significant

I want something new and different for when they (children) leave

I see the training as a metamorphosis in a sense as a hatching but a difficult one

I started thinking about a different future as well, where I had to be less dependent

and make a leap, make a leap in the dark.
</td><td colspan="2">

men are in front, constantly, at every turn

where you are seen as totally insignificant, all you are in an extra in their show

especially my father, who paid no attention to be at all when I was growing up.

My education would have been taken more seriously, I went to a ridiculous private

school which in those days was completely un-academic and we were supposed to

find xyzabc men to marry, which we all did.

I think the endless fight to find something interesting to do, to get out of the

ridiculous domestic pit to be taken seriously as women is hard, *it's* really hard.

And that to me just kind of summed it all up, the idea that that is what I was worth.
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Unrecognised

• Unacknowledged /overlooked (esp. by men)

• Seeking status/significance

• Misunderstood/unknown

                       • In career, marriage, family, life

                       • Taken for granted

                       • Own needs
</td><td colspan="2">

Age/Ageing

  •Embrace/accept vs. resist   •Halfway to death

  •Shifts & change   •Endings & loss
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ABC not willing to recognise skills & experience

out in the arena of the world it is totally overlooked

so again, there is a constant sense of self being overlooked, being not
acknowledged being not part of the process

my mother said *'you don't have to make life so hard for yourself, it doesn't have to*
be this way, what *have you go to prove?'*

my father who paid no attention to me at all when I was growing up

I wanted to make more money, have more of a sense of status.

- Ambivalence
- Too late/too old

40 has always felt like half way, it always been well you might die at 80, 40 is
halfway through.

I've always associated 50 with endings

I think *I*'m probably too old to get another job

but age has always been just a number for me

At 50 it seemed like 'oh God', this was the closing of doors and then the beginning of
lots of menopausal symptoms.

I'm aware of my career status, where I could be going and not going and I think I'm
probably too old now to get another job.

Caregiver/Helper

• Relentless/endless	• Exhausted resource
• Constraint	• Societal expectations
• Self defining	• Professional identity

Self as mother

- Changing role/shifting identity
- Prioritising children
- Constraint vs. Freed up
- Obsessive/all consuming

And in my workplace and in my home life I was constantly helping people out.

I was endlessly doing the therapeutic stuff in an educational establishment I worked in.

*I was always looking after her; I was always a caretaker, that's m*y narrative, my story.

Maybe the empathetic side of me wouldn't have been endlessly dragged out of me

I'm a rescuer, I can do it, I have been doing it my whole life.

Family of origin

- Difficult relationships (mother/sister/father)
- Neglected/overlooked/unsupported
- Demands/constraints/care-giver

I mean I come from a background where I had no self-confidence.

I think I did fall through ... because I didn't have any good roots

I had a bullying demanding father who left my mum and she ended up having a breakdown

I have a complex mother who is very narcissistic and a very competitive older sister who is 7 years older than me.

I was the first in my family from both sides to go to university

You grow up with chaos, you marry a bit of chaos

that was also creating a shift for me because they were beginning to move on

This is a choice where up to then they had always been my priority

'(having children young) set me apart, set me back, put me in a different place

I had my first child at 23 and my second at 26, which is obviously not that young but it is for people who are highly educated.

I've always managed to do jobs around the children.

I had such a big obsession, I think like most people in the field of child development *in any way, I didn't want them to be affected, I dint want them to be left alone, I didn't want to not be influ*encing them in anyway. My sons were always very *supportive, my younger son was upset saying 'but why do you have to go back to university, why are you doing this?' but I said because at the moment you think you* need me and need me so much but in a few yea*rs time you won't and it important I've got something for me.*

Spirituality

- Divine orchestration
- Destiny/meant to be
- Moral position/do greatest good
- Enduring belief
- Personal philosophy
- Gives meaning

(Spirituality) very significant in terms of doing the greatest good

Positive Self Concept

- Constant learning
- Moving forward/evolving
- Improving/bettering
- Accelerated/expert
- Achievement/high standards
- Advanced
- Tenacious/hardworking/resolute

'I had to fight a lot' 'I had been put up a year at 17, so everything was kind of accelerated' 'Finished the degree, did really well, I thought it was quite easy actually' 'expert in field' 'fantastic reputation' it didn't seem too difficult to get.

I see myself in good ways as being rather brave and tenacious.

I mean by any measures I have, thank God, a happy life.

I am resolute and tenacious, I know what I want.

Connection

- Constraints of relationships
- Importance of belonging
- Lack of - isolation/not known/outside
- Community (esp. women)

...if I do have to come back, am I supposed to be moving towards some ideal in this life?

You're drawn, by God to be in some of the right places at the right time, and where you are called to be to do the greatest good.

I see prayer and conversation with God as being very significant and important and have been through all sorts of faith ideas in my life a

I think my whole life has been a bit of a spiritual quest, I wish it was simpler, I wish there was a way I wish I knew the answers but I'm not going to and I'm going to have to put up with that.

Voices

- •Own
- •Male
- •Society
- •Resistance vs. constraint
- •Younger self
- •Family
- •Working world

Marital (relational) difficulties

- Self sacrificial
- Cost/benefit
- Let down
- Reassess
- Devastating
- Contractual/obligations

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It impacts massively in a sense on who I am because I am an extravert but I'm also someone who wants to make deep connections with people.

I love having people to lark about with

I'm looking for a sense of belonging, a sense of connectedness and I feel like I *haven't got that.*

I am also someone who wants to make deep connections with people

It's terribly isolating, all I do is see people I'm aware that these people are not my friends

A lot of things happened which shook my feelings about myself as a married person.

I was moving away from feeling as dependent on him (my husband) emotionally, financially in lots of different ways.

If I had been a man with a wife who had a drink problem I would have just left her I suspect, not stayed around to pick up the pieces.

There was a sense of well I've given my all to other people and yet at the end of the day that can be sort of thrown in your face

I am the spouse of this person who is this huge big cheese

The problems in the marriage which were quite devastating, pushed me to really decide that I had to be a priority

Seeking

But it doesn't feel like that*'s the whole story'*

*I'*m not settled and I don*'*t even quite know what *I'*m looking for

It's a bit embarrassing to talk about on tape but I'm fantasising about doing one of those adult gap years

Psychic Disturbance

	• Lack forward momentum/what's next
•Pressure/demands of roles	• Desire to escape/run away
•Control vs. letting go	

MLC

•Male	• Female
•Rash	• Slow

It doesn't feel like that is the whole story

•Destructive	• Considered	Perhaps the problem for me is that I am themeless for this decade
	• transition	*I've never been young and free and I have always wanted to be grown up before my* time
A women is usually slow burning and thinking I would like to do something transformational		*I'm not settled and I don't even* quite know what I'm looking for
It's not suddenly getting up and buying a Ferrari and having an affair with a 22 year old		*I've carved out status and I've carved out money but actually a lot of the time I think this doesn't feel like the last bit.*
I think the male midlife crisis is often about fear of losing youth.		The nagging dissatisfaction is still there
		It's very hard for me to have fun because I'm a very controlled person, I don't let go easily.

Sense making

- Good out of bad
- Positive self attributes (overcoming, coping, self reliant)
- Luck/fortunate/meant to be

• Good out of bad	• Outrage/indignation	
• Positive self attributes (overcoming, coping, self reliant)	• Resistance/rejection of expectations	**Self doubt (counter narrative)**
• Luck/fortunate/meant to be	Imperative/necessary/own needs	

• Younger self		• Due to upbringing
• Constrained by self and others		

Appendix 8: Excerpt of Sally interview transcript

was offered a job as an adolescent specialist based on all my eating disorders experience and lots of other training. I've done lots of training since, I have also done the whole training for schema therapy and I am now an advanced accredited schema therapist and there are not many of us in the UK so I've kept working at it but there's a total in my mind a before and after and 40 is that defining time.

R   right

P   and were now 12 years on I'm 52

R   Um, okay, I was wondering about this, it sounds like a slow realisation that you waned something else or something more and I suppose besides your career

P   Yah

R   and your identity as a psychologist, what else do you think was informing that or what else was impacting on that

P   yah, there are some things, probably a bit too personal to go into for this but I , I had some difficulties in my marriage, let put it that way. That they also revealed themselves, a lot of things happened simultaneously, um which should of shook my, shook my feeling about myself as a married person. I had never been totally financial dependent on my husband but he had been the major breadwinner. And I had never liked that, I had never liked the idea that I wasn't making, I mean I made enough because I was always doing something but I wanted to make more money, have more of a sense of status. When I saw difficulties in my marriage there were several types of difficulties and one of them was while I was doing my psychology degree my husband was drinking, a lot, too much and I'm not a drinker and this was very, this created a lot of difficulties and I started thinking about a different future as well. Where I had to be less dependent and make a leap, make a leap in the dark. Make a change, do something different and significant. I mean age has always been a number to me and in a way I was always looking forward to forty so it wasnt really about 40 although I think at the back of my mind 40 has always felt like half way, its always been well you might die at 80, 40 is half way thought. And, and yeah, there was the marriage stuff, and there was also the me stuff of thinking, I had my children very young. And that also makes a different I had my first child at 23 and my second child at 26 which is obviously not that young but it is young for people who are highly educated. That was also

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(Handwritten left margin notes, approximate readings):

highly accomplished smug but mattered of fact arrogant and boastful

I work hard & I am an expert I am exceptional/special

defensive & dismissive re. different doubting uncertain insecure proud independent diplomatic cautious disappointed crossroads troubled uncertain chaotic

I am not willing to share. Touchy Has doubts uncomfortable as a dependent. Explains money = status I am without status my marriage was really difficult! drinking = bad & good people clash drinking difficulties caused me to think differently age is insignificant Being young is acceptable but I am highly educated (different & special)

smooty

arguing against a discourse around getting older is different. (forever young)

(Handwritten right margin notes, approximate readings):

I am exceptional acceptance being advanced

I am always improving I am uniquely expert & qualified

I am going to protect myself & keep things private. I used to be sure about myself as a married person, now not so much. I feel uncomfortable with feelings of inadequacy & dependence. I believe money = status, I lack status & more, status = good, drinking = bad. I don't drink = good. Crisis made me reconsider & re-think. I'm not phased by age & ageing. Distances self from feelings re mortality. I am highly educated & ∴ special.

practised difficulties status/unease independence acceptance reassessing leap into unknown change downplaying fear age embrace ageing past/present death young & children

creating shift for me because they were beginning to move on, you know, by 40. They, my oldest was 17 so it could, I was beginning to see the end in sight for child rearing as well. So I was like I want something new and different, for when they go, when they leave. So I think it was a combination me, the intra psychchic stuff of I want something else, I want something different, I don't feel fulfilled. And in my workplace I was constantly, and in my home life, constantly helping people out. I was endlessly doing the therapeutic stuff in any educational establishment I worked in as I inspected people they were constantly asking me about systems and the interactions, the dynamics between the staff, I spent a lot of time as a SENCO – special education needs officer when I was actually working as a teacher, endlessly identifying children with special needs etc, etc. I was a school governor, a governor for 26 years at a local primary school and did a lot of working with parents who had children with special needs. I was constantly in a field where I kept thinking actually I could do this bit for a living and I might be more interested in it. I had outgrown teaching, I had out grown inspecting in fact I didn't really like inspecting, I found it too judgemental. Umm, so I was totally ready for something new. I didn't want that feeling of financial independence, I didn't want (I knew I had to have something the other side of childcare being the major investment in life). SO that all sorts of factors were coming together to push me into a new beginning. Really.

└ not my choice – needs not wants

R   hmhum

P   umm

R   so you've touched on bits of it but I suppose the evolving changes the way that you were feeling and thinking and behaving, I don't know whether your priorities became different, it sounds as if they did could you say something about that?

P   yes. What they were I'd always managed to do jobs, which I could kind of do around children in a way I suppose. The counselling psychology training at that stage was a very long, it was 2 very long days and they finished, one of them finished quite late and that was the first time that my children (although by that time teenagers) were home alone. And I remember feeling that clash of 'oh god' I have to leave them. This is a choice, this is a choice where up to then they had always, always, always been my priority. I had never thought about leaving them in any way because I had such a big obsession, (I think like most people in that field of child

→ working hard to position herself in a very certain way.

development in any way, you know I didn't want them to be affected, I didn't want them to be left alone, I didn't want to not be influencing them in any way. So that what extremely hard in terms of making the transition. Umm, also it was difficult, I had to say, at many stages during my training years I thought I couldn't do it. There were only 3 of us, 40 started, and 24 finished and only 3 of us with children finished. And we became absolute friends, there were these 3 women, and interesting enough, we'd all done our first degrees with the Open University. And not one of us because we were too stupid, that sounds really rude but it's the truth, we all could have got onto much better courses because we were all above averagely bright it was that we had done it to fit in with children. But that drive that led us to finish the OU degree and do very well in them also led us to finish this course. And actually one of the tutors at the time said that you know when we pick people with OU degrees its not because it's a wonderful academic content but we know the people who finish them, especially with children and jobs are resolute, tenacious, they know what they want. And in a way finding two other women who were in the same boat with children was very helpful because we, because a lot of the people were younger and at different stages and it meant we had our solidarity of knowing how difficult this journey was. But at many times I thought I can't do it, this is awful, why am I doing it, why am I making my life so difficult for myself because I did find that I had to absent myself from the children a lot during the course of the training. Simply, obviously all the placement but to get all the work done, that was a huge shift for me. Also away from my husband in a way. I mean he took on more · domestic responsibility I think, especially in terms of child stuff which was good but I realised I was moving away from feeling as dependent on him emotionally, financially in lots of different ways throughout the training it was a very difficult process but I think in my head I see the training as a metamorphosis in a sense, as a yeah, as a hatching but a difficult one, a very difficult transition but where I came out the other end. Interestingly although this makes your project more complicated in a sense is now that I'm 52 and I think you know peri-menopausal I'm experiencing another transition and I'm now thinking actually I'd quite like to be moving on and doing something else again. SO I think, I think one has many of these.

R   hmmm

P   transformations

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R   -big sigh- sounds exhausting

P   it is exhausting, I think being a women is exhausting.
Maybe just being a human being is exhausting. But I think
being a women because there are so many hormonal shifts
and changes that carry on during out lives which sort of
dictate other stuff too.

R   umm, as difficult as it sounds, um, it appears that this
decision to sort of prioritise yourself to say actually what I'm
doing is really important and I'm terribly sorry darlings if
you're going to have to be at home a bit but that's something
that I had to do. How do you make sense of it? Of your
ablity to do that, ability is not the right workd but what do
you think enabled you to do that or what informed that? Or
something

P   I think, umm, it's a very interesting questions. I think
the problems in the marriage which were quite sort of
devastating, pushed me to really decide that I had to be a
priority.

R   yeah,

P   because I there was a sense of well I've given my all
to other people and yet at the end of the day that can be sort
of throuwn in your face. Ive got to find a different way
through, I've got to ffind a new way through. And um, that,
that was very, so although I felt guilty about the children I
was also aware that they would have to have their won lievs.
And that they, I have sons as well, not daughters, maybe that
makes a difference, I don't know. Maybe I was identifying
the some with their father as well but what and I managed
make a step outside the emotiona dependence I think I had
been feeling on them for many, many years. And suddenly I
was bit freed up from that, there was a sense of ... And at
points I began to get excited, ever in the difficulties of the
course, about the new challenges and the new possibilities
and the new ideas... I remember getting the job at Guys, it
was a placement obviously at guys but it was terribly
exciting, I thought here I am in a national centre people
coming to me to be transformational on an eating disorder
people looking to me as thought they really thought I knew
what I was doing. Now that had happened before on
occasion, I was lecturing on lots of courses in further
education so I did have some status but it felt like this status
was more significant, more important and I think that my
husband had been in quite a high profile job and was getting
more so and subsequently he's gotten even more high

profile and its very difficult when you're married to an alpha male, I mean this is another whole topic but now ironically I have lots of private patients who come to me for this sort of thing which is almost staying married to an alpha male where you often have to go to dinners where you are seen as totally insignificant, all you are is an extra in their show. SO it plays around with your self-esteem as a women because you are, to give you an example on this, it's an aside but I think it's relevant. A few years ago at Chelsea flower show we went to some big dinner after the thing and a man said to me sort off the cuff remark as we sat down, 'oh are you just decorative or do you work for a living?' -pause- And that to me just kind of summed it all up the idea that that is what I was worth. You know the decoration value, and of course I was supposed to feel frightfully complimented on that aspect which is suppose was supposed to soften the blow, the whole thing was hideous, hideous really. And that's kind of what I feel if you are on the arm one of these men they're only interested...I'm frequently asked at these dinners about my husband and his life and his year and he works with ████████ and his job must be so interesting, his year must have been so wonderful and I think in the NHS, I mean I work as an adolescent specialist I have a very difficult job dealing mostly with suicidal young people who turned up at accident and emergency and then sent to us now no one is interested in that and I think there I am holding life in my hands, a lot that's dramatic but that's what it feel like to me and I'm helping people to choose whether to live or die. And sometime it's very stressful at times and very depressing but out in the arena of the world that is totally overlooked. I am seen as this spouse of this person who is this huge big cheese and that also I think was a factor in making me think I have to find something that is mine, something that is more interesting something that is more exciting, I don't know maybe, I don't know how well I'm articulating it but all of these combined factors.

P   yes, that leads me to my question of you know if you were a man, um how would you story have been different, do you think?

R   I think my story would have been totally different, I mean I came from a background where I had no self confidence, I had a very bullying demanding father who left my mum and she ended up having a breakdown and I as only 8/9 year old was trying to sort of piece her together. She had no friends, no support and I was always looking after her. I was always a caretaker, that's my narrative, my story. And I think from the work ago, if I had been a boy I

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wouldn't have been doing that. I would have been much more able to get into my education, my education would have been taken more seriously I went to a ridiculous private girls school which in those days was completely non-academic we were supposed to find ███████ to marry, which we all did. And that's kind of what was expected of us girls, I mean I left school in 1978 and this very sloaney private girls school , we did things like making ball gowns and flower arranging and that was what was anticipated from us, there was never going to be a career, hardly any of us went to university, I was one of the few ones that went but I went to what was then ████████████████ because I wanted to do anthropology actually which is what my first degree is in the school barely knew what anthropology was. SO yeah, right from the beginning, the word go, I was on the backfoot. I married early because probably I was seeking the security etc etc and then once being a women kind of defined me. Also I did want children and I wanted them young, but again that set me apart, set me back put me in a different place, well back is a bit of a value judgement but it put me in a place where again I was care taking, I was looking after, I had sons and again I think what women do with sons is they prioritise the sons, they pedastalise the sons so men are in front, constantly at every turn. And I think if I had been a man, because I am academically able and that was always clear at school I would have probably gone to Oxbridge, I would have had a conventional career, maybe not psychology, maybe the empathetic side of me wouldn't have been endlessly dragged out of me I'd have probably ended up being some lawyer somewhere. Having more money, more status I doubt I would be sitting at dinner parties being asked what. What's your husbands last 6 months been like, it must be so fascinating, does he talk a lot about his job at home which are the conversations I regularly put up with. Ummm

R   and in terms of this sort of combination of all kinds of things contributing to you know this motion that has taken you do you think, what do you wonder that would be like for a you know of you had been a man.

P   I think probably loads of them wouldn't have happened.

R   okay

P   in my private practice I do deal with a lot of men in midlife crisis. In inverted comas and um and I often direct them to the work of James Hollis, I'm not sure whether

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Handwritten margin annotations (left to right):

tone
condescending
scathing
disadvantage
frustrated
However
frustrated.
low expectation
constrained
victim
condescending

canny is a
condescension
poor little
rich girl
dominant
discourse she
is in opposition
to it
so pointless
It constrained her
& reduced her
not me
(society)
explaining
not early
marriage
discrepancy
my choice
disadvantage
convincing
how this
all happened
Things were
straightforward
cleared
supported
women have
to put up
with being
overlooked.
over pay an
attachment
men have
an easier
time.

disadvantage/
barrier
obstacle
agency/
intention
struggle/
difficulty
agency or
felt
relentless
never-ending
paternal
lack of
opportunities
bitter/
angry
enclose

suspicion
condescension

↓ MLCIS
not a real
thing it is
dubious

I wasn't taken
seriously.
Low expectations
which were
ridiculous &
constraining
ridiculous &
frivolous

I am exceptional
but thwarted
◦ I was
unsupported &
unencouraged.
I was at a
disadvantage
I married for
the wrong
reasons.
Having children
young was not
a mistake it
was a choice but
it limiting
Men are
dominant &
benefit
My path
would have
been less
complex &
easier

I do put up
with it

I am an
expert in
all things.

(far right margin): education, ridiculous, constraining, being a woman, assumptions, lack of opportunities, exceptionality, built in/equality, lack of access or achieving potential, thwarted, denied, backfoot, woman's role, set back, care taking, prioritise men, being in front, man is more privileged, thwarting.

(handwritten insertion near bottom of body): arguing against idea this should be flattering or pleasing

Appendix 9: Research questions

Below are a series of questions that a researcher might wish to reflect on in the context of a research project taking reflexive issues seriously:

1. Why am I carrying out this study?
2. What do I hope to achieve with this research?
3. What is my relationship to the topic being investigated?
   a. Am I an insider or outsider?
   b. Do I empathise with the participants and their experience?
4. Who am I, and how might I influence the research I am conducting in terms of age, sex, class, ethnicity, sexuality, disability and any other relevant cultural, political or social factors?
5. How do I feel about the work?
   a. Are there external pressures influencing the work?
6. How will my subject position influencing the analysis?
7. How might the outside world influencing the presentation of findings?
8. How might the findings impact on the participants?
   a. Might they lead to harm and, if so, how can I justify this happening?
9. How might the findings impact on the discipline and my career in it?
   a. Might they lead to personal problems, and how prepared am I to deal with these should they arise?
10. How might the findings impact on wider understandings of the topic?
    a. How might your colleagues respond to the research?
    b. What would the newspapers make of the research?
    c. Does the research have any implications for future funding (of similar research and/or related organizations)?
    d. What political implications might arise as a result of the research?

From: Langdridge, D. (2007). Phenomenological psychology: Theory, research and method (p. 59). London: Pearson Education.