

Menopause as Metamorphosis: The Meaning and Experience for Women of Well-being during the Menopausal Transition

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Abstract

Although a normally occurring developmental transition in the life of a woman, menopause has often been portrayed as a negative event with much of the research being focused on the physical aspects of this experience. Hermeneutic phenomenology (Van Manen, 1990), grounded in a theoretical framework of feminist phenomenology, was used to explore the following research question: What is the meaning and experience of doing well during the menopausal transition for women who were not in a committed relationship throughout the transition? In depth audio recorded interviews were conducted with 10 post-menopausal women who self-identified as doing well during the transition and were not in a committed relationship throughout the transition. Themes across participants are: 1) a sense of menopause as a physical non-event; 2) the importance of relationships and dialogue with other women; 3) a sense of freedom; 4) a sense of transitioning to another phase of life; and 5) menopause as metamorphosis. The findings and implications are discussed in light of the existing research and theory.

Keywords: menopause, well-being, midlife, hermeneutic phenomenology, feminist

1. Introduction

The menopausal transition is both a normally occurring and a significant time of change in the life of a woman (Daniluk, 1998). While the physiological changes during menopause are a central focus of the research literature addressing this developmental period, they are only one aspect of this biopsychosocial transition (Busch, Barth-Olofsson, Rosenhagen, & Collins, 2003; Stephens, 2001). Historically, menopause has been overly represented in academic literature and popular media as a bio-medical event, or series of events, in which women's bodies are primarily seen as a series of losses or problems, or decay (Cimons, 2008; Gannon & Stevens, 1998; Hyde et al., 2011; Stephens, 2001). The lack of studies of women who "negotiated menopause successfully" (Bell, 1990, p. 52) has contributed to and reinforced the underlying premise that most women experience menopause as a problem requiring bio-medical treatment.

According to Ussher (2008), "the bio-medical positioning of the menopausal body as the site of disease, distress, and debilitation, necessitating medical management, is contrasted with women's reports of minimal distress, and effective negotiation of midlife changes" (p. 1781). Contrary to the largely negative portrayal of decline, some women report feeling an increase in self-confidence, personal growth, and a sense of freedom during and following menopause (Brown, Bryant, & Judd, 2015; Busch et al., 2003; McCloskey, 2012; Ussher, 2008). This suggests that the dominant negative portrayal of the menopausal transition, focused largely on physical changes and losses (fertility, youth, attractiveness, social value), does not adequately reflect or represent the full range of women's experiences during this important developmental transition (Brown, Bryant, & Judd, 2015), nor does it accurately reflect the way in which women might be able to negotiate the developmental transition of menopause towards increased well-being (Piran, 2021; Simpson, Doherty, & Timlin, 2024).

1.1 Well-being during the Menopausal Transition

Very little is known about the meaning and experience of well-being in the midst of the numerous biopsychosocial changes-and which psychosocial factors contribute to evaluating the experience as one characterized by well-being, has been underexplored in favor of the exploration of the physical symptoms, which has contributed to the medicalization and pathologization of menopause.

Feminist phenomenology posits that a woman's lived experience does not occur in isolation but exists within a context which includes relationships that are influenced by the social construction of women and their bodies (Piran & Cormier, 2005; Young, 2005). Factors which impact well-being during the menopausal transition identified in the literature include parental status, sexual orientation, social and medical support, knowledge, concurrent life stressors, culture and ethnicity, expectations, and relationship status.

Having children or being childless may influence some women's experiences of the menopausal transition. For women who were never able to have children biologically, or who wanted to have more children, or who were deeply attached to their identity as mothers, the ending of fertility may be particularly painful (Daniluk, 1998; Rossi, 2004; Strauss, 2011; Svenson, 2005). For other women, the ending of fertility may bring feelings of relief, particularly if becoming a mother or having more children was not of interest to them (Svenson, 2005). Menopausal women often reflect on the ending of fertility, although the ending of fertility may be experienced differently due to their reproductive histories and choices.

The impact of the ending of fertility on women appears to be influenced by the number of other existing social roles a woman has (Strauss, 2011), and women who have had children may be better able to cope with the ending of fertility because of their fulfillment of personal and social expectations in becoming parents. Although having children might negatively impact other dimensions of the menopausal transition, as women who had children under 18 years of age living at home were shown to have increased rates of sexual dysfunction (Gracia et al., 2007). These results make it clear that parental status does impact women's experiences of the menopausal transition, but it is more complicated than simply stating that having children makes the transition more or less manageable.

The current research findings suggest that some lesbian women may experience the sexual changes during menopause differently than heterosexual women (Durham, 2009; Winterich, 2003). These differences may include being in a relationship with a woman who understands the menopausal transition herself, having more openness towards navigating sexual challenges, and feeling less pressure and shame related to changes in appearance (Winterich, 2003). They may also relate differently to the identity of motherhood, thus changing the meaning of the ending of fertility in comparison to heterosexual women (Durham, 2009).

To navigate the uncertainty and change associated with menopause, women may seek support from others during the menopausal transition. Knowledge is important for women during times of change, as women often report feeling unprepared for and confused about the transition, particularly in relation to their symptoms (Mankar et al., 2024; Marnocha, Bergstrom, & Dempsey, 2011). Women report that increased information about the menopausal transition could positively improve their experience of the change (Ray, Maybin, & Harper, 2023). Women often go to their physicians to ask for support, advice, and information about what they are experiencing and how to manage it (Im et al., 2008; Marnocha, Bergstrom, & Dempsey, 2011). The responses they receive may impact their levels of distress and confusion, influencing their ability to do well during the menopausal transition (Pearce et al., 2014). Rarely do women report feeling supported by their physicians in order to understand the changes they are experiencing, even when their physician is a woman (Im et al., 2008), with doctors often suggesting interventions in lieu of general information for women to understand their own bodies (Winterich & Umberson, 1999). This leads many women to seek information and support in other places, such as the internet, books, and conversations with peers and family members. Social support in the form of group counselling can help menopausal women increase their confidence and sense of control (Lemaire & Lenz, 1995), as well as feelings of success and vitality. Connections with other women about the menopausal transition has also been shown to decrease a woman's feelings of isolation and depression (Hunter & Liao, 1995), and decreases menopausal symptoms (Rotem, Kushnir, Levine, & Ehrenfeld, 2005).

The menopausal transition is also affected by other stressors in a woman's life not specifically related to the transition, making it more difficult to do well during the menopausal transition (Lindh-Åstrand et al., 2007; Loh, Khin, Saw, Lee, & Gu, 2005; Mackey, 2007; Smith-DiJulio, Woods, & Mitchell, 2008; Winterich & Umberson, 1999). For example, emerging health issues, children leaving the home, or the ending of a significant relationship through divorce or death (Etaugh & Bridges, 2006). These other stressors may make the challenges of menopause feel comparatively insignificant (Mackey, 2007). Winterich and Umberson (1999) indicated that women's ongoing life stressors shaped their menopausal experiences, including their emotional states. Smith-DiJulio, Woods, and Mitchell (2008) showed a strong correlation between decreased scores on measures of well-being during the menopausal transition and the number of negative life events which occurred during that time. These findings indicate that it is crucial to understand women's experiences of the menopausal transition within the context of the broader life experience.

Menopausal differences also emerge between various cultural and ethnic groups (Delanoë et al., 2012; Im, Lee, Chee, Brown, & Dormire, 2010; Sievert, 2014). These differences were illustrated by Im and colleagues (2010) in a study of 512 women, between 40 and 60 years old, who identified as Asian, Caucasian, Hispanic, or African American. The analysis revealed that ethnic differences are present in the most frequently reported symptoms: temperature changes (hot flashes) were most common among Caucasians, Hispanics, and African Americans, while a decrease in sexual interest was most common among Asian women. Weight gain was not a frequently reported symptom among White women, while muscle and joint stiffness was only reported among Hispanic and White women. Forgetfulness was listed in the top 10 occurring symptoms among all four groups. Demographic factors explained 23% of the variance of the total number of symptoms, again highlighting the biopsychosocial nature of the transition.

Even within the same country, women from different ethnic backgrounds experience menopause differently (Im et al., 2010). These differences are helpful for identifying how culture and ethnicity, among other demographic factors (such as income level, acculturation, general health, activity level, and employment), shape women's experiences of the menopausal transition. This research may indicate why some women--particularly those with higher incomes, higher levels of education, and different ethnicities--may report fewer or more manageable symptoms than other women.

Women's expectations about menopause have been shown to influence their experiences of the menopausal transition, including the severity and frequency of the symptoms reported (Busch et al., 2003). Busch and colleagues (2003) found that women's expectations shaped both their premenopausal appraisal of menopause and their perimenopausal experience. Post-menopausal women who previously held negative expectations of menopause appraised menopause negatively. The premenopausal women who were most hopeful about menopause, were able to identify and accept the challenges they anticipated. Women who report doing well during the menopausal transition may have had positive or neutral expectations of the menopausal transition while they were premenopausal.

Relationship status has also been shown to be important in women's experiences of the menopausal transition, and at times may create more challenges. Some women have reported that their partners did not understand and made disparaging comments about their symptoms or physical changes (Delanoë et al., 2012; Dillaway, 2005; Hyde et al., 2011; Parand Avar et al., 2014; Svenson, 2005; Winterich, 2003). Other women felt encouraged by their partners to explore themselves more fully during the menopausal transition (Durham, 2009; Svenson, 2005). Alternately, the research suggests that being single or dating during the transition can present its own challenges, particularly as women navigate their changing appearances (Dillaway, 2005). No research was discovered which explored the experience of well-being for women who were unpartnered throughout the transition.

Although research specifically addressing well-being during the menopausal transition is nascent developmental transitions like menopause can be complex and thus at times may present challenges for some individuals. However, they can also provide opportunities for psychological growth and thriving. To counter the dominant discourse of menopause as disease, diminishment, and loss, the following question guided this study: What is the meaning and experience of doing well during the menopausal transition for women who were not in a committed relationship throughout the transition?

2. Methods

2.1 Design and Participants

This study utilized a feminist informed hermeneutic phenomenological analysis of in-depth semi-structured interviews with 10 postmenopausal cis-gendered women who self-identified as doing well during the transition. Participants selected for inclusion were cis-gender women who had not had a menstrual cycle in at least a year (thus meeting the medical definition of menopause), who felt that they were through the transition, identified as single or without a primary partner throughout the transition, and self-defined as experiencing well-being through the menopausal transition. To reduce the possibility of cohort differences an upper age limit of 60 years was set. Women who experienced a medically induced menopause (oophorectomy) were excluded due to likelihood of more complicated experience of the menopausal transition (Rocca, Grossardt, & Shuster, 2011).

The data collection and analysis for this research was conducted with the approval of the University of British Columbia (UBC) Office of Research Ethics - Behavioural Research Ethics Board (BREB), certificate number H18-00328.

Using purposive (or selective) sampling, participants were recruited through word of mouth, flyers posted in public areas and online social media posts in locations likely to be frequented by women of different identities and

backgrounds. Ethnicity or socioeconomic status were not inclusionary criterion for the study, and with the priority for recruitment placed on including participants who self-defined as having done well during the menopausal transition. During a telephone pre-screening interview, interested individuals were given an overview of the study procedures and rationale, and invited to ask questions about the research process or the researcher.

Common practice in qualitative research is to begin with a small sample size, often in the range of four to eight participants. to allow in-depth analysis, adding participants until no new ideas or themes are forthcoming (Langdrige, 2007; Riessman, 2008), After conducting 10 interviews, it was determined that saturation had been reached and any remaining recruitment posts were removed. Saturation is the point when the collection of new data does not provide new understanding or information of the phenomenon being explored (Glaser & Strauss, 1967).

2.2 Procedures

In *Researching Lived Experience*, van Manen (1990) suggests that phenomenological research is about; the experiences people have of a phenomenon and the meanings they attribute to those experiences. I used in-depth, semi-structured interviews as the primary means of investigating and generating rich understanding of the participants' experiences of the phenomenon of interest. This was done through creating an environment of respect, non-judgment, and curiosity, and sharing genuine interest in the participants and the phenomenon in general. While meeting in a location of the participant's choosing, active listening, empathy, asking open questions, and a display of warm affect were used to establish rapport.

Having already signed consent forms to participate, after reviewing an introduction to the purpose and rationale of the study, participants were then invited to share their experiences of the menopausal transition as a process with a beginning, middle, and end, with an emphasis on what well-being during the transition meant to them. Participants were asked questions informed by relevant findings in the literature about factors which may impact well-being during the transition, including expectations, relationship status, and the bio-psycho-social changes they experienced. The interview was over when the participants felt they had told their stories in all of their depth and complexity, at which point demographic information was collected. The interviews lasted between 65 and 115 minutes.

Approximately six months later participants were notified that the research findings were complete.) They were invited to review the findings and discuss them in a second audio-recorded interview as a measure of trustworthiness of the findings. This was a credibility check to ensure the findings indeed reflected their experiences. Consistently the participants reflected on the quality and accuracy of the written themes and noted the positive impact that reading these themes had on them. No participants disagreed with the themes, asked them to be changed or felt they were not represented in the analysis. One participant noted that reading the common themes allowed her to experience connection with other women she did not know, and dissolved the common cultural silencing often experienced by menopausal women.

2.3 Data Availability Statement

The data that support the findings of this study are available from the corresponding author [HM] upon reasonable request.

2.4 Data Analysis

Within feminist endeavours of hermeneutic phenomenology the exploration of the phenomenon is understood to occur relationally and collaboratively. Thus, the analysis of the data begins during the data collection, and is continued formally when reviewing interview transcripts. Van Manen's (1990) approach for elucidating themes across all participants was utilized: a holistic approach (reading the text in its entirety to get a sense of main themes, meanings, and experiences), a detailed or line-by-line approach (exploring a sentence or two at a time to understand what it reveals about the phenomenon as a whole), and a selective highlighting approach (looking for salient passages which reveal something significant about the phenomenon). After using each of these approaches repeatedly within each interview, I met with my research supervisor to compile a list of findings which occurred across all interview, grouping them into larger categories of general themes. Van Manen (1990) has identified that new horizons of understanding can always be discovered, however no new themes or understanding emerged and the analysis, or hermeneutic circle, was considered completed for the time being.

Specific standards for determining trustworthiness in phenomenological research do not exist (Laverty, 2003), but Lincoln and Guba's (1985) four criteria commonly used for assessing trustworthiness in qualitative research were used for the purposes of the current study: credibility; transferability; dependability; and confirmability.

3. Results

3.1 Demographic Information

A summary of the participants' relevant demographic information is presented in Table 1. The participants ranged in age from 52 to 60 years old. None of the participants were in a committed relationship throughout the menopausal transition. However, three of the women were dating or sexually active during the transition. Seven of the participants had children from previous relationships while three of the women were child-free. Six of the women in the study were previously married or partnered, had divorced (or separated) before menopause, and then had entered a committed partnership or marriage following menopause. Two women had never been, and were not currently in, a committed partnership. The remaining two were previously partnered but currently single or dating casually. Two of the participants identified as lesbian.

Table 1. Participant demographics

Characteristic	Participants	Percentage (N = 10) %
Age		
Range: 52-60	10	100
Ethnicity		
White	7	70
Indigenous	2	20
South Asian	1	10
Parental status		
Mother	7	70
Childless	3	30
Employment status at time of transition		
Part time	2	20
Full time	7	70
Student	1	10
Annual Income		
Range: 20 000 – 100 000	10	10

3.2 Common Themes

Below is a presentation of the five common themes: a sense of menopause as a physical non-event; importance of relationship and dialogue with other women; a sense of freedom; the sense of transitioning to another phase of life; and menopause as metamorphosis. Their corresponding subthemes are identified in italics. Although each theme reflects the experiences of all 10 of the participants, the unique stories, individual variability, and nuances within the subthemes have been included to present the range of experiences and multidimensionality of the phenomenon.

3.3 Sense of Menopause as a Physical Non-event

The women in this study described their experience with the physical aspects of menopause as a kind of non-event, without having created additional distress or challenges. Even before menopause began, they had expectations of a physically challenging transition. As shaped by their observations of their mothers, other women in their families growing up, what they read in books and magazines, or from peers who had experienced through the transition, they expected that the menopausal transition would be challenging, embarrassing, exhausting, and painful. Witnessing the magnitude of the symptoms that others encountered led them to believe that they too would experience a similar menopause, as described by one participant:

I had had girlfriends who were going through menopause and they would talk about how hot they were, ripping off clothes, having the windows open, and feeling like they were boiling to death and being really emotional. So it became something you're sort of expecting, I mean, everyone was sharing these stories. I guess they were supposed to be sort of funny. In retrospect, they weren't funny, but people would talk about them in a way that would try to make light of them. And so I sort of expected that when my time came those would be my experiences.

The women used language that implied nervousness, reluctance, and, in some cases, fear about what their own menopause would be like, with negative expectations on a continuum from trepidation to terror. They heard what they described as “horror stories” that engendered dread about excessive and uncontrollable bleeding that was unmanageable, like “something out of a horror movie” and implied that menopausal symptoms needed to be “managed”.

In contrast to what they had anticipated, the women experienced a relative sense of ease with physical symptoms with an absence of overwhelming or challenging physical symptoms and believed this to be a significant part of why they did well during the transition. Contrary to their expectations, when they described their own experience of menopause, they used words like “manageable,” “a non-event,” “mild,” or “easy.” Some of the women found the physical aspects of the transition so unnoticeable that they were unsure how to describe them at all. This shared sentiment was reflected in the words of one participant who said, “I don’t know what to say; it was just so easy. I look back and think, did I really go through it?” All of the participants believed that their sense of ease with the physical aspects of the transition was an important component of doing well. They were not the sexless, sweating, perpetually heavily bleeding, and emotionally labile women they had feared they might be. To their surprise, their lives continued fairly unaltered because of their relative lack of challenging physical symptoms. One participant noted: “I was able to carry on with life and it didn’t stop me from doing anything ever. Like on any one day, there was no impact on my life.”

For most of the women, the experience of mild hot flashes and the slow petering out of their menstrual cycle were the most notable aspects of the physical transition. Aside from hot flashes, other physical symptoms the participants experienced were varied and on a continuum of severity: one participant mentioned vaginal dryness, one participant identified weight gain, and one participant reported a struggle with mental clarity and verbal recall. None of the participants felt the need to use Hormone Replacement Therapy.

They believed that the magnitude and variety of other challenges they faced in their lives while going through menopause also shaped and contributed to their assessment of their menopause as a physical non-event. Relative to the grief of losing loved ones, the painful process of divorce, the experience of chronic pain or the discomfort of physical illness or disease, the trauma of abusive relationships, and career changes, the physical aspects of the menopausal transition as something manageable, neutral, or even unnoticeable.

Compared to what they had expected, the lack of distress they experienced resulted in their feeling gratitude about the relative ease of the transition and contributed to their experience of doing well. Knowing how difficult it can be for some women, the participants expressed relief, even surprise, and how much easier the transition was for them than it had seemed for others. Although not a perspective shared by all the participants, one woman described her experience of the transition as enjoyable especially in comparison to the “horror stories” that she had heard from other women. She summarized:

It was way more enjoyable than I was anticipating it would be. I was walking into it with trepidation because I was thinking that I was seeing people around me going through horror stories. Then it turned out to be a cakewalk. Lucky me.

3.4 Importance of Relationship and Dialogue with Other Women

For the women in this study, connection with other women was essential for experiencing support and solidarity during the major reproductive changes that happen in a woman’s life. However, they noticed a lack of dialogue and openness about menopause in their families, social circles, and society at large. From a young age in their family homes, and through what they viewed in the media, they learned that menopause was “just not a thing you talk about,” and this created a sense of aloneness, isolation, and shame about being a menopausal woman. Some of the women became aware of this dynamic as they watched people in their workplace laugh at a woman who was having a hot flash, or as they recalled environments or situations where, in subtle and indirect ways, they felt shut out or humiliated for having hot flashes themselves.

Having noticed an overwhelming silence and negativity surrounding menopause, some of the women in this study described engaging in self-silencing about their sense of ease with the physical symptoms. They knew that their experiences of doing well stood out as different from the dominant cultural narrative. On the one hand, some of the women felt that self-silencing in these moments prevented them from being perceived as rude or arrogant, but on the other hand, these women realized that not speaking about their neutral or positive experiences with others inadvertently contributed to the prevailing narrative that menopause is horrible and unmanageable.

All the participants wanted the societal scripts to change so that menopause could be spoken of more freely amongst all people, in public spaces, and even with men. However, having other women to connect with on a deep

level was identified by most participants as crucial as it helped to demystify menopause through the sharing of information. Although they described their experiences of the physical aspects of the transition as relatively easy, they still had questions about what was normal and how to best navigate the changes. They recalled sharing stories with women who were close to them to learn about what to expect and how to respond to physical symptoms, as well as how to negotiate the changing identity as a woman. They said things like, “It felt so good to know I wasn’t crazy,” and “We could talk about it together, swap ideas.” Hearing from women who had already been through it and could speak to the entirety of the transition, including the experience of being on the other side, was also helpful for adjusting to a new phase of life that including the positive aspects. To facilitate the demystification of menopause for others, some of the participants made a concerted effort to become a source of information and influence for younger women who were just beginning perimenopause.

The women in this study articulated the importance of connecting with other women to decrease a sense of aloneness and increase connection through shared experience. With close friends they shared what they were learning about themselves, brainstormed solutions to challenges encountered with family members, celebrated and grieved their empty nests, and laughed about their changing bodies. For example, one of the participants described being with other women and laughing together as they helped each other check for new dark hairs that had grown out of their chins or necks. One participant conveyed these shared sentiments well:

It’s nice to be able to know you’re not alone. It wasn’t even big, huge, bad things that we shared, but it was just like feeling you weren’t alone, just recognizing, ‘Oh, that’s normal,’ and, “Oh, that too.’ And then you could just go on and embrace the next stage, just kind of like we embrace the stage of moving into periods as teenage girls... I think we need that for the other stages as well, and I think that was part of my strength through this; when I finally started to talk about it, then it was easier.

In most cases, prior to going through menopause the women were already connected to groups of other women with whom they felt safe enough to share the intimate details of their lives without fear of judgment or shame: walking groups, book clubs, spiritual growth groups, feminist activism groups, and women’s only Alcoholics Anonymous meetings. For most of the women who did not have these kinds of existing groups, their existing close friendships with other women of a similar life stage were most helpful.

3.5 *A Sense of Freedom*

For the women in the study, one of the most relieving and liberating aspects of menopause was having freedom from the cycle and symptoms of menstruation. After spending decades tracking their monthly cycles, managing painful cramps, spending money on menstrual products, and planning sexual activity around when they were bleeding, not having to manage a monthly cycle gave them the freedom to move through relationships and activities with increased spontaneity. Many of the women described having had extremely heavy periods which required constant planning and monitoring to prevent them from bleeding through their clothing. Consequently, no longer having to think about menstruation meant doing what they pleased with their time, having the freedom to wear what they wanted, and going places without having to think about how close they were to a bathroom. Echoing this sense of relief and freedom, one of the women spoke about the reprieve that came from not having to worry about bleeding at unexpected times, “I can buy white pants now. All my pants are black or navy blue, because I just never knew...so stopping it was such a relief.”

Without the risk of pregnancy, or the concern about unpredictable menstrual bleeding the women experienced a greater sense of freedom with sexual activity. For the women who were sexually active or interested in dating, they now felt they had the opportunity to be more spontaneous and relaxed when being sexually intimate. As their fertility ended, well-being meant more freedom to enjoy sex for pleasure’s sake, and without needing to have challenging conversations with new sexual partners about when a “surprise period” might arrive prior to or during sexual activity.

The freedom they felt having gone through menopause extended beyond the physical aspects of the transition to include a sense of freedom to be themselves without worrying about the opinions of others. No longer insecure or unsure of themselves like they had been when they were younger, through after having gone through menopause, they arrived at a stage of life where they had a new sense of confidence in themselves without the same preoccupation with the approval of others. They were able to speak up about issues that mattered to them, confront others when necessary, or “let things go” including hurtful, judgmental, or emotionally charged comments from others. Reflecting these sentiments, one of the participants explained her new sense of self-assurance:

I love where I am. I just love being older because you can let go of what people think of you. It doesn’t, it shouldn’t matter, but it did. Especially when I was starting puberty, it was really important for me that I was accepted, and I would do anything to be accepted and fit in. And now that is such a non-issue—you just are who you are.

As their opinions about others were changing, they observed other people's opinions about them changing as well. No longer viewed as a threat by younger women or viewed as sexual objects by men in the way that younger women might be, they felt in a way that they were "invisible." At times the sense of invisibility made them feel dismissed by others, but it also left them feeling less pressure to be seen as attractive, and they were less preoccupied with the threat of sexual assault. As one participant expressed, invisibility created a sense of safety because she was less sexualized by strangers, and this encouraged her to move through the world with more autonomy and agency.

3.6 The Sense of Transitioning to Another Phase of Life

To the participants, the changes in their menstrual cycle signaled a physical, social, psychological, and spiritual transition from one phase of life to another, and menopause was the bridge between the life of a younger fertile woman, and life as an elder.

Despite what they had heard about the physical symptoms and challenges of menopause, the participants described having a sense of trust in menopause as a natural process. Well-being was characterized by approaching menopause with openness and curiosity, seeing it as a trustworthy process, a new rhythm to adjust to, rather than as something to fear or resist. In a poignant comparison to the process of labour and delivery, one participant talked about the ease and rest that could come through accepting the flow of what was happening. She stated:

For me, it was a sort of going with the flow, seeing that it's all part of the plan. My midwife told me years ago that labour was like getting across a river, so what you can do is you can climb down the bank, and you can hang on to the shoots, and then you can try and fight your way across, or you can just kind of slip down and let the river take you, and then you'll get to the other side. So I thought, that is a really good metaphor for how we are going to get across the river of menopause—just let the river take you.

The participants were able to trust in the goodness and naturalness of menopause because of an underlying belief that their bodies had a kind of innate wisdom. Unlike earlier phases of their lives when they experienced their bodies as a nuisance or something to control, in this phase of life many of the participants viewed their bodies as good, powerful, and worthy of care and respect. They said things like, "I'm grateful for this body" and "I can trust it." This perspective was also evident in their overall attitude or disposition in life that included the desire to approach new experiences with curiosity instead of fear, and look for opportunities to grow. These were attitudes they espoused long before menopause started.

As they looked back and reflected on the stage of life they were leaving behind, the women in the study described accepting the ending of their fertility. Each participant remarked that, overall, she was not distressed about the end of her fertility but rather was satisfied with the reproductive choices she had made. The women who did not have children reported that having biological children was not a priority in life for them; they did not feel as though they were missing out by not having biological children of their own.

As they considered the transition from the previous phase of life to a new one, the women talked about how becoming an elder was an important role in this new phase. They now had the time and energy, and sense of responsibility to guide and support the younger generation. The women used different words to describe this role, including "elder," and "crone", which described their shift in status to elder stateswoman: a woman who speaks her truth in a diplomatic way, provides guidance or advice, listens, and offers support without judgment. Even though each women's fertility was over, their value to society, and the sense that their own lives were meaningful had not disappeared. As the participants moved into the role of elder, having other women model this new phase of life gave them something to look forward to. One woman captured these shared sentiments in her own words:

Going through menopause means that my status is changing—I'm becoming an elder... It's a good thing. I have lived for a good chunk of time now; I have some experience under my belt and I have some gravitas. And I think I have some wisdom from my experiences to hopefully impart. That is part of being an elder.

When thinking about the new phase of life they were entering, participants reflected on how their sense of meaning and focus on life was shifting as they began to see themselves in what they called the last phase of life. All of the women in the study mentioned death, or the awareness of mortality that accompanied the menopausal transition. They were aware that the time remaining was finite and they wanted "to make every day count" by using the time well. The women said things like, "I'm getting more intentional about quality of life and what that looks like." They believed that enough time and energy remained to do all the things they wanted to do in their lives, sensing an increased motivation and agency to live a life of creativity, purpose, and physical activity. One participant described feeling inspired by seeing other older women living thriving and vibrant lives:

I feel younger than I thought I would at this stage. I used to think that in your 50s, you'd be grey and carrying a cane... but we go dancing on Sundays... So I'm thinking about mortality, while also realizing how much more time I have left. I am aware that I am in that part of my life and menopause is that signal.

3.7 Menopause as Metamorphosis

For the participants, menopause was not merely the cessation of their menstrual cycle but also as a metamorphosis; the women felt that their developmental journeys were not over and a new or a transformed sense of self was emerging. In this new phase of life they found themselves focused on caring for and prioritizing themselves. As part of well-being through the menopausal transition, they noticed that they had begun to orient themselves towards what was meaningful to them and brought them joy. Instead of feeling as though their lives were dictated by obligation, the participants described this phase of life as being about self-actualization and the pleasure of “taking up space” in their own lives. Well-being included feeling satisfied with their lives, having a sense of autonomy, having the capacity to focus on themselves, and feeling deserving of the care they offered themselves.

The women invested in themselves through focusing on spiritual, relational, physical, and psychological well-being. For some of the women, this meant eating what they liked while also getting some exercise, prioritizing relationships and activities that provided both freedom and responsibility, or cutting back on hours at work to spend more time on leisure activities. Their embodied experiences were changing, but caring for themselves physically was about the present, and improving their quality of life for years to come. One participant described the importance of balance in her experience of well-being as follows:

It is about knowing the balance of when to rest and when to take care of yourself, and how to know your body. It makes a big difference, staying in tune with your body... I think doing well means taking care of myself physically, emotionally, spiritually—they all play a part. You can't have one and not the other. You can't move forward without taking care of yourself physically, emotionally, and spiritually—it's all connected. So doing well means trying to balance those things, making for a leisurely, beautiful journey.

While menopause signalled the end of the participants' reproductive lives and, for some, their caregiving roles and responsibilities, it also signalled the beginning of a life stage in which a new sense of self was emerging. For all the participants, doing well meant that some characteristic, interest, or quality was coming to the fore—transforming their identities in a way that was revitalizing and positive. The women described having blossoming confidence to take a vocational risk, an emergence of a deep sense of spirituality and connection to everything around them, or the desire to be in a romantic relationship for the first time in decades. The stories varied amongst the women, but what unified their experience was a sense that something new was present in the way they saw themselves. They used words such as “awakening,” “rebirth,” “renewal,” and “new life” to describe their experience of transformation and personal growth. The participants often used metaphors of nature or garden growth to speak about this sense of emergence, awakening, and continued growth. One of the women described it like coming out of a fog to see and experience herself with more clarity and wholeness:

I feel like I was in such a fog for so long and now I'm really breaking out of the fog to really just be. And I'm learning so much about myself now too, and that goes hand and hand with menopause and being on my own and taking ownership of my own self. I feel almost like this person who has been in a hard shell, a cocoon, like clay or pottery, just pushing it all off, and the real me is coming out.

The participants noted how the new growth was interconnected with every part of their lives, the transformation impacted all aspects of their sense of self. In the words of one participant, the metamorphosis was something she believed encompassed her whole being and came with a renewed sense of spirituality and connection to nature that burgeoned into creativity:

I'm shifting into a different way of being... my fertile part, my part that could have a baby—it's like a tree that has fallen but the deep roots of being a woman are still there, and new things are growing on that stump. I love that image, so I've been taking pictures of trees, fallen trees, and new growth, and roots, and root systems. As I'm entering this stage of life, I like what's growing. It's my creativity, time for me, empty nest, more solitude, a hammock. Another part of it is my creativity, photography—taking pictures of new growth, tumbling stones, just all kinds of things—painting and seeing God, seeing love, seeing divine presence in that. And the desire to be outdoors is so big for me right now—it's not just that the sun came out. The desire is that's where I'm going to experience love—that's where the divine presence is. It is in the flowers, in the geodes.

The participants identified that doing well through the menopausal transition included personal growth. They did not see themselves as broken or decaying, worn out or used up. Rather, they described the menopausal transition as vital to their continued psychosocial and spiritual development—the transition to a life stage that comes with the

invitation to experience more freedom, connection, vitality, purpose, and power.

4. Discussion

Within feminist phenomenology, it is understood that the lived body exists within a social and political context that influences a woman's experience as well as her interpretation of her experience (Grosz, 1994; Fisher, 2000; Young, 2005), highlighting the complexity and interrelatedness of embodied experience and social context. As the women who participated in this study identified, the comparison of what they had seen and heard from others and their own expectations regarding menopause had come to expect regarding menopause, the physical aspects of the transition were relatively easy and free of challenging or overwhelming symptoms. These findings contrast the research which suggest that women who appraised menopause negatively before the transition were more likely to evaluate menopause negatively following their experience of the transition (Busch et al., 2003). While research has identified that the presence of physical symptoms can affect a women's quality of life (Greenblum et al., 2013; Hyde et al., 2011; Winterich & Umberson, 1999), the women in this study did not report feeling distressed by the challenges they experienced. When interpreted through the framework of feminist phenomenology, these aspects of women's experiences of doing well veer away from a problematized and medicalized account of the aging woman and towards the lives of women as they are lived through the body, though not limited to problems of the body (Grosz, 1994; Kall & Zeiler, 2014).

The participants in this study reported that within their social context, menopause was not something to be spoken about openly, and that this cultural and interpersonal silence and lack of dialogue was problematic. The findings of the current study are consistent with the existing literature that underscores how receiving support from other women during the transition can positively impact women's connections with other women, decrease their feelings of isolation, increase their sense of empowerment and knowledge about the transition, and shape their expectations and perceptions of experiencing a successful transition (Doubova et al., 2012; Hunter & Liao, 1995; Lemaire & Lenz, 1995; Marnocha, Bergstrom, & Dempsey, 2011; Ray, Maybin, & Harper, 2023; Rotem et al., 2005; Smith-DiJulio, Woods, & Mitchell, 2008). This study added to the literature through the finding that the participants felt they could not openly discuss their experiences of having a relatively easy menopausal transition. However, the intentional self-silencing of positive experiences reported by some of the women in this study was not noted in any of the literature reviewed.

The findings of the present research support the belief that aspects of the change and development that occur within the menopausal transition contribute to a sense of freedom, and can neither be disembodied, nor reduced to biomedical categories or processes (Ussher, 2008). They also expand the historical and current presentation of menopause in the academic literature, adding aspects of well-being to the existent focus on pathology, decay, and loss. A particularly salient aspect of the theme addressing freedom is that experiences are not interpreted as abstractions from the lived reality of the body (Fisher, 2000, 2014; Grosz, 1994; Kall & Zeiler, 2014; Piran, 2021; Ussher, 2008; Young, 2005).

The findings of this study support the research which reports that women identify the ending of the menstrual cycle as one of the most positive aspects of menopause (Doubova et al., 2012; Durham, 2009; Hvas, 2001; Pearce et al., 2014; Ray, Maybin, & Harper, 2023). However the sense of freedom extended beyond the ability to no longer worry about menstruation to include positive changes in self-perception and the freedom to be themselves without concern for the opinions and judgments of others, a finding which corroborates the research by other scholars (Busch et al., 2003; Dillaway, 2005; Durham, 2009; Lindh-Åstrand et al., 2007; Marnocha, Bergstrom, & Dempsey, 2011; Svenson, 2005; Parand Avar et al., 2014). These positive, developmental aspects of the menopausal transition appear to be important in women's experience of well-being during the transition, including how self-perceptions can change for the better – these aspects also are not well represented in the academic literature.

The findings in this study support the idea that some women think of menopause as a natural process—not something problematic or to be controlled—and they describe having a sense of acceptance and trust in the process of a changing body (Busch, et al., 2003; Coupland & Williams, 2002; Doubova et al., 2012). The women reported that the acceptance of the ending of their fertility was connected to satisfaction with their reproductive choices, a finding consistent with previous research (Daniluk, 1998; Durham, 2009; Gracia et al., 2017; Koert, 2012; Rossi, 2004; Strauss, 2011; Svenson, 2005). However, the findings of this study do not support the idea suggested by other research that women find it difficult to accept the bodily changes that accompany menopause and engage in efforts to control or resist the changes, especially those that affect their appearance (Dillaway, 2005; McKinley & Lyon, 2008; Rubinstein & Foster, 2013). This is helpful as it expands our understanding of how some women can positively experience their corporeality as they age, and can accept their changing appearance, particularly within a sociocultural context that does not celebrate the aging female body (Piran & Cormier, 2005; Young, 2005).

In contrast to the dominant cultural depiction of menopause identified in most of the academic literature, as a troubling or problematic event (Coupland & Williams, 2002; Ussher, 2008), the women in the current study did not portray menopause as all about decay, and instead, their transition came with a sense of transformation, renewal and an evolving sense of self, meaning, and priorities.

Among the limited research addressing well-being during the menopausal transition, the current study is unique, marking an important contribution to the theoretical understanding of menopause as a psychosocial transition and what doing well means for some women: The transition not only marks the ending of fertility but also the beginning of a new and identifiable stage or aspect of identity characterized by meaning, purpose, and connection. This finding supports role enhancement theory (Thoits, 1983) which posits that holding multiple social roles is related to women's psychological development, and that having additional roles, or the presence of a new role, can mitigate the stress caused by losing another social role. This finding also suggests feminist and embodied theories of aging, in which women's lives do not end simply because reproductive capacity has ended, and that women may experience more purpose and power than earlier stages of their lives (Piran, 2021).

While aging women often have been portrayed in a negative way in Western, patriarchal, and medical contexts (Hyde et al., 2011; Stephens, 2001; Ussher, 2008), the findings of the present research study contradict this negative view by revealing that the participants' lives were not devoid of meaning or purpose simply because they were no longer fertile. Rather, women believed they had value and purpose as elders, and they still had interests and goals they wanted to pursue with their remaining time.

Menopause is characterized by change, and the existing research indicates that these changes are experienced in a variety of ways. For some women, the transition is experienced as negative, or even as a crisis (Lindh-Åstrand et al., 2007; Parand Avar, et al., 2014). However, for the participants in this study it included positive personal growth and self-discovery, a sense of freedom, and an increased sense of self-confidence (Busch et al., 2003; Hvas, 2001; Lindh-Åstrand et al., 2007; Piran, 2021; Svenson, 2005).

5. Limitations of the Findings

Due to the sample size and methodology, the results are not intended to make a general statement about the menopausal experiences of all women or to further pathologize the diversity of women's experiences by implying a superior way to negotiate the menopausal transition exists. It is acknowledged that although diverse in levels of education and income, all participants were raised, socialized, live within a Western patriarchal context, were somewhat ethnically diverse with the majority of white or light-skinned European ethnicity, and were born within a few years of each other which suggests that their views may reflect those of a particular cohort, generation or cultural context. As noted in the literature review, ethnicity and cultural context are variables which shape the biological presentation of the menopausal transition, however as a transition also shaped by psychosocial factors, the biological components of menopause are not the only variables which shape women's menopausal experiences. Intersections of socioeconomic status, sexual orientation, level of education, parental status, partnership status, concurrent stressors (such as financial, employment, relational, family medical crisis, social connectedness, and other developmental concerns- such as sandwich generation caring) also impact the lived experiences of the transition. As a result, the extent to which the findings resonate with and reflect the experiences of doing well during the menopausal transition for women from a different ethnic, age, or cultural cohort, remain to be determined. Future research is needed to explore well-being with larger sample sizes and cohorts of individuals with more varied ethnic identities to better understand how well-being during the menopausal transition is experienced differently and with similarity across ethnic and cultural identities.

Although all participants were all unpartnered during menopause, they represented a range of relational histories and experiences (both before and during the transition) that appeared to shape their perceptions of how relationship status impacted the experience of doing well during the transition. It is not possible to state with any certainty whether being unpartnered during the transition uniformly contributed or created challenges to doing well, but that the role of relationships status in the menopausal transition is complex and worthy of further attention in future research. Additionally, HRT is popular among menopausal women yet, interestingly, none of the women in the study felt the need to use it. This is a helpful finding when addressing populations who may not have access to HRT or may not make use of it for health reasons or due to choice, serving as a reminder that wellbeing is possible even without medical intervention, and that not all menopausal experiences are experienced as a pathology needing treatment. It is possible that the meaning and experience of doing well differs for women who use HRT during the menopausal transition, and further research on this topic is also important.

6. Conclusion

Menopause has traditionally been portrayed as a biomedical event characterized by physiological decay and symptoms which need to be managed, a time defined by a series of psychosocial losses which are challenging to navigate. The findings from this study suggest that, for some women, the menopausal transition can include a sense of transformation, freedom and personal growth. Through the sharing of these research findings, a wider narrative for menopausal experiences can be developed both within the academic literature and the broader sociocultural context, ultimately contributing to the de-pathologizing of women's bodies and experiences across the life span.

7. Disclosure statement

No potential conflict of interest was reported by the author.

References

- Bell, S. (1990). Changing ideas: The medicalization of menopause. In R. Formanek (Ed.), *The Meanings of Menopause: Historical, medical, and clinical perspectives*. (pp. 43-63). Hillsdale, NJ: Analytic Press.
- Brown, L., Bryant, C., & Judd, F. K. (2015). Positive well-being during the menopausal transition: A systematic review. *Climacteric*, 18(4), 456-469. <https://doi.org/10.3109/13697137.2014.989827>
- Busch, H., Barth-Olofsson, A. S., Rosenhagen, S., & Collins, A. (2003). Menopausal transition and psychological development. *Menopause*, 10(2), 179-187. <https://doi.org/10.1097/00042192-200310020-00011>
- Cimons, M. F. (2008). *The medicalization of menopause: Framing media messages in the twentieth century*. (Unpublished doctoral dissertation). University of Maryland, Maryland.
- Coupland, J., & Williams, A. (2002). Conflicting discourses, shifting ideologies: Pharmaceutical 'alternative' and feminist emancipatory texts on the menopause. *Discourse & Society*, 13(4), 419-445. <https://doi.org/10.1177/0957926502013004451>
- Daniluk, J. (1998). *Women's sexuality across the lifespan: Challenging myths, creating meanings*. New York, NY: Guilford Press.
- Delanoë, D., Hajri, S., Bachelot, A., Draoui, D. M., Hassoun, D., Marsicano, E., & Ringa, V. (2012). Class, gender and culture in the experience of menopause. A comparative survey in Tunisia and France. *Social Science & Medicine*, 75(2), 401-409. <https://doi.org/10.1016/j.socscimed.2012.02.051>
- Dillaway, H. E. (2005). (un)changing menopausal bodies: How women think and act in the face of a reproductive transition and gendered beauty ideals. *Sex Roles*, 53(1), 1-17. <https://doi.org/10.1007/s11199-005-4269-6>
- Doubova, S. V., Infante-Castañeda, C., Martinez-Vega, I., & Pérez-Cuevas, R. (2012). Toward healthy aging through empowering self-care during the climacteric stage. *Climacteric*, 15(6), 563-572. <https://doi.org/10.3109/13697137.2011.635824>
- Durham, K. (2009). *Lesbian women's experience of menopause: An exploratory study*. (Unpublished dissertation). School of Professional Psychology, San Francisco, CA.
- Etaugh, C., & Bridges, J. (2006). Midlife Transitions. In J. Worell & C. Goodheart (Eds.), *Handbook of girls' and women's psychological health* (pp. 359-367). New York, NY: Oxford University Press. <https://doi.org/10.1093/oso/9780195162035.003.0038>
- Fisher, L. (2000). Feminist Phenomenology. In L. Fisher L. & L. Embree (Eds.), *Feminist Phenomenology* (pp. 1- 15). Dordrecht: Springer Netherlands. <https://doi.org/10.1007/978-94-015-9488-2>
- Gannon, L., & Stevens, J. (1998). Portraits of menopause in the mass media. *Women & Health*, 27(3), 1-15. https://doi.org/10.1300/J013v27n03_01
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York, NY: Aldine Publishing Company.
- Gracia, C. R., Freeman, E. W., Sammel, M. D., Lin, H., & Mogul, M. (2007). Hormones and sexuality during transition to menopause. *Obstetrics and Gynecology*, 109(4), 831-840. <https://doi.org/10.1097/01.AOG.0000258781.15142.0d>
- Greenblum, C. A., Rowe, M. A., Neff, D. F., & Greenblum, J. S. (2013). Midlife women: Symptoms associated with menopausal transition and early postmenopause and quality of life. *Menopause: The Journal of the North American Menopause Society*, 20(1), 22-27. <https://doi.org/10.1097/gme.0b013e31825a2a91>

- Grosz, E. (1994). *Volatile Bodies: Towards a Corporeal Feminism*. Bloomington, IN: Indiana University Press.
- Hunter, M. S., & Liao, K. L. (1995). Problem solving groups for mid-aged women in general practice: A pilot study. *Journal of Reproductive and Infant Psychology*, *13*, 147-151. <https://doi.org/10.1080/02646839508403244>
- Hvas, L. (2001). Positive aspects of menopause. *Maturitas*, *39*(1), 11-17. [https://doi.org/10.1016/S0378-5122\(01\)00184-0](https://doi.org/10.1016/S0378-5122(01)00184-0)
- Hyde, A., Nee, J., Howlett, E., Butler, M., & Drennan, J. (2011). The ending of menstruation: Perspectives and experiences of lesbian and heterosexual women. *Journal of Women & Aging*, *23*(2), 160-176. <https://doi.org/10.1080/08952841.2011.561145>
- Im, E., Lee, B., Chee, W., Brown, A., & Dormire, S. (2010). Menopausal symptoms among four major ethnic groups in the united states. *Western Journal of Nursing Research*, *32*(4), 540-565. <https://doi.org/10.1177/0193945909354343>
- Kall, L. F., & Zeiler, K. (2014). Why feminist phenomenology and medicine? In K. Zeiler & L. Kall (Eds.), *Feminist Phenomenology and Medicine* (pp. 1-26). New York, NY: State University of New York. <https://doi.org/10.1515/9781438450087>
- Koert, E. (2012). An unacknowledged loss: The experience of permanent, unintentional childlessness for women who delayed childbearing. *Fertility and Sterility*, *98*(3), S234-S234. <https://doi.org/10.1016/j.fertnstert.2012.07.853>
- Langdridge, D. (2007). *Phenomenological psychology: Theory, research and method*. New York, NY: Pearson Prentice Hall.
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, *2*(3), 1-29. <https://doi.org/10.1177/160940690300200303>
- Lemaire, G. S., & Lenz, E. R. (1995). Perceived uncertainty about menopause in women attending an educational program. *International Journal of Nursing Studies*, *32*(1), 39-48. [https://doi.org/10.1016/0020-7489\(94\)00028-I](https://doi.org/10.1016/0020-7489(94)00028-I)
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage. [https://doi.org/10.1016/0147-1767\(85\)90062-8](https://doi.org/10.1016/0147-1767(85)90062-8)
- Lindh-Åstrand, L., Hoffmann, M., Hammar, M., Kjellgren, K. I., Sahlgrenska akademien, Institutionen för vårdvetenskap och hälsa, ... Göteborgs universitet. (2007). Women's conception of the menopausal transition – a qualitative study. *Journal of Clinical Nursing*, *16*(3), 509-517. <https://doi.org/10.1111/j.1365-2702.2005.01547.x>
- Loh, F., Khin, L., Saw, S., Lee, J. J. M., & Gu, K. (2005). The age of menopause and the menopause transition in a multiracial population: A nation-wide Singapore study. *Maturitas*, *52*(3), 169-180. <https://doi.org/10.1016/j.maturitas.2004.11.004>
- Mackey, S. (2007). Women's experience of being well during peri-menopause: A phenomenological study. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, *25*(1-2), 39-49. <https://doi.org/10.5172/conu.2007.25.1-2.39>
- Mankar, S., Johnson, A.R., Chawla, P.S., & Basannar, D. (2024). Needs assessment study for management of menopause in the community. *Journal of Family Medicine and Primary Care*, *13*(4), 1371-1378. https://doi.org/10.4103/jfmpe.jfmpe_1129_23
- Marnocha, S. K., Bergstrom, M., & Dempsey, L. F. (2011). The lived experience of perimenopause and menopause. *Contemporary Nurse*, *37*(2), 229-240. <https://doi.org/10.5172/conu.2011.37.2.229>
- McCloskey, C. R. (2012). Changing focus: Women's perimenopausal journey. *Health Care for Women International*, *33*(6), 540-559. <https://doi.org/10.1080/07399332.2011.610542>
- McKinley, N., & Lyon, L. (2008). Menopausal attitudes, objectified body consciousness, aging anxiety, and body esteem: European American women's body experiences in midlife. *Body Image*, *5*(4), 375-380. <https://doi.org/10.1016/j.bodyim.2008.07.001>

- Parand Avar, N., Mosalanejad, L., Ramezanli, S., & Ghavi, F. (2014). Menopause and crisis? fake or real: Comprehensive search to the depth of crisis experienced: A mixed-method study. *Global Journal of Health Science*, 6(2), 246-255. <https://doi.org/10.5539/gjhs.v6n2p246>
- Pearce, G., Thøgersen-Ntoumani, C., & Duda, J. (2014). Body image during the menopausal transition: A systematic scoping review. *Health Psychology Review*, 8(4), 473-489. <https://doi.org/10.1080/17437199.2013.848408>
- Piran, N., & Cormier, H. C. (2005). The social construction of women and disordered eating patterns. *Journal of Counseling Psychology*, 52, 549-558. <https://doi.org/10.1037/0022-0167.52.4.549>
- Piran, N. (2021). Missions continued: Contextualizing older women's work pursuits and passions in lifelong journeys. In E. Cole & L. Hollis-Sawyer (Eds.), *Older women who work: Resilience, choice, and change* (pp. 213-226). American Psychological Association. <https://doi.org/10.1037/0000212-012>
- Ray, E., Maybin, J.A., & Harper, J.C. (2023). Perimenopausal women's voices: How does their period at the end of reproductive life affect wellbeing? *Post Reproductive Health*, 29(4), 201-221. <https://doi.org/10.1177/20533691231216162>
- Riessman, C. K. (2008). *Narrative Methods for the Human Sciences*. Los Angeles, CA: Sage.
- Rocca, W. A., Grossardt, B. R., & Shuster, L. T. (2011). Oophorectomy, menopause, estrogen treatment, and cognitive aging: Clinical evidence for a window of opportunity. *Brain Research*, 1379, 188-198. <https://doi.org/10.1016/j.brainres.2010.10.031>
- Rossi, A. (2004). Menopause and sexuality. In O.G. Brim, C.D. Ryff, and R. Kessler (Eds.), *How healthy are we? A national study of well-being at midlife*. Chicago, IL: University of Chicago.
- Rotem, M., Kushnir, T., Levine, R., & Ehrenfeld, M. (2005). A Psycho-Educational program for improving women's attitudes and coping with menopause symptoms. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 34(2), 233-240. <https://doi.org/10.1177/0884217504274417>
- Rubinstein, H. R., & Foster, J. L. H. (2013). 'I don't know whether it is to do with age or to do with hormones and whether it is to do with a stage in your life': Making sense of menopause and the body. *Journal of Health Psychology*, 18(2), 292-307. <https://doi.org/10.1177/1359105312454040>
- Sievert, L. (2014). Menopause across cultures: Clinical considerations. *Menopause*, 21(4), 421-423. <https://doi.org/10.1097/GME.000000000000099>
- Simpson, E. E., Doherty, J., & Timlin, D. (2024). Menopause as a window of opportunity: the benefits of designing more effective theory-driven behaviour change interventions to promote healthier lifestyle choices at midlife. *The Proceedings of the Nutrition Society*, 83(2), 120-120. <https://doi.org/10.1017/S0029665123004810>
- Smith-DiJulio, K., Woods, N. F., & Mitchell, E. S. (2008). Well-being during the menopausal transition and early postmenopause: A within-stage analysis. *Women's Health Issues: Official Publication of the Jacobs Institute of Women's Health*, 18(4), 310-318. <https://doi.org/10.1016/j.whi.2008.03.001>
- Stephens, C. (2001). Women's experience at the time of menopause: Accounting for biological, cultural and psychological embodiment. *Journal of Health Psychology*, 6(6), 651-663. <https://doi.org/10.1177/135910530100600604>
- Strauss, J. R. (2011). Contextual influences on women's health concerns and attitudes toward menopause. *Health & Social Work*, 36(2), 121-127. <https://doi.org/10.1093/hsw/36.2.121>
- Svenson, E. E. (2005). *The woman's experience of menopause: Its effect on her sense of self and her marital/partnered relationship*. (Unpublished doctoral dissertation). Massachusetts School of Professional Psychology, Newton, MA.
- Thoits, P. A. (1983). Multiple identities and psychological well-being: A reformulation and test of the social isolation hypothesis. *American Sociological Review*, 48(6), 174-187. <https://doi.org/10.2307/2095103>
- Ussher, J.M. (2008). Reclaiming embodiment within critical psychology: A material-discursive analysis of the menopausal body. *Social and Personality Psychology Compass*, 2/5, 1781-1798. <https://doi.org/10.1111/j.1751-9004.2008.00151.x>
- Van Manen, M. (1990). *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. London, ON: Althouse Press.

- Van Manen, M. (2014). *Phenomenology of Practice: Meaning Giving Methods in Phenomenological Research and Writing*. New York, NY: Routledge.
- Winterich, J. (2003). Sex, menopause, and culture: Sexual orientation and the meaning of menopause for women's sex lives. *Gender and Society, 17*(4), 627-642. <https://doi.org/10.1177/0891243203253962>
- Winterich, J., & Umberson, D. (1999). How women experience menopause: The importance of social context. *Journal of Women and Aging, 11*(4), 57-75. https://doi.org/10.1300/J074v11n04_05
- Young, I. M. (2005). *On female body experience: "Throwing like a girl" and other essays*. Oxford, UK: Oxford University Press. <https://doi.org/10.1093/0195161920.001.0001>

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