MENOPAUSE AS METAMORPHOSIS:
THE MEANING AND EXPERIENCE FOR WOMEN OF DOING WELL DURING THE
MENOPAUSAL TRANSITION

by

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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. Less emphasis has been placed on the psychosocial aspects of the menopause transition, or on how women experience well-being during menopause – particularly single women who are not in a committed relationship during this biopsychosocial transition. In light of the extant literature, hermeneutic phenomenology, 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. Using van Manen’s (1990) approach to hermeneutic phenomenology, the following common themes emerged: 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. Lincoln and Guba’s (1985) criteria were used to ensure the trustworthiness of the findings. The findings of the study are discussed in light of the existing research and theory, and the implications for the practice of Counselling Psychology and future research are discussed.
Lay Summary

Although menopause is a normal part of a woman’s lifespan, it has often been portrayed as a series of negative physical changes. For a more wholistic understanding of the experience of menopause, this research project was guided by the following 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?* Audio-recorded interviews took place with 10 women who described themselves as ‘doing well’ when they went through menopause. The following common themes emerged from these interviews: a sense of menopause as a physical non-event; the importance of relationships and dialogue with other women; a sense of freedom; a sense of transitioning to another phase of life; and menopause as metamorphosis. The findings of the study are discussed in light of the existing research and theory, and the implications for counselling and future research are discussed.
Preface

This dissertation is an original intellectual product of the author, H. McBride. The data collection and analysis reported in chapters three through five 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.
# Table of Contents

Abstract ............................................................................................................................... iii

Lay Summary .............................................................................................................................. iv

Preface ........................................................................................................................................ v

Table of Contents ...................................................................................................................... vi

List of Tables ............................................................................................................................ xi

Acknowledgments ...................................................................................................................... xii

Chapter One: Introduction ......................................................................................................... 1
   Theoretical Framework ............................................................................................................. 4
   Purpose of the Study ............................................................................................................... 6
   Implications ........................................................................................................................... 8

Chapter Two: Review of the Literature ....................................................................................... 10
   Common Biopsychosocial Symptoms and experiences ........................................................ 11
      Symptoms ............................................................................................................................ 11
      Physical changes ............................................................................................................... 14
      Changes in sexual functioning ......................................................................................... 18
      Changes in self-perception ............................................................................................... 20

Factors Influencing Symptoms and Experiences ...................................................................... 24
   Parental status ...................................................................................................................... 24
   Sexual orientation ............................................................................................................... 25
   Social and medical support ................................................................................................. 28
   Knowledge .......................................................................................................................... 30
   Concurrent stressors ........................................................................................................... 32
Culture and ethnicity........................................................................................................... 33
Expectations ......................................................................................................................... 36
Relationship status ............................................................................................................. 37
Summary ............................................................................................................................... 38
Doing Well During the Menopausal Transition.................................................................... 39
Summary ............................................................................................................................... 46
Chapter Three: Methodology ............................................................................................... 48
Introduction .......................................................................................................................... 48
Phenomenology ................................................................................................................... 48
Phenomenology as a Methodology ....................................................................................... 51
Hermeneutic Phenomenology ............................................................................................... 53
Feminist Phenomenology ..................................................................................................... 55
Research Paradigm ............................................................................................................... 63
van Manen’s Approach to Hermeneutic Phenomenology .................................................. 66
Steps of Hermeneutic Phenomenology .............................................................................. 67
  Step one: Turning to a phenomenon of interest ................................................................. 68
  Step two: Investigating a lived experience ......................................................................... 69
  Step three: Reflecting on essential themes ....................................................................... 70
  Step four: Describing the phenomenon through writing .................................................. 71
  Step five: Maintaining a strong oriented stance towards the research question ............ 72
  Step six: Balancing the parts and the whole ..................................................................... 72
Rationale for Choosing Hermeneutic Phenomenology ...................................................... 73
Pre-understandings .............................................................................................................. 76
Participants and Recruitment ................................................................. 84
Data Collection ....................................................................................... 88
Data Analysis .......................................................................................... 93
Quality of Research .................................................................................. 99
  Credibility .............................................................................................. 99
  Transferability ....................................................................................... 101
  Dependability ......................................................................................... 102
  Confirmability ....................................................................................... 102
Ethical Considerations ............................................................................. 103
Summary .................................................................................................. 104
Chapter Four: Results ............................................................................. 106
Demographic Information ........................................................................ 106
Table 1: Participant Demographics ......................................................... 107
Participants’ Bio-synopses ....................................................................... 107
  Ann .......................................................................................................... 107
  Annie ....................................................................................................... 111
  Flicka ...................................................................................................... 115
  Helen ...................................................................................................... 118
  Laura ...................................................................................................... 122
  Louise ..................................................................................................... 125
  Mikayla .................................................................................................. 128
  Poala ....................................................................................................... 131
  Samantha ................................................................................................. 135
References....................................................................................................................... 231

Appendix A: Recruitment flyer .................................................................................. 247

Appendix B: Online recruitment post......................................................................... 248

Appendix C: Screening interview question ............................................................... 249

Appendix D: Consent form ......................................................................................... 251

Appendix E: Pre-interview script ............................................................................. 254

Appendix F: List of sample interview questions ..................................................... 255

Appendix G: Optional counselling resources ......................................................... 257

Appendix H: List of questions for second interview .............................................. 258
List of Tables

Table 1: Participant Demographics ........................................................................................................ 106
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Chapter One: Introduction

Often referred to as the *change of life*, the menopausal transition is a normally occurring time of change that is significant in the life of a woman (Daniluk, 1998). When it occurs naturally (as opposed to being surgically induced), menopause is medically defined as the cessation of the menstrual cycle resulting from the gradual decrease in estrogen and progesterone secreted from the ovaries (Nelson, 2008). For most women, menopause occurs between the ages of 45 and 55, with a median age of approximately 51 (Gold et al., 2001). Although menopause occurs after 12 consecutive months following the last menstrual cycle, the transition can begin long before that and even continue after the last period ends (Col, Guthrie, Politi, & Dennerstein, 2009; Freeman, Sammel, & Sanders, 2014). Lasting between 10 and 15 years for most women, the menopausal transition involves subtle hormonal changes that are often accompanied by a range of secondary symptoms (e.g. vasomotor symptoms such as hot flashes, reduced levels of sexual desire and arousal, increased vaginal dryness, stress incontinence, mood fluctuations, increased difficulty with cognitive performance including poorer memory recall and decreased processing speed, weight gain, changes in the distribution of fat, decreases in skin elasticity; Daniluk, 1998; Grant et al., 2015).

While the physiological changes during menopause are normally occurring and 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). The biological events that take place cannot be separated from the psychological or social experiences of this transition. For example, some women may experience few or perceivably manageable physical symptoms, yet find re-negotiating their identities as mid-life women as significant to their experience of the menopausal transition. Some women find the changes in
their social roles during this life stage most salient to their experience of this transition (Delanoë et al., 2012; Durham, 2009; Stephens, 2001; Stotland, 2002). For other women, the meaning they attribute to the ending of their fertility may be an important aspect of this transition (Durham, 2009; Hyde, Nee, Howlette, Drennan, & Butler, 2011; Walter, 2000). Like the complexities that accompany girls’ biopsychosocial transitions through puberty, learning how to comfortably exist in a changing body as a menopausal woman can also come with challenges.

Historically, menopause has been overly represented in academic literature and popular media as a biomedical event, or series of events, in which women’s bodies begin to decay. Through this representation, menopause is primarily seen as a series of losses or problems (Cimons, 2008; Gannon & Stevens, 1998; Hyde et al., 2011; Stephens, 2001). Bell (1990) identified the advancement of laboratory science and medicine in the 1930s and 40s, including the newly emerging scientific understanding of sex endocrinology, as the primary reason that menopause came to be viewed as a disease and a time of physiological crisis caused by estrogen deficiency and requiring medical intervention to manage or control (Smith-Rosenberg, 1973). This resulted in the development and marketing of synthetic estrogen in 1941, and the subsequent distribution of synthetic estrogen to women by their physicians in an attempt to treat their menopausal symptoms (Bell, 1990). Consistent with this focus on the symptoms of estrogen deficiency, subsequent clinical studies largely focused on possible treatments for women who experienced difficult menopausal symptoms. The lack of inclusion in these studies of women who “negotiated menopause successfully” (p. 52) further contributed to and reinforced the underlying premise that menopause and estrogen deficiency were problems that needed to be treated.
Although this view of menopause as a medical problem requiring treatment emerged almost a century ago, and despite feminist critiques of the medicalization of this normal developmental transition (Cimons, 2008; Coupland & Williams, 2002; Ussher, 2008; ), the implicit message has remained embedded in the sociocultural discourse and in much of the medical research about menopause: women’s menopausal bodies in particular, and women’s aging bodies more generally, are problems that need to be managed. Some authors have critiqued the way in which a woman’s loss of fertility culturally represents her loss of social value, desirability, or function as a human being (Daniluk, 1998). This dominant negative portrayal of the menopausal transition, focused largely on physical changes and losses (fertility, youth, value), does not adequately reflect or represent the full range of women’s experiences during this important developmental transition. In an almost exclusive focus on losses, women’s experiences of the menopausal transition, including a focus on well-being and personal growth during and following menopause, is underrepresented in scholarly and popular literature (Hyde, et al., 2011; Mackey, 2007; Marnocha, Berstrom, & Dempsey, 2011). 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).

While all women, to varying degrees, must negotiate the biopsychosocial changes and challenges that occur during this life stage, wide individual and cultural variations exist in women’s menopausal experiences. 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 (Adler et al., 2000; Busch et al., 2003; McCloskey, 2012; Ussher, 2008). In anecdotal accounts, women have reported feeling a sense of re-birth—that they
have become a priority in their own lives again and do not feel as restricted by their monthly menstrual cycle, the obligations of parenting and childrearing, or the fear of an unexpected pregnancy (Adler et al., 2000; Busch et al., 2003; McCloskey, 2012; Ussher, 2008). No longer viewed primarily as sexual objects or sexual beings, some women report feeling liberated from appearance expectations, behavioural restrictions, and accompanying body appraisal (Hvas, 2001; Ussher, 2008). Other women report feeling more enthusiastic and energetic about life, as though they have been given the opportunity to become who they always wanted, but never felt allowed or able, to be (Hvas, 2001; McCloskey, 2012).

To counter the dominant discourse of menopause as disease, diminishment, and loss, it is essential that research create opportunities for women to speak about their experiences of growth, opportunity, and well-being during and following the menopausal transition (Daniluk, 1998; Ussher, 2008). Through exploring women’s experiences of doing well during the menopausal transition—the focus of this research study—I hope to contribute a more balanced appreciation of women’s experiences of this important biopsychosocial transition to the research literature and clinical practice.”

**Theoretical Framework**

I used Feminist Phenomenology as my theoretical framework to investigate the menopausal transition. Feminist phenomenology is a theoretical framework for research utilized by those interested in exploring the lives of women and how women experience the world (Fisher, 2000). Some authors have asserted that historically phenomenological research has been conducted by individuals with perspectives of privilege and social power who have imposed their value systems and lived experiences on theory and research participants (Fisher, 2000; Young, 2005). In response, feminist phenomenology was developed to explore the lives of
individuals, particularly women, with an emphasis on privileging women’s experiences as described in their own words (Garko, 1999; Grosz, 1994; Kall & Zeiler, 2014). A feminist phenomenological approach is characterised by non-hierarchical relationships; privileging of the women’s experiences and interpretations (even above the researchers’); researcher reflexivity and the researcher’s acknowledgment of their biases, experiences, power, ethnicity, and class; and listening to the experiences that women describe as being meaningful for them (Baird & Mitchell, 2014). Further information about feminist phenomenology will be discussed in depth in Chapter 3, along with my rationale for the use of a feminist phenomenological theoretical framework to explore women’s experiences of doing well during the menopausal transition.

My intention was to investigate women’s embodied, developmental experiences where psychological, social, and physical dimensions of women’s lives meet. Given the way that this normal developmental transition has been both under-researched and often pathologized, the menopausal transition is an important area for further investigation, particularly through the lens of feminist phenomenology which aims to highlight the embodied nature of women’s lived experiences. Research that focuses on the experience of doing well is also consistent with the growth-oriented values of the discipline of Counselling Psychology. The dissemination of this research can contribute to a more complex and holistic understanding of the developmental transition of menopause. Therefore I intend to publish the results of the current study in scholarly journals and non-academic forums, making the findings available to academics and non-academics alike, and contributing to the un-doing of the silencing of women prioritized in feminist phenomenology.

It is also important to situate myself and my personal experiences as they inform the selection of the research question, the theoretical framework, and the methodological approach.
Like many of my female peers, growing up I found myself struggling to control my body as it changed through puberty and young adulthood. It was through learning about feminist perspectives of the body that I was able to become less critical of my own body, and more critical of the sociocultural scripts which have had the effect of turning many women against their own bodies, leading them to believe that their bodies need to be controlled, subdued, or erased. Becoming connected to my own body as the site of subjectivity, freed me from the idea that my appearance and evaluation of my appearance was what was most important about me as a woman. My clinical and research interests have become increasingly focused on women’s experiences of themselves and their bodies, especially experiences like menopause, that have often been neglected or viewed though a bio-medical lens. Hearing other women’s stories of wellbeing, and what that means to them, has helped me experience greater personal wellbeing. While women’s experiences of wellbeing during the menopausal transition have been unexplored and underreported, it is exciting as a researcher to anticipate what I may learn through this process that may impact me, particularly as I anticipate the process of bodily change during my own journey through the menopausal transition.

**Purpose of the Study**

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?* This question is central to the field of Counselling Psychology as it seeks to understand well-being and developmental transitions across the lifespan. These developmental transitions are considered normative, although they can be complex and thus may, at times, present challenges for some individuals. However, they can also provide opportunities for psychological growth and thriving. Some of these experiences, such as the menopausal
transition, are historically poorly understood and under-reported in the academic literature. This research study aims to provide a more holistic view of the menopausal transition— one which acknowledges this period as not only a biological event that can be accompanied by physical challenges and losses (e.g. fertility), but also as a significant period of psychosocial development that may be characterized by growth and change.

According to Huppert (2009), well-being is about “lives going well.” Psychologically speaking, well-being can be understood as a combination of positive affect (like happiness or satisfaction with life) and optimal levels of functioning in individual and social life (Huppert, 2009; Deci & Ryan, 2008). According to Huppert (2009), those who report greater psychological well-being often have better physical health in comparison to those who report low psychological well-being. While psychological well-being is defined as having the feeling that life is going well, it does not imply that those who report well-being do not struggle or feel difficult emotions. Rather, when they occur a person feels capable of managing the challenges or difficult emotions (Huppert, 2009).

As a result of research identifying the role language plays in shaping the construction of the transition (Coupland & Williams, 2002), the language of doing well was selected for the research question to avoid further pathologizing the menopausal transition. (In contrast, the language of ‘coping’ or ‘managing well’ implies that menopause is something that needs to be coped with or managed.) As identified by Ussher (2008), some women report effectively negotiating this transition. However, these more nuanced accounts of the menopause transition are largely under-reported and under-explored. Consistent with a feminist phenomenological framework, I attempted to make space for the women in this study who perceived themselves as having done well during menopause to reflect upon, and articulate, their experiences of this
transition in all of its complexity. My goal was to better understand the lived experiences of women who perceive themselves as having done well in negotiating the biological, psychological, and social aspects of this transition.

While there has been some research examining the experience of well-being during the menopausal transition, this research included only women who were in a relationship at the time of the transition (Mackey, 2007). To date no research has specifically focused on understanding the experiences of women who were un-partnered throughout the transition. Yet in research exploring women’s experiences of the menopause transition more generally, relationship status has been identified by some women as a factor that impacted their experience of the menopausal transition (Dillaway, 2005). Given that the menopausal transition is also a social transition, and since relationship status has been identified by some women as a potentially important factor in negotiating this life transition, I elected to focus this study exclusively on women who were unpartnered during menopause. I also made it a point to ask them during the data collection interviews to specifically address how they felt being unpartnered was related to navigating this transition. In exploring of the experiences of women who were single during menopause, the findings of this study will contribute to our understanding of the role of relationship status in women’s experiences of doing well during this period of development.

Implications

The findings from this study aim to inform clinical practice by underscoring the complexity and multidimensional nature of this transition, and by shining a light on the ways in which the menopausal transition can be a time of growth and opportunity for un-partnered women. By focusing on the factors that women in the study identify as facilitating a sense of doing well during the menopause transition, the findings can help mental health professionals
target and support women’s unique strengths and needs at various stages of the transition. This support is discussed in-depth in the implications section of the final chapter. Unique findings of this study related to women’s meaning-making and well-being could, in future, be utilized to create specific individual or group interventions aimed at supporting women’s experiences of well-being during the transition. I anticipate that the findings of this study will serve as a starting point from which to better understand how relationship status shapes the experience of doing well during the menopausal transition, and will also provide opportunities for further research.

Lastly, feminist research that highlights the experiences of the participants through the research process is inherently valuable. It was my hope that through sharing their stories with the researcher, the women in this study would feel empowered and valued in their ability to contribute to the academic and clinical discourse about their experiences of doing well. The reflections of the women’s experiences of participating in the current study are shared in the third chapter addressing methodology, and also in the final discussion chapter.
Chapter Two: Review of the Literature

Like puberty, menopause is known as a period of time that is rife with biological, psychological, and social changes. Medically, menopause occurs when a woman has had no menstrual cycle for at least 12 months (Col et al., 2009). However, the physiological symptoms prior to, during, and following menopause can last between 10 and 15 years (Col et al. 2009), making this time of transition potentially prolonged and significant.

From the perspective of feminist phenomenology, the lived experiences of women must be explored as a way of increasing the understanding and visibility of the normal developmental experiences of women (Young, 2005). Young acknowledges our inability to separate our experience in and of our body from the context around us when she states that “the body as lived is always enculturated” (2005, p. 17). While the physiological experience of the menopausal transition is well documented in the academic literature and popular media, women’s psychosocial experiences of the menopausal transition are not as well understood, reflecting a lack of prioritization and information regarding the non-biological aspects of this transition. Even fewer studies have explored psychological development during the menopausal transition, although some research suggests that menopause affects women’s psychological development, either contributing to it or inhibiting it. At the time of writing, only 1 study was found that explored the experiences of women who reported a sense of well-being during the menopausal transition (Mackey, 2007). None of the existing research addressed the experiences of single women who were doing well during this transition, making relationship status a relatively unmapped dimension of the menopausal transition.

The review of the academic literature, as presented here, is useful for understanding what is currently known about what shapes women’s experiences of the menopausal transition, and, in
particular, what is currently known and not known about women’s experiences of doing well during the transition. I will begin by presenting the research on the incidence and prevalence of the common biopsychosocial symptoms and experiences reported by women during the menopausal transition, followed by a presentation of the identified mediating and moderating factors that affect these symptoms and experiences. Finally, existing research exploring women’s experiences of doing well during the transition will be reviewed.

**Common Biopsychosocial Symptoms and Experiences**

As discussed in Chapter One, the biopsychosocial perspective illustrates how each dimension influences the other, working together to shape human experience and psychological development. Existing research has helped to identify certain experiences and symptoms that are common to women throughout the menopausal transition. A description of common symptoms, physical changes, changes in sexuality, and changes in self-perception are presented below.

**Symptoms.** Along with the ending of menstruation, the symptoms that are most commonly reported among menopausal women are hot flashes, night sweats, chills, fatigue, sleep disturbances, anxiety, irritability, vaginal dryness, and urinary incontinence (Nelson, 2008). Although not all women experience the same symptoms, commonalities in regularly occurring symptoms are present across groups of women. Research by Minkin, Reiter, and Maamari (2015) indicated that the top five symptoms reported across North America and Europe were vaginal dryness, hot flashes, night sweats, disrupted sleep, and weight gain. Compared to women in European countries, women in the United States, United Kingdom, and Canada reported that symptoms were worse than they had expected them to be. Even if the same symptoms are common across countries in North America and Europe, the experience of these symptoms can differ in prevalence and impact (Minkin, Reiter, & Maamari, 2015).
Among American women, hot flashes were the most commonly reported symptom (73.2%; Greenblum, Rowe, Neff, & Greenblum, 2013). The next commonly reported symptoms were fatigue (58.0%), sleep disturbances (56.3%), anxiety (53.6%), irritability (51.8%), weight gain (51.8%), vaginal dryness (48.2%), and urinary incontinence (32.1%). Vaginal dryness and sleep disturbances often co-occur and may have the most significant impact on a participant’s quality of life. However, research by Greenblum and colleagues (2013) indicated that the symptoms women experience account for only approximately 10% of the variance in scores measuring quality of life. They concluded that symptoms alone were not the cause of changes in quality of life experienced by women in their sample. The research by Greenblum and colleagues (2013) indicates that non-symptom changes during menopause are also likely to influence how women experience the transition that can span over a decade of their lives.

Women may experience two categories of symptoms: physical and psychological (Lindh-Åstrand et al., 2007). When speaking about the physical symptoms, one sample of menopausal Swedish women said that the changes in their menstrual cycles were a significant marker for the beginning of menopause, and most of them felt positive about this, particularly when they had a history of painful menstrual cramps or heavy bleeding (Lindh-Åstrand et al., 2007). The same sample of women interpreted the bodily changes during menopause differently. Some women felt accepting of increased joint stiffness and wrinkles, changes in fat distribution, and decreased physical capacity, while other women reportedly found these changes troublesome and frightening. The psychological aspects of the transition can include women noticing that they feel differently on a day-to-day basis, and about life in general (Lindh-Åstrand et al., 2007). Some women reported increased emotional lability and sadness, while others felt that the transition made them feel braver and more self-confident (Lindh-Åstrand et al., 2007). In this
particular study, the authors did not report on what factors differentiated the women who had these varying reactions.

No two women experience menopause exactly the same. Even when they experience similar symptoms, how those symptoms are understood and the meaning women ascribe to those symptoms can vary greatly (Lindh-Åstrand et al., 2007). In some cases, certain symptoms--and their impact on a woman’s life--are more difficult to manage than others. In a study that asked women to specifically report the distress associated with their symptoms, women found it difficult to manage hot flashes, night sweats, vaginal dryness, decreased libido, mood changes, menstrual changes, and sleep deprivation (Nosek, Kennedy, & Gudmundsdottir, 2010). For some women, the presence of symptoms created embarrassment, social isolation or withdrawal, and a loss of sense of control over their lives in general (Nosek, Kennedy, & Gudmundsdottir, 2010). However, in another study (Mackey, 2007) some women reported that hot flashes were barely noticeable. Others noted that when they did happen they were not distressing or embarrassing, particularly when women were comparing their experiences to that of their peers who reported or appeared to be having a much more challenging time with hot flashes. The different ways in which women can experience menopause is important to note. Central to theory and research in the field of feminist phenomenology is the conviction that the exploration of the diversity of women’s experiences aids in the development of a more complex and comprehensive understanding of a phenomenon (Fisher, 2000a, 2000b; Young, 2005).

While not all symptoms occur for all women, the manner in which women experience symptoms—how women are supported or not by people around them—and the meaning of those symptoms in their sociocultural contexts, can contribute to or mitigate psychosocial distress during the menopausal transition (Hall, Callister, Berry, & Matsumura, 2007; Mackey, 2007).
For this reason, during the design of the current study and the interview process, importance was placed on allowing the women to define how they experienced symptoms, elucidate the meanings they attributed to their symptoms, and describe how their symptoms shaped their experiences of doing well.

**Physical changes.** As identified by Merleau-Ponty (1962), the body is both something a person has and who that person is. Therefore, the physiological changes experienced throughout life impact a person’s sense of self and his or her conscious experience of the world (Merleau-Ponty, 1962; Young, 2005). A feminist phenomenological perspective further identifies how the body is a site of oppression for women. Therefore, the physiological changes experienced during the menopausal transition and the meanings women assign to them must be understood in light of the way women’s bodies are understood, (de)valued, and portrayed socially (Piran & Cormier, 2005; Young, 2005).

The hormonal changes during the menopausal transition are associated with specific physiological changes, including weight gain, the re-distribution of fat towards the abdominal region, sagging breasts, and dryer, slacker skin prone to wrinkling (Davis et al., 2012). How women experience changes to their bodies is shaped by what meaning they give to these changes based on what is most valuable in their social and cultural contexts (Hall et al., 2007). For some women, the physical changes associated with menopause were the most difficult part of the transition as they “made it difficult to uphold gendered beauty ideals” (Dillaway, 2005, p. 8). Of all these changes, the most problematic bodily ones for many women are weight gain, skin changes, and sagging breasts (Dillaway, 2005). For women who believe that maintaining a particular appearance is of highest value, a changing body can cause them to engage in increased attempts to manage or control their appearance through dieting, increased exercise, cosmetic
procedures, and extensive make-up or skin-care routines (Dillaway, 2005; McKinley & Lyon, 2008; Rubinstein & Foster, 2013).

Pearce, thøgersen-Ntoumani, and Duda (2014) described how the ideas and opinions of others influenced women’s responses to their changing bodies. Some women felt conflicted about what they experienced versus what they felt was expected of them—described as a double consciousness. This double consciousness refers to a woman’s desire to feel free from societal expectations of appearance, while not wanting to feel less desirable or attractive to others (Pearce et al., 2014). The women in Dillaway’s research (2005) believed that their changing bodies made them less desirable to romantic partners, and if they were single they were concerned they were more invisible and less attractive to potential romantic partners, and thus would face increased challenges while dating.

The existing research has demonstrated that body image during the menopausal transition is as varied as most other aspects of the transition; there is no single way in which women evaluate, perceive, or feel about their bodies, and the experiences can range from feeling disappointed, frustrated, and dissatisfied with one’s body to accepting and enjoying one’s body. Although there are other ways of defining and understanding body image, the definition of body image selected for the current study is the “complex, multidimensional construct that includes self-perceptions and attitudes (i.e., thoughts, feelings, and behaviors) with regard to the body. It involves many individual albeit related components such as appearance evaluation, appearance orientation, body esteem, and accuracy of size perception” (Avalos, Tylka, & Wood-Barcalow, 2005, p. 285). The authors go on to state that each of these components of body image can range from positive to negative, and exist within a social context in which the elements of body image influence and are influenced by interpersonal interactions. I have selected this definition for its
acknowledgment of the multidimensionality of the construct which includes cognitive, affective, and behavioral elements; the acknowledgment that one’s body image can be a complex mix of positive and negative elements at the same time (for example having positive body esteem while having poor accuracy of size perception); and the identification that while unique to the individual, body image is also shaped within a sociocultural context.

In a scoping review of research addressing women’s body image during the menopausal transition, Pearce and colleagues (2014) located and reviewed 15 individual research studies and concluded that the evidence about women’s relationships to their bodies during perimenopause was complex and highly individual. The review included several studies which indicated that some women feel more attractive and satisfied with their appearance following the menopausal transition. The review also indicated that women who perceived themselves as fit had higher self-efficacy, body satisfaction, and quality of life scores.

The results of this review (Pearce et al., 2014) also demonstrated how women’s perceptions of their changing bodies can vary over the course of the transition, and also between the areas of change, resulting in a complex experience which they evaluate as neither completely positive or completely negative. For example, women may find it emotionally difficult to accept weight gain, but find it relieving to no longer menstruate. Other women may find it difficult to accept that their fertility is ending, while also reporting that they feel more sexual freedom. Additionally, women might find the changes difficult to accept at first, but after some time might be able to accept their new body. Pearce and colleagues suggested that when these changes initially occur, women may feel uninformed and confused about what is occurring, unsupported by their physicians, distressed about feeling unable to control the changes, and concerned about how others perceive them. However, if they secure helpful information and support, find ways of
caring for themselves and their changing bodies, feel the freedom of no longer worrying about fertility or menstruation, and feel they have adjusted to the transition as a whole, then they may feel more positive about their bodies. Still, Pearce and colleagues identified that women with negative expectations of the overall transition, and a perception that the weight gain and body shape changes which occur during menopause were problematic, found it much more difficult to accept their changing bodies. In contrast, women who believed the transition was natural and did not need to be controlled were accepting of a larger body size, and experienced the transition as the beginning of a new phase of life. These findings suggest that a menopausal woman’s relationship to her changing body is influenced by her attitudes and expectations concerning her physicality and appearance before she enters menopause.

As is stated in this review with its feminist phenomenological frame, each woman’s experience of and response to her changing body is influenced by her own ideas and values as well as her social context. Women’s pre-menopausal attitudes towards their bodies also influence how they interpret their changing bodies during menopause (Rubinstein & Foster, 2013). Not surprisingly, the physiological and appearance-based changes of menopause were much more distressing for women who scored high on measures of self-objectification, compared to women who scored low on measures of self-objectification (Rubinstein & Foster, 2013). Interestingly, some menopausal women actively resisted the sociocultural narratives of femininity that encouraged them to self-objectify. Resistance to these scripts has been shown to be associated with more positive attitudes towards appearance changes (McKinley & Lyon, 2008).

Women may also have reactions to non-appearance-related changes throughout menopause. They may become worried about the emergence of age-related health concerns, while also feeling relieved that their menstrual cycle is over (Lindh-Åstrand et al., 2007;
McKinley & Lyon, 2008). Women’s experiences of their changing menopausal bodies also exist in a cultural context that facilitates self-objectification among women (McKinley & Lyon, 2008). The research reviewed above did not explore how relationships with peers and romantic partners influenced the meaning a woman gives to her changing menopausal body. Building on the findings from body image research, it can be hypothesized that what individuals close to a woman say to her about her changing body will directly influence how she feels about her own body during the menopausal transition (Goldsmith & Byers, 2016; Hardit & Hannum, 2012).

**Changes in sexual functioning.** Sexual functioning is defined as how a person experiences the different phases of the sexual response cycle, including desire, arousal, excitement, and orgasm (Basson, 2000; Kaplan, 1979; Masters & Johnson, 1966). Accordingly, sexual dysfunction is considered to be the difficulty a person has with these areas of sexual functioning (Basson, 2000). As an important dimension of women’s lives, sexual functioning also emerges as a factor that influences, and is influenced by, women’s experiences of the menopausal transition. Like menopause as a whole, women’s sexual functioning is best understood through a biopsychosocial lens (Basson, 2000), which explains how factors discussed above also emerge as sources of influence on sexuality.

The ending of fertility for women may bring improvements to women’s sex lives, as worrying about birth control is no longer a concern (Lindh-Åstrand et al., 2007). Yet, the hormonal changes and psychosocial factors (including relationship challenges, anxiety, or depression) may lead to increased sexual difficulties during the menopausal transition (Gracia, Freeman, Sammel, Lin, & Mogul, 2007). In a longitudinal study of African-American and Caucasian perimenopausal women, sexual dysfunction (as measured by the Female Sexual Function Index, FSFI), was associated with advanced menopausal age, obesity, African
American race, having children under 18 living at home, anxiety, depression, not having a sexual partner, alcohol use, and a history of sexual abuse (Gracia et al., 2007). Vaginal lubrication was the most changed dimension of sexual functioning throughout menopause; however, scores for desire and arousal also decreased, while scores for pain increased.

According to a systematic review conducted by Nappi and Lachowsky (2009), the most commonly reported changes in sexual functioning were decreased sexual desire, vaginal dryness, vaginal pain, difficulty with arousal and orgasm, and decreased sexual satisfaction. Women who experienced a decrease in sexual desire reported being more distressed compared to women who had no change in sexual desire. For some women, the sexual changes they experienced during menopause were described as being significant enough to impair their personal lives (Nappi & Nijland, 2008). Some women reported no change in satisfaction toward their sexual relationships, despite experiencing changes in sexual functioning (Hyde et al., 2011).

Similar to women’s responses to physical changes, attitudes and experiences of sexuality prior to menopause influence women’s experiences of sexuality during the menopausal transition (Hyde et al., 2011). Women may draw on their previous relationships and life experiences to explain and derive meaning from their current sexual experiences, focusing on their relationships (both past and present) rather than the biological changes of menopause alone. For example, some women indicated that sex was equally or more satisfying in comparison to the beginning of their relationship, or when they were first sexually active (Hyde et al., 2011).

Because sexuality is an important dimension of human experience, sexual changes during menopause may impact a woman’s ability to do well during the transition. Ongoing psychological, relational, or social issues created or sustained through the menopausal transition may impact a woman’s sexual feelings and functioning, which may in turn be a source of distress.
for some women. The existing research suggests that it is important to understand how a woman perceives her sexuality during the menopausal transition within the broader context of her sexual history throughout life.

**Changes in self-perception.** Given the feminist phenomenological lens of the current study (Fisher, 2000a; Young, 2005), how women perceive themselves through the menopausal transition is considered an important aspect of menopause, particularly because menopause has been medicalized and pathologized and women’s lived experiences and interpretations have been neglected in favour of studying the physiological nature of the transition (Cimons, 2008; Ussher, 2008). Young (2005) suggests that a focus on women’s bodies alone, while neglecting the experiences women have in and of their bodies, facilitates a sense of disconnection from the body and the objectification of women. Not many studies exploring menopause ask women about their changing self-perception throughout the transition. This change in self-perception may include how they perceive their identity, social value, strengths, and abilities. Changes in self-perception may be the result of changes in emotion, mood, ability, physical energy, cognitive capacity, and interpersonal relationships (Dillaway, 2005; Greenblum et al., 2012; Hall et al., 2007; Nelson, 2008; Stephens, 2001; Svenson, 2005; Walter, 2000; Winterich, 2007; Winterich & Umberson, 1999). The complexity of menopause can provide women with the opportunity to re-negotiate who they are and how they live their lives, assessing whether who they have been up until that point is who they want to continue being from that point forward. Because of changes women can undergo and the way these changes impact a woman’s self-perception, some experience it as a time of crisis (Parand Avar, Mosalanejad, Ramezanli & Ghavi, 2014).
Marnocha, Bergstrom, and Dempsy (2011) conducted a qualitative study in which they asked 13 women about their experiences of perimenopause and menopause. One theme that resulted from the analysis was labelled ‘going on with life’ and highlighted how women spoke about finding a sense of stability in their lives after much change. They reported arriving at a point in time when they finished grieving (especially in the case of women who had not had children), and began to celebrate and enjoy the milestone of completing the changes of menopause. The women reported feeling uncertainty, accompanied by increased emotional vulnerability, which led them to decide to do something about their sense of uncertainty and vulnerability. They got information and connected with other women, and reported feeling that they had more agency and connection. For some participants, acceptance of the physical and psychosocial changes allowed them to move into feelings of stability, joyfulness, and freedom.

Some women may experience positive personal growth during, or as a result of, the menopausal transition (Busch et al., 2003). In a mixed methods study, 130 women who were 48 years old and living in Sweden were followed over a five-year period. Quantitative measures taken yearly included the Patient Health Questionnaire-90 (PHQ90), the Menopause Symptom Rating Scale, and general health screenings, gynecological exams, and hormone measures. Women’s appraisals of menopause at each interview were assessed as being negative, neutral, or positive/optimistic. At the first interview, 56% of women had neutral expectations of menopause, while 13% had optimistic expectations. However, after completing the transition, 67% of the participants evaluated menopause positively, while 16% were neutral and 17% were negative. Women’s expectations were significant in shaping their appraisal of menopause, with women in the neutral category having few or no expectations. Women who started in the pessimistic group and ended in the negative group were most likely to report stress in their personal lives or at
work, low self-esteem, depression, and feelings of inferiority. For women who remained in the negative group, menopause meant becoming old and less attractive; the changes in their appearance were difficult for them emotionally. Even still, women in this group also reported positive outcomes including an increased sense of maturity, freedom, and life experience.

Finally, the group of women who were optimistic about menopause were not avoidant or dismissive of the difficulties they experienced during the menopausal transition, but rather spoke about what they looked forward to in the transition, including the cessation of menstruation and having more personal freedom and agency. Only 11% of these women reported body changes as problematic, while the remaining women mentioned bodily changes with acceptance, describing them as natural and manageable. These women found that regardless of what they felt about menopause itself, the transition led to positive outcomes like a greater sense of calm, maturity, freedom, and autonomy.

Interestingly, women who perceived menopause as positive or neutral anticipated and experienced fewer symptoms overall than women in the negative group, who anticipated and experienced more symptoms. Women in the negative group also scored highest on the psychological symptoms assessment. Although some women in the negative expectation group moved to the positive appraisal group by the end of the study, it remains unclear how expectations may shape preoccupation with symptoms and their given meanings. The women who moved from negative to positive were more likely to think existentially and to demonstrate capacity for introspection than those who remained in the negative group. This shift may be a valuable piece of information in explaining how some women can both anticipate and experience a difficult transition and still be able to feel they do well during the transition.

In addition to being experienced positively, the menopausal transition may provide an
opportunity for reflection and psychological development (Busch et al., 2003). This opportunity for psychological growth and development was researched by Svenson (2005), who conducted in-depth qualitative interviews with heterosexual and postmenopausal mothers. For eight of the ten women in Svenson’s study, the menopausal transition was associated with increased self-advocacy, boldness, and self-expression. The participants began to place more importance on themselves, and described feeling better able to articulate their own needs in relationships compared to when they were younger.

The role of spirituality does not regularly appear in the academic literature addressing women’s menopausal experiences, possibly because women are infrequently asked to reflect on this topic in menopausal research. However, Svenson (2005) found that three women experienced their spirituality as important to their self-discovery during menopause and their ability to do well. The women in Svenson’s research identified that spirituality provided a sense of meaning and comfort during times of emotional distress, and an avenue through which to process challenging experiences.

In summary, women’s self-perception may vary during the menopausal transition (Busch et al., 2003; Dillaway, 2005; Marnocha, Bergstrom, & Dempsy, 2011; Svenson, 2005; Parand Avar et al., 2014). For some women, this change in self-perception may be related to a changing body, particularly if appearance was of value to them (Dillaway, 2005; Marnocha, Bergstrom, & Dempsy, 2011; Svenson, 2005; Parand Avar et al., 2014). Women also celebrated arriving on the other side of these changes and challenges, even when they were initially confused and scared about what they were experiencing (Busch et al., 2003; Marnocha, Bergstrom, & Dempsy, 2011; Svenson, 2005). For some women, doing well may not mean experiencing little or no difficulty; instead, it may mean responding to challenges during the transition with changes in self-concept.
Factors Influencing Symptoms and Experiences

While commonly occurring symptoms and experiences are reported by women during the menopausal transition, several factors may explain why some experiences affect certain women differently than others. As identified from the theoretical position of feminist phenomenology, 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). Some of these factors have been mentioned above and will be explored in more depth below, including parental status, sexual orientation, social and medical support, knowledge, concurrent life stressors, expectations, and relationship status.

**Parental 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 loss of fertility on women appears to be influenced by the number of other existing social roles a woman has, including her level of education, age, and financial status (Strauss, 2011). Strauss hypothesized that 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. Strauss’s hypothesis is supported by the premise of role enhancement theory (Thoits, 1983), which suggests that holding multiple social roles is related to
women’s psychological development through increased self-esteem, purpose, and connection to others. According to role enhancement theory, having multiple roles may mitigate the stress associated with losing one social role, as a person’s sense of identity or meaning is distributed among roles.

Although having children might protect some women from feeling loss associated with the ending of fertility, it might negatively impact other dimensions of the menopausal transition. During the transition, women who had children under 18 years old living at home were shown to have increased rates of sexual dysfunction, as reported by their scores on the Female Sexual Function Index (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 being able to state that having children makes the transition more or less manageable. Rather, parental status impacts different dimensions of women’s lives based on their needs and challenges and what is of value to them and their community. To best understand the menopausal transition for the purposes of the current study, women were asked if they were mothers or not, as reproductive choices may be related to the experience of doing well during the menopausal transition.

Sexual orientation. Like a woman’s experience of herself and her body, a woman’s sexual orientation is also an important factor that shapes her experiences of the menopausal transition (Daniluk, 1998). In fact, a feminist phenomenological perspective proposes that sexuality is more complex than the reductive binary that groups people into one of two categories of “sexual orientation” as either heterosexual or lesbian (Fisher, 2000a, p. 18). Instead, sexuality and sexual identity are better understood using the term lived body, defined as the subjective experience of being a specific body (including ability, race, desire, ability, appearance, and size), which, based on a given social context, has been given meaning by others
and by the person him or herself (Hall et al., 2007; Young, 2005). However, the majority of academic literature discussing the menopausal transition utilizes the binary terms heterosexual and lesbian. Thus, for the purposes of this literature review, the terms heterosexual and lesbian are used.

Qualitative research by Winterich (2003) presented a helpful demonstration of how sexuality during menopause differs among lesbian and heterosexual women. Of the 30 women who participated in the study, the heterosexual and lesbian women who maintained active and fulfilling sex lives reported open communication with their sexual partners. Both groups of women discussed having changes in sexual functioning during the transition, particularly vaginal dryness. The heterosexual women in Winterich’s study felt they were not able to talk about their sexual desires or preferences with their male partners; they received complaints from their partners about changes in sexual functioning and were more inclined to fake orgasms. In contrast, the lesbian women demonstrated an openness and acceptance of sexual changes and talked with their partners about adapting their sexual repertoires. Although not necessarily true of all lesbian women, when compared with the heterosexual women in this particular study, most of the lesbian women demonstrated more open and adaptive sexual communication with their partners which resulted in less interpersonal distress. This openness and adaptability may contribute to a smoother transition when changes in sexual functioning do occur. Because the differences between heterosexual women and lesbian women were not always consistent in the study, it is difficult to state definitively whether lesbian women are more or less likely to report doing well during the menopausal transition.

Durham (2009) also looked specifically at a sample of lesbian menopausal women using grounded theory. The results indicated that, in some ways, lesbian women may experience
menopause differently when compared to heterosexual women. The lesbian community may allow women more flexible identities when it comes to aging, motherhood, sexuality, and appearance standards, all of which may impact how women socially construct menopause and give meaning to their experiences. In Durham’s study, some of the women felt a stronger identification with their lesbian identity post-menopause. For several women in this sample, the most meaningful aspect of menopause was the ending of menstruation. They reported that the challenging aspects of menopause were balanced by the positive ones. Almost all participants stated that, after menopause, they felt wiser and more accepting of themselves, and wanted to savour life and all of its experiences. The lesbian women in Durham’s research also theorized that menopause may be more difficult for heterosexual women because they have to deal with men, and men may not be able to understand what menopause is like. For them, the shared understanding between women was an important part of the menopausal transition, allowing them to connect to other women and the broader story of womanhood. Lastly, several women mentioned that their lesbian identity allowed them to worry less than their heterosexual peers about fertility and the ending of fertility, because they knew they would not get pregnant in their romantic partnerships and there was less expectation that they would have children of their own. One woman believed that not being a mother made the transition less complicated, with fewer relationships to renegotiate (Durham, 2009).

The lesbian women in Durham’s research (2009) were aware of cultural beauty and behavioural standards for women, but several women actively resisted these. All of the participants articulated clearly that within patriarchal cultures, aging women are seen as less valuable--something with which they adamantly disagreed. Durham (2009) wrote about this sample: “They did not actively participate in behaviors that would lead to more youthful
appearances; in fact, they seemed to not concern themselves with that” (p. 79). However, this sample of women appeared to demonstrate critical thinking and sociopolitical resistance not exemplified by all women during the menopausal transition, perhaps indicating a way that women may be able to buffer the social pressures that influence their body image and self-perception.

The findings from these studies suggest that lesbian women may experience the sexual changes during menopause differently than heterosexual women. 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. They may also have a different relationship to the identity of motherhood, thus changing the meaning of the loss of fertility in comparison to heterosexual women. Yet these statements cannot be assumed to relate to all lesbian women. Some may experience menopause differently than other women in the lesbian community based on their social context, relationships, and unique life and health circumstances. In the current study, both heterosexual and lesbian women were invited to participate. Asking women of different sexual orientations to share their experiences can support an increased understanding about commonalities among women’s experiences of doing well, regardless of their sexual orientation.

Social and medical support. The changes experienced during menopause may feel confusing and isolating, causing women to seek out support from those around them, including their peers, family members, and health care providers (Im, Liu, Dormire, & Chee, 2008; Marnocha, Bergstrom, & Dempsy, 2011; Nelson, 2008). Social groups, institutions, accessibility to health care, and people in positions of power all influence women’s experiences of their lived body (Young, 2005). While these sources of support can be helpful at times, Pearce and co-
authors (2014) described how information and the opinions of others, particularly doctors, peers, and books, can be contradictory, leaving women feeling confused or pressured regarding how to respond to the changes of menopause.

In a qualitative study by Im and colleagues (2008) examining American women who sought support from their family physicians for menopausal symptoms, only a few women had positive experiences of receiving support from their physicians. The remainder of the women felt unsupported by their family physicians, as though their doctors did not care about their experiences or symptoms. Women wanted their family doctors to listen to them, and some felt that having a female doctor might make a difference. The participants also longed to receive support and education from their family doctors—to not feel alone or silenced in their experiences. This lack of support and education possibly highlights a gap in medical support provided to women during the menopausal transition. The negative experience women had with their healthcare providers is important to consider when conducting in-depth interviews.

Callous and abrupt responses from physicians were also reported in another study (Winterich & Umberson, 1999) in which 25% of the sample reported not knowing they were even perimenopausal until their doctors recommended hormone replacement therapy (HRT). The women reported feeling that their doctors were a strong source of influence, often urging them towards specific treatment recommendations. Internally, the women felt conflicted about listening to themselves and to their own wishes while feeling like they were disobeying their physicians.

Marnocha, Bergstrom, and Dempsy (2011) indicated that women not only seek support from their doctors, but also from those close to them. They read books, search the internet, and educate themselves when others do not have the answers, including their family physicians.
Speaking with their own mothers about menopause, however, feels taboo for some. In research by Winterich and Umberson (1999), women discussed how those around them constructed and responded to their menopausal experiences. For example, women remembered family members sharing narratives of menopause that reinforced negative cultural messages about menopausal women and the experience of the menopausal transition. A Caucasian lesbian professor shared that due to the aging process she believed she was treated more respectfully and received more positive reactions from others (Winterich & Umberson, 1999).

Findings from Lemaire and Lenz (1995) demonstrate that social support in the form of group counselling can help menopausal women increase their confidence and sense of control, as well as feelings of success and vitality. Being able to connect with other women about the menopausal transition has also been shown to decrease a woman’s feelings of isolation and depression (Hunter & Liao, 1995). These findings reveal how some women are able to experience well-being and life satisfaction during the menopausal transition in spite of challenging circumstances.

To navigate the uncertainty and change associated with menopause, women may seek out support from others during the menopausal transition. They often go to their peers and physicians to ask for support, advice, and information about what they are experiencing and how to manage it (Marnocha, Bergstrom, & Dempsy, 2011). The responses of those around them may impact their levels of distress and confusion, influencing their ability to do well during the menopausal transition.

**Knowledge.** 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 (Marnocha, Bergstrom, & Dempsy, 2011). One group of educated women reflected on
how little they knew about the physiological changes that accompany perimenopause and the
associated emotional difficulties (Marnocha, Bergstrom, & Dempsy, 2011). They reported
feeling ashamed, scared, and confused about their changing bodies, wanting to hide their
symptoms and bodies but not being able to.

The impact of knowledge and information was specifically addressed in an Israeli study
that compared 36 women in a 10-week psychoeducation program about menopausal symptoms
with 46 women in a control group (Rotem, Kushnir, Levine, & Ehrenfeld, 2005). In the treatment
group, members received information about menopause as a biopsychosocial event, learned
traditional and alternative treatments for symptoms, and discussed the meaning of menopause
and the impact of the biopsychosocial changes. They also learned relaxation skills and exercises
from physiotherapy. At the end of the study when changes in scores for the women’s attitudes
towards menopause were documented in both groups, the treatment group demonstrated a
significant level of change in menopausal attitude scores compared to the control group. Women
in the treatment group felt more positive towards menopause and reported a decrease in
symptoms (Rotem et al., 2005). The treatment group also demonstrated a decrease in the
perceived severity of all symptoms (psychological, social, physiological) following completion
of the group. In the control group, however, an increase in women’s perceived severity of
psychological and social symptoms, and a slight decrease in perception of the severity of
physiological symptoms, was reported. These findings suggest that information and knowledge
about menopause, or lack thereof, can impact women’s experiences of the menopausal transition
and the accompanying symptoms. A possible confounding variable, given the results presented
above regarding social support, is that the group context may illicit more positive feelings about
the menopausal transition for women, resulting in them feeling less alone while concurrently
normalizing their symptoms and experiences. Due to the relationships between knowledge, attitudes, and decreased severity of symptoms, it was anticipated that women in the current study would want to discuss what they knew and believed about menopause when they were premenopausal, and the role information played in their experiences of doing well during their transition.

**Concurrent stressors.** While the changes associated with the menopausal transition may be difficult for women, the menopausal transition is also affected by other stressors in a woman’s life that are not specifically related to the transition (Lindh-Åstrand et al., 2007; Loh, Khin, Saw, Lee, & Gu, 2005; Mackey, 2007; Smith-DiJulio, Woods, & Mitchell, 2008; Winterich & Umberson, 1999). For example, menopause may occur at the same time as emerging health issues, children leaving the home, or the ending of a significant relationship through divorce or death (Etaugh & Bridges, 2006). Concurrent stressors women face may add additional stress and complication, making it more difficult to do well during the menopausal transition (Loh et al., 2005). Conversely, these other stressors may make the challenges of menopause feel comparatively insignificant (Mackey, 2007). The research of Winterich and Umberson (1999) indicated that women’s ongoing life stressors *shaped* their menopausal experiences, including their emotional states. For example, in a random sample of 1000 Singaporean women (Loh et al., 2005), recently-occurring upsetting events increased the likelihood of psychological symptoms during menopause by 4.5 times. Increased somatic symptoms were associated with regular alcohol use, diabetes, and HRT, showing again the biopsychosocial nature of the transition. Further research would help to tease apart these relationships and the direction of association.

Numerous studies included in this review mentioned the impact of stressful life events on the experience of the menopausal transition, even if this was not related to their primary research
questions (Brown, Bryant, & Judd, 2015; Busch, et al., 2003; Lindh-Åstrand et al., 2007; Loh et al., 2005; Mackey, 2007; Smith-DiJulio, Woods, & Mitchell, 2008; Winterich & Umberson, 1999). For example, one study found 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 (Smith-DiJulio, Woods, & Mitchell, 2008). These findings indicate that understanding women’s experiences of the menopausal transition within the context of broader life experience is crucial. For some women, ongoing stressors may influence their perceptions of the menopausal transition, making it seem less significant. For others, ongoing stressors may complicate the transition, with psychological symptoms creating compounding challenges.

**Culture and ethnicity.** Culture and ethnicity have been identified as factors shaping the menopausal experience (Sievert, 2014). Feminist phenomenologists Young (2005) and Moi (1999) identify that a woman’s subjective experience, particularly of her body, is shaped by sociocultural factors that influence conscious experience and behaviours, and the meaning and interpretations women give to what happens (Hall et al., 2007). While common menopausal symptoms and experiences can be observed among varying groups of women, differences also emerge between varying cultural and ethnic groups (Delanoë et al., 2012; Im, Lee, Chee, Brown, & Dormire, 2010; Melby, Lock, & Kaufert, 2005). The experience of the menopausal transition by different ethnic and cultural groups of women was 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. When asked about management strategies frequently used, the most commonly selected response across all ethnic groups was “no management,” while “rest” was used by all four groups. Only Asian women used “trying to be optimistic” and “trying to calm down” when describing their management strategies (Im et al., 2010).

In the aforementioned study, demographic factors explained 23% of the variance of the total number of symptoms, again highlighting the biopsychosocial nature of the transition. Among White women, an increased number of symptoms was positively related to a lower level of education, being over 50 years of age at the time of the interview, and poorer overall health status. Among Hispanic women, increased symptoms were related to poor or no employment and higher BMI, while lower income level and higher BMI were significant predictors of symptoms for African American women. Among Asian women, decreased physical activity was a significant predictor of increased symptoms. Level of acculturation was also mentioned as a significant variable associated with the severity of symptoms among Asian women, however these results do not conclusively indicate the direction of relationship between symptoms and a lower or higher level of acculturation.

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 BMI, income level, acculturation, general health, activity level, and employment), shape women’s experiences of the menopausal transition. Although this research may not help explain why these differences exist or how
women’s understandings and descriptions of their experiences differ among ethnicities, they 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 ethnic identities are of particular value in the current study and will be included as a way of understanding how their experiences of the menopausal transition may inform the findings discussed above.

In research exploring the role of culture and ethnicity in the menopausal transition, Delanoë and collaborators (2012) conducted in-depth interviews with 75 women who were in one of three groups: Tunisian women in Tunisia, Tunisian women living in France, and French women living in France. All women who participated were between 40 and 70 years old. Content analysis was used to analyze the data. The findings demonstrated how cultural context, socioeconomic status, and ethnicity influenced the menopausal transition for women, as differences primarily emerged between women of different social classes, followed by those emerging between women of different ethnic identification. Working class Tunisian women in Tunisia and France experienced intense menopausal symptoms and felt very socially devalued. Middle class Tunisian women in Tunisia and France reported experiencing a decline in social, sexual, and aesthetic value, but reported few menopausal symptoms. These latter women were focused on how their bodies changed and what that meant for them as women. The French women in this study reported few menopausal symptoms and perceived minimal change in their social value. For these women, menopause was a relatively minor event. Some middle-class Tunisian women also reported a similar experience of menopause to the French women. Interestingly, particularly in the case of Tunisian women both in Tunisia and France, a woman’s level of education and the level of education of her spouse strongly affected her experience of
menopause. Male domination is also more explicit in Tunisian culture and shapes what is culturally expected of women. The authors indicated that this impacted how negatively women perceived themselves and felt perceived by others throughout the menopausal transition, particularly in relation to their appearance, sexuality, and relationships. The authors described women’s value in Tunisian culture as limited to their childbearing ability, appearance, and domestic skills. As identified in this study, the more economic independence a woman possessed, the less impact she felt menopause had on her life, demonstrating the important connection between socioeconomic status and menopausal experience. Economic independence may be one explanation for the similarities in response among the French women and the Tunisian women of higher socioeconomic status.

The research by Delanoë and colleagues (2012) is helpful for identifying how social, political, and economic factors are important in contributing to women’s experiences of menopause and the meanings they make of the biopsychosocial transition. The results also demonstrate that the patriarchal construction of women and the degree of male domination in a particular culture contributes to a more difficult menopausal transition. However, these results appear to be moderated by level of education and socioeconomic status. Since it is an important moderating/mediating variable, I intend to ask women about their socioeconomic status and level of education as part of the demographic information collected at the end of the interview.

**Expectations.** The construction of our lived experience, as shaped by our own thoughts and the messages existing in our lifeworld, is central to the meaning and interpretations we hold about our own lives and our bodies (Young, 2005). This is the case for all life experiences, including the menopausal transition (Fisher, 2000a, 2000b; Young, 2005). Women’s
expectations of the menopausal transition have been shown to influence their experiences of the transition, including the severity and frequency of the symptoms reported (Busch et al., 2003).

A study by Busch and colleagues (2003) demonstrated how women’s expectations of menopause shaped both their premenopausal appraisal of menopause and their perimenopausal experience. Once the transition was complete, women who previously held negative expectations of menopause appraised menopause negatively. The premenopausal women who were most hopeful about menopause, were accepting of the challenges associated with menopause and were able to identify the aspects of the transition they most anticipated.

Given the results of the study by Busch and colleagues (2003), women who report doing well during the menopausal transition may have had positive or neutral expectations of the menopausal transition while they were premenopausal. In telling the story of their menopausal transition, women’s opportunities to discuss how expectations impact their experiences of menopause might not only highlight the role that expectations have in relation to menopause but also help women do well during the menopausal transition.

**Relationship status.** Relationship status has also been shown to be an important variable in women’s experiences of the menopausal transition. For some women, being in a relationship may, at times, create more challenges. Some women have reported that their partners did not understand what they were going through 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 menopausal transition
can present its own challenges, particularly as women navigate their changing appearances (Dillaway, 2005).

In a study that looked at menopausal women living in Tunisia and France, some Tunisian women described feeling that they were unable to share their experiences of menopause with their husbands, whom they feared would leave them for younger women (Delanoë et al., 2012). In this instance, culture also appeared to affect gender scripts and the role of men and women in marriage. Other studies have found that male partners complained to women about their changing bodies, particularly changes in sexual functioning (Winterich, 2007). In a qualitative study with 25 heterosexual women living in Ireland, participants described that differences in sexual response between partners resulted in tension and conflict in their relationship (Hyde et al., 2011). Participants discussed their duty as wives to perform sexually even if they were not interested, while other participants were verbally pressured by their partners to have sex. These findings suggest that relationship status as well as the quality of the relationship are important for understanding how sexual functioning influences women’s experiences of the menopausal transition.

For some women, relationship status can have an influence on their experience of the transition, including how they feel about their changing body and their perceived level of support (Dillaway, 2005; Hardit & Hannum, 2012). To distinguish the current study from existing research (Mackey, 2007), and in light of the way relationship status can impact women’s experiences, the sample population for the present study will consist of women who were not in a committed relationship throughout the menopausal transition.

**Summary.** The review of the relevant academic literature identified several factors that appear to have an impact on how women experience the menopausal transition. These findings
indicate that relationship status, social context, culture, and the people from whom support is sought all influence how women consciously expect, perceive, and respond to experiences during the menopausal transition. A woman’s parental status, knowledge, sexual orientation, and current life stressors also impact her experience of common menopausal symptoms. The results of the studies reviewed indicate that some women are more likely to encounter fewer challenges, as well as the various factors that may help a woman feel she is doing well during the menopausal transition.

**Doing Well During the Menopausal Transition**

In *The Second Sex* (2011), feminist phenomenologist de Beauvoir described how normal developmental changes to the body can be experienced as a burden by some women. According to de Beauvoir, events like menarche, pregnancy, and menopause tie a woman to her biological nature at the expense of her individuality. While our bodies impact our lived experience, this perspective disregards the creativity of human subjectivity, the possibility for freedom in and through the body through change, the opportunity for these physiological developmental changes to be experienced as positive or enjoyable, and the ability of women to thoughtfully engage in the meaning they make of their experiences (Young, 2005; Moi, 2001). Although menopause is defined by numerous biopsychosocial changes experienced by women, very little is known about the meaning and experience of doing well in the midst of these many changes. The language of doing well during the menopausal transition has not yet specifically been utilized in the academic literature. The five articles discussed below are intended to explore and provide instances of a related construct, well-being, during the menopausal transition.

In 2015, Brown, Bryant, and Judd published a systematic review of research addressing well-being during the menopausal transition. 18 studies were selected for this systematic review.
Not all the studies included in the review looked specifically at the promotion or experience of positive well-being; instead, studies were included that addressed well-being in any way. The following were found to be related to well-being during the menopausal transition: exercise; positive attitudes towards menopause; decreased interpersonal stress and stressful life events; decreased negative attitudes towards aging; prior well-being; and feelings of mastery over stressful life events. The findings demonstrated more positive effects for older women, perhaps because they are nearer to the end of the transition. The research also indicated that well-being during menopause may at times be unrelated to menopause itself, but rather related to premenopausal psychological factors and ongoing life events. This idea may be helpful for understanding how women differ in their experiences of menopause despite living in the same culture, being of the same ethnicity, and experiencing the same categories of symptoms. This systematic review is limited in its ability to make inferences about women’s phenomenological experiences of well-being during the menopausal transition since the literature included in the review was limited to quantitative research. As a result, women in the current study were asked to qualitatively describe their experiences of doing well during the menopausal transition in order to understand how women describe these aspects of well-being in their own words and not through constructs measured by quantitative methodology.

Smith-DiJulio, Woods, and Mitchell (2008) also examined well-being during menopause by assessing how participants’ ratings of well-being changed over time. The participants were 341 American women between the ages of 35 and 55. For the duration of participation in the study, women provided annual urine samples, menstruation calendars, and structured questionnaires assessing hot flash severity, feelings of mastery, well-being, general health, and negative life events that had occurred since the previous year’s assessment. Data was collected
between the years of 1990 and 2006 and analyzed using descriptive statistics and Pearson’s product-moment correlations. The authors found that well-being was negatively associated with stressful life events and positively associated with feelings of mastery and satisfaction with social support. This study revealed that well-being was not strongly related to the events and symptoms of menopause itself, but was more closely affected by life events and personal resources. Unfortunately, due to the quantitative nature of the study, the researchers were not able to explore in women’s own words their experiences of stressful events throughout the transition, or how they experienced mastery and social support during this transition in order to foster a sense of well-being. Nevertheless, the findings support previously reviewed research (Lindh-Åstrand et al., 2007; Loh et al., 2005; Mackey, 2007; Winterich & Umberson, 1999) that locates menopause within the context of women’s lives, and shows how the transition is shaped by pre-existing psychological factors, socio-economic status, social support, and concurrent life stressors.

Psychosocial support can also influence women’s well-being during the menopausal transition (Doubova, Infante-Castañeda, Martinez-Vega, & Pérez-Cuevas, 2012). In one study, participants (121 Mexican women between 45 and 59) participated in a group which met five times over the course of four months (Doubova, et al., 2012). The focus of the group was to provide psychoeducation and social support in order for women to understand menopause and, as a result, feel empowered during the transition. The initial and final group sessions were audio-recorded and analyzed using thematic analysis. Before starting the group, the women described the following thoughts and feelings: a lack of information about changes during menopause and self-care; that talking about menopause with others was taboo; that the transition was complex and rife with change; that social stigma surrounded menopause; and that gender roles and
women’s inability to care for themselves during the transition were interconnected. At the end of the group, women’s ideas about menopause had changed, including their engagement in self-care activities. In the last group session, participants identified that they believed menopause was a natural stage; felt the ability to change their expectations about aging; felt empowered and had increased awareness about self-care; saw menopause in a more holistic way; understood the importance of group work; and felt empowered to share acquired information.

The research by Doubova and colleagues (2012) indirectly provided information about women’s experience of menopause, but resembled a program evaluation more than a phenomenological exploration. Therefore, it may be difficult to speculate what the menopausal transition would have been like for these women if they had not participated in this group. Individual analysis may have also yielded rich information about women’s unique experiences of menopause before and after the group. It is possible that not every participant experienced the group consistently, as women who did not agree or felt disconnected from the group or the material may have been less likely to participate, and thus their experiences may not be represented in the final session. Nevertheless, the findings of this study are supported by other research that indicates that women benefit from accurate and supportive information about the menopausal transition (Doubova et al., 2012), and that social support from other menopausal women is particularly valuable in helping them do well (Rotem et al., 2005).

As described in the research above, the role of social support in women’s well-being during the menopausal transition might suggest that women who chose to participate in the present study may have strong existing social supports or have found ways to seek it out during their transition. Women who reported doing well during the menopausal transition may also have had adequate information before the transition began, or once it began they may have made
efforts to seek out information. Hearing from women about how they acquired meaningful information is important, as this level of acquisition may help determine whether some women may need to be provided with information while others seek it out themselves.

Research by Hvas (2001) investigated what women identified as the positive aspects of menopause. Hvas mailed an open-ended questionnaire to a random sample of 51-year-old Danish women. Of the 393 women who responded, 194 described positive aspects of the menopausal transition. The responses to these open-ended questions were analyzed thematically. Women described the following positive aspects of the menopausal transition: a general sense of well-being; relief from menstruation; improved sex life; and personal growth and freedom. The study did not report on any difficulties that may have been experienced by the women, making it difficult to determine if these positive aspects occurred in relationship to potential challenges. The menopausal transition is described as complex and rarely completely positive for women (Pearce et al., 2014), suggesting that the women who reported these positive aspects in the study almost certainly experienced some difficulties as well.

While Hvas’s (2001) study does not provide direct information about doing well during the menopausal transition, it demonstrates that menopause is not all negative, as frequently portrayed. The study is limited in that its selection of participants only contains 51-year-old women. Not all women at this age will be at the same point in their transition, which may affect the instances of positive or negative experiences reported. Yet the results of Hvas’s study provide insight into aspects of the menopausal transition that may be more readily experienced by women who feel they are doing well during the transition, compared to women who describe the transition as a negative experience (and who may not have been aware of these positive aspects or have experienced them at all).
The study that most directly informs the research question of this study was published by Mackey in 2007. Mackey (2007) examined women’s experiences of well-being during perimenopause using phenomenology. The participants were 18 postmenopausal Australian women. All were Caucasian and married with children, except one participant who was unmarried and without children. The participants were diverse in terms of their socioeconomic status and levels of education, and self-identified as having experienced well-being during menopause. van Manen’s (1990, 2014) approach to hermeneutic phenomenology was used for analysis of the interviews. The analysis revealed three themes: continuity of the menstrual experience, embodiment of menopausal symptoms, and the containment of menopause and menopausal symptoms. The theme of ‘continuity of menstrual experience’ referred to how women’s well-being was maintained in the midst of an experience characterized by change. For participants, the gradually occurring changes to their menstrual cycle allowed them to adjust to each new phase of the transition. ‘Embodiment of menopausal symptoms’ identified how menopausal changes were embedded in the women’s broader life experiences, and were thus given meaning by each woman. Even though these women did experience symptoms, they did not find them to be disruptive to their lives and priorities. In this way, symptoms were not seen as significant or problematic. Other life stressors more stressful than menopause itself made menopausal symptoms appear less disruptive. Finally, as a category, ‘containment of menopause and menopause symptoms’ referred to what women did not experience through the transition. According to Mackey (2007), the participants experienced the impact of menopause in two domains: the ending of menstruation and the presence of hot flashes. None of the participants reported psychosocial symptoms. They most often compared themselves to their sisters and mothers, evaluating their own experiences against the stories they were previously told about
menopause. Women felt they were able to cope with the challenges and changes when they compared their experiences to the stories of others. The women in Mackey’s study identified themselves as different from other women they knew of who may “lose the plot altogether and go a bit odd, and feel really unwell in [themselves]” (Mackey, 2007, p. 45). The sample in this study might be described as homogenous in terms of menopausal symptoms, which limits the transferability of the findings. Research with participants who experienced a wider variety of menopausal symptoms, including psychosocial symptoms, may have yielded different results.

Women who self-identify with the experience of doing well during the menopausal transition (the focus of the current study) may also report experiences and meanings similar to the women in Mackey’s (2007) study on well-being, as these words may mean similar things to women. The samples may be similar in that the current study excluded women who felt like they were not doing well during the menopausal transition. Women in the present study may define doing well differently than they define well-being, leading to a deeper understanding of how doing well and well-being may be similar or different among women throughout the menopausal transition. Notably, well-being was not defined by participants in Mackey’s study. They were recruited because they self-identified as having experienced well-being during the menopausal transition, although no explicit question was asked about what that meant to women. This question is an important addition to the current study, as the women who participate were asked to define the meaning of doing well during the menopausal transition.

While women from varying sociocultural contexts and ethnicities participated in Mackey’s (2007) study, no lesbian women were included in the study. All but one of the participants were married and mothers. Due to the way that sexual orientation, parental status, and romantic partnerships impact women’s experiences of the menopausal transition, a more
diverse sample would provide valuable insights into how women with a variety of life experiences and social identities do well during the menopausal transition. Because relationship status can impact women’s experiences of the menopausal transition, the current study was designed specifically to recruit participants who were not in a committed relationship throughout the menopausal transition. This design was implemented to further differentiate the investigation of women’s experiences of doing well during the menopausal transition from Mackey’s (2007) research and, simultaneously, to explore factors identified in the research as being significant in shaping women’s experiences of this transition.

Lastly, although Mackey’s (2007) study utilized a phenomenological approach, the research was conducted and published within the discipline of nursing. Given the biopsychosocial nature of the menopausal transition and the counselling psychology perspective focused on psychological growth and the normal developmental transitions which occur across the lifespan, research conducted from the perspective of a different discipline will add value and uniquely contribute to academic literature.

Summary

The extant literature reviewed above has provided evidence of the biopsychosocial nature of the menopausal transition, described what the experience of the transition can include for women, and explored the various factors that can shape the experience of the transition, including the severity of menopausal symptoms, satisfaction with reproductive choices and feelings about the ending of fertility, relationship and parental status, culture and ethnicity, expectations, information about the transition, and the support of others. To date, most of the literature has focused on how women cope with menopausal symptoms and the losses associated with aging and the ending of fertility (Dillaway, 2005; Ussher, 2006; Winterich, 2003). In my
review of the academic literature, only five studies have focused on exploring women’s experiences of doing well during this developmental transition (Brown et al., 2015; Doubova et al., 2012; Hvas, 2001; Mackey, 2007; Smith-DiJulio, Woods, & Mitchell, 2008). To distinguish the current research from the four quantitative studies reviewed above (Brown et al., 2015; Doubova et al., 2012; Hvas, 2001; Smith-DiJulio, Woods, & Mitchell, 2008), while addressing gaps in the literature, the current study was designed to explore women’s experiences of doing well via in-depth individual interviews during which participants were asked to reflect on their experiences of doing well during the transition. In contrast to Mackey’s (2007) research which primarily included married heterosexual women, the current study focused on the experiences of women who were unpartnered through the transition, and asked the participants to discuss their sense of how being unpartnered during menopause related to their experience of the transition.
Chapter Three: Methodology

“Phenomenological research has, as its ultimate aim, the fulfillment of our human nature: to become more fully who we are.”
(van Manen, 1990, p. 12)

Introduction

The purpose of this study was to explore unpartnered women’s experiences of doing well during the menopausal transition. This inquiry was guided by the following 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? Feminist phenomenology, the theoretical framework for this study, does not have a specific method of research, therefore I have selected van Manen’s (1990, 2014) approach to hermeneutic phenomenology both for its close alignment with the tenets of feminist phenomenology and its appropriateness as a method for the investigation of this research question. This chapter provides information about phenomenology, feminist phenomenology as a theoretical framework, van Manen’s (1990, 2014) steps of hermeneutic phenomenology, research participants, data collection procedures, data analysis, and methodological rigour.

Phenomenology

Before its development as a research method, phenomenology originated as a philosophical movement used to explore human consciousness, meaning, and experience (Dowling, 2007). Developed in the 20th century, phenomenology is a discipline within philosophy concerned with consciousness and life experiences (Moran, 2000). Phenomenology is both a way of thinking and an approach to investigating and understanding human experiences as they are subjectively felt and known (Spiegelberg, 1975; van Manen, 1990). Formally established through the work of Husserl, the origins of phenomenology can be traced back
further to the writings of Kant (1724 to 1804) and Hegel (1770 to 1831) who both wrote about existence, phenomena, and the experience of reality (Kafle, 2011; Spiegelberg, 1975). Phenomenology, or the study of phenomena, is about discovering the human experience and bringing it out into the open, exploring with wonder what is and in what way phenomena shows itself (van Manen, 1990).

To understand an experience is to understand what something is like, as lived in the first-person (Moran, 2000). Foundational to experience is consciousness, our own awareness of our experience, and the notion of intentionality, that our consciousness is directed towards something (Kriegel, 2013; Moran, 2000). A central tenet of phenomenology is that we are always conscious of or about something, and that our consciousness exists in relation to the thing we experience (Kriegel, 2013). We can also be intentional towards our own consciousness, being aware of or reflecting on our own experiences (Hickerson, 2007; Moran, 2000).

Our participation in life, with specific phenomena, is often referred to in phenomenological writing as lived experience (Moran, 2000; van Manen, 1990). While the words lived and experience may seem redundant in English, the original German holds greater meaning: erfahrung and erlebnis (Lash, 2000; The Blackwell Dictionary of Western Philosophy, 2004). Erfahrung means “to fare” and is both cognitive and active, indicating a person is doing something and gaining knowledge from it (Lash, 2000; The Blackwell Dictionary of Western Philosophy, 2004). Erlebnis means to be alive when something happens, a more passive representation of having been through something (Lash, 2000; The Blackwell Dictionary of Western Philosophy, 2004). When used together, these words are intended to capture how lived experience is simultaneously passive and active, cognitive and sensory, and subjectively and objectively known (Husserl, 1954; Lash, 2000).
Experience also includes sensations as they are felt and known through the body, such as sound, touch, and visual information, and can include our conscious thoughts about our sensations and the meanings we ascribe to them (Merleau-Ponty, 1962). To contrast Descartes’ dualistic hypothesis of a distinct mind and body, Husserl (1954) suggested that consciousness is situated in the body, or is embodied. The body is at the centre of subjective and conscious experience, both influencing and being influenced by thought. Through the body we can move through space and time, feel sensations, and share space with others in the world; only through the embodiment of our consciousness can life exist or be experienced at all (Merleau-Ponty, 1962). This notion of embodiment was expanded by Merleau-Ponty (1962), who articulated that the body is both something we have and something we are. This articulation denotes two manners of relating to the body: as object and as subject. As object, the body is reflected upon, related to, and used by self and others. As subject, the body is the site of experience, perception, knowing, and a sense of self. The role of the body in life experience is salient for understanding the menopausal transition as a biopsychosocial phenomenon, particularly considering how women may experience their changing body as both subject and as object. Menopause can impact how women feel about themselves (body as subject) and how women feel about their changing appearance or body functionality, including how others respond to their changing bodies (body as object).

In addition to his extrapolation of the notion of embodiment, Merleau-Ponty (cited in van Manen, 2014) proposed four existentials, or foundations, central to lived experience: spatiality (lived space); corporeality (lived body); temporality (lived time); and relationality (lived human relations). These four existentials act as themes of living, as seen in research-based and theoretical phenomenological literature, and direct our reflection on phenomena and the meaning
we give them (van Manen, 2014). These four existentials were used to guide an additional layer of analysis, providing avenues through which to explore how participants spoke about their experiences. For example, women spoke of temporality as they reflected on aging, their sense of passing time as identified by their changing body, how others treat them, and the ending of fertility.

All of life takes place within a particular context and time. In phenomenology, this concept is called the *lifeworld* (Husserl, 1954). According to Husserl (1954), the lifeworld is a person’s reality and is made evident through perception, memory, and body. The symbolic world of science, constituted by the systematic observation and reflection of the lifeworld, is distinguished from the lifeworld. Husserl articulated that the investigations that take place in the science world should be grounded in phenomena in the lifeworld.

**Phenomenology as a Methodology**

Phenomenology as a methodology can be understood as the study of phenomena, a Greek word meaning “to show itself” or “that which appears” (Moran, 2000, p. 279), and is about discovering the human experience and bringing it out into the open, exploring with wonder what *is* and in what way phenomena shows itself (Spiegelberg, 1975; van Manen, 1990). As a methodological approach with its own philosophical foundation and paradigmatic assumptions, phenomenology has the potential to contribute to the fullness of being human.

Husserl’s approach to phenomenological inquiry was rooted in the exploration of experience as the fundamental source of knowledge, and the thorough devotion to studying things as they appear (Dowling, 2007). To facilitate this process, he emphasized phenomenological reduction, an approach that literally seeks to “reduce the world as it is considered in the natural attitude to a world of pure phenomena” (Valle, King, & Halling, 1989,
Husserl argued that cognitive understanding about human existence is a departure from the pure experience itself: to move into reflection or thought concerning a phenomenon demands a shift away from the pre-reflexive and embodied knowing that is free from assumptions, interpretation, and explanation. As a result, Husserl proposed phenomenological reduction as a strategy to approach the phenomenon as closely as possible without the contamination of judgment, theorizing, or the influence of culture (Dowling, 2007). The process of phenomenological reduction is described by Parse (2001) as “coming to know the phenomenon as it shows itself” (p. 79) in an attempt to be free from prejudice. At its root, phenomenological reduction is about suspending thought and theory, judgment and explanation, in favour of attempting to describe the phenomenon in its essence. Husserl’s approach to phenomenology is now associated with descriptive phenomenology.

Husserl’s approach makes the assumption that reduction, or suspension of thought and explanation, is possible. While it appears as though Heidegger agreed with Husserl that phenomenology is the study of things as they appear, Heidegger proposed that in addition to focusing on pure description, understanding is also important in the exploration of phenomena (Dowling, 2007). Heidegger emphasized the inextricable nature of interpretation and description and the inability to describe while extracting our pre-understandings (defined as assumptions of which we are not always aware) (van Manen, 2014). Like phenomenology, life itself is a process in which all experiences are constantly interpreted through the lens of sociocultural assumptions, a person’s lived history, and his/her desires or expectations (Racher & Robinson, 2003). Later, French philosopher and child psychologist Merleau-Ponty (1962), proposed that phenomenology could be used to rediscover the primacy of perception. This entailed returning to an experience through the use of phenomenological reduction to see the experience as is, without the filter of
reflection or interpretation (Dowling, 2007, p. 134). He suggested utilizing the four existentials to provide direction for the phenomenological process, both through inquiry and writing: spatiality (lived space); corporeality (lived body); temporality (lived time); and relationality (lived human relations; van Manen, 2014).

**Hermeneutic Phenomenology**

The notion of ‘hermeneutic phenomenology’ goes back to the German philosopher Hans-Georg Gadamer, whose work built upon the phenomenological foundation laid by Husserl and Heidegger (Dowling, 2007). Gadamer suggested that pre-understandings are part of the lens through which phenomena are described, shaping our use of language and making reduction in its ideal form an impossibility (Kafle, 2011; van Manen, 2014). These pre-understandings shape our hermeneutic horizon, defined as the way that interpretation is constructed by a person’s history and shaped by how they are situated in relation to the phenomenon of interest. Although our horizons are not always known to us, awareness and integration of our horizons can take place through the process of truly encountering the *other* (Koch, 1999). We can come to a new and shared understanding and interpretation of a phenomenon through dialogue, and it is language that makes dialogue, and the exploration of our horizons, possible.

Descriptive phenomenology is rooted in the exploration of lived experience and operates under the assumption that the essence of a phenomenon can be discovered, and that description of the phenomenon without interpretation is possible. In contrast, hermeneutic phenomenology attempts to explore, understand, and interpret lived experience through the inescapable subjectivity of being human (van Manen, 1990, 2014). Interpretation—the meaning of the word *hermeneutic* is central to the process of hermeneutic phenomenology. Originally used for the study of sacred texts, hermeneutics is primarily a text-based process involving the in-depth and
repeated exploration of written accounts of lived experience (Dowling, 2007; van Manen, 2014). Rather than being seen as a distraction or contamination of the phenomenon, interpretation is a method of revealing greater understanding about a phenomenon (van Manen, 1990). Interpretation is not meant to capture the essence of a phenomenon, or imply that a phenomenon has an essence, but rather to reveal one of many possible facets of a phenomenon, adding to the richness and depth of understanding.

Emerging from the work of philosophers, hermeneutic phenomenology has become a method of inquiry used by a variety of academic disciplines where researchers engage in the practice of phenomenology to better understand phenomenon relevant to their field of study (van Manen, 2014). As described by Smith (1997), hermeneutic phenomenology is a methodology aimed at “producing rich textual descriptions of the experiencing of selected phenomena in the life world of individuals that are able to connect with the experience of all of us collectively” (p. 80). Hermeneutic phenomenology can help us deepen our knowledge of the experience and meaning of being human, enabling us to see it in a new way, or revealing different dimensions that we had previously been unable to understand (van Manen, 1990). The focus is depth, richness, and uncovering complexity and fullness without the illusion of accuracy or generalizability. Through this process, we can encounter meaning. Meaning is not easily accessible on the surface of stories; it is embedded in everything, and hermeneutic phenomenology is the “loving project of bringing all the living of life to meaningful expression through the imageries and languages of phenomenological writing, composing, and expressing” (van Manen, 2014, p. 18). According to van Manen (1990, 2014), the project of engaging in the practice of phenomenology as an approach to research is demanding, and requires the researcher to engage with conscious thought, affection, and the embodiment of existential wonder in a
manner far exceeding other methodological approaches. The process demands that the researcher enter into intimate relationship with the text, at times allowing him or herself to get lost in dialogue with the text (Sharkey, 2001).

In the hermeneutic branch of phenomenology, the notion of objective description without pre-understandings is rejected. Hence, becoming aware of pre-understandings and their influence on the hermeneutic process is important (Kafle, 2011). This awareness is accomplished through thoughtful exploration and acknowledgment of one’s pre-understandings as a researcher. (My own exploration is articulated later in this chapter.) In some approaches to phenomenological research, this process is identified as bracketing—identifying one’s own pre-assumptions and pre-knowings before beginning to explore the phenomena. Although identifying one’s pre-understandings is an important task, the act of acknowledging pre-understandings does not suspend them (Dowling, 2007; Koch, 1995), but rather makes them explicit (Kafle, 2011). Maintaining awareness of pre-understandings helps the researcher monitor how pre-understandings influence interpretation, and increases the trustworthiness of the research (van Manen, 1990).

**Feminist Phenomenology**

As mentioned in Chapter One, Feminist Phenomenology is the theoretical framework selected for this research. Feminist phenomenology is best understood as a theoretical framework centered on the exploration of women’s lived experiences, and developed in response to phenomenology as a wider discipline. Feminist researchers have been critical of the way that women’s experiences have historically been studied from a patriarchal, positivist, or post-positivist framework with limited emphases on women’s descriptions and interpretations of their own lives and experiences (Garko, 1999; Grosz, 1994; Rutherford, 2011). The tradition of
phenomenology has provided valuable ways of investigating people’s experiences, including the experiences of those who are oppressed, marginalized, or silenced (Alcoff, 2000; Kall & Zeiler, 2014). Yet some feminist theorists have been critical of phenomenology for its abstraction and its indifference towards both the social and political factors that impact the lifeworld and the manner in which these factors influence the experiences of people who are oppressed or marginalized (Fisher, 2000a). Further, phenomenology has also been criticized for neglecting to explore the uniqueness of women’s experiences and the particular way that these experiences are embodied rather than entirely cerebral, as often portrayed in some streams of phenomenological writing (Fisher, 2000a; Grosz, 1994). Although the work of Merleau-Ponty has been instrumental in situating lived experience within the body, according to Fisher (2000a, 2000b), his work does not specifically address the uniqueness of women’s embodied experiences and the social construction of gender in shaping these experiences (Piran & Cormier, 2005). Merleau-Ponty’s work is also associated with the more descriptive branch of phenomenology (Rockmore, 2011) -- the branch of phenomenology associated with uncovering the essence of things within a post-positivist framework (Hill, 2009). Grosz (1994) and Young (2005) suggest that feminist phenomenology adds to his theory by explicitly stating the social and political context within which these lived body experiences occur, and exploring how the social construction of women’s bodies impacts their experiences of the lived body.

The investigation and understanding of women’s life experiences are important within feminist theory and research, as the silencing of women’s knowledge and ways of knowing is considered to be a symptom and symbol of women’s oppression (Belenky, Clinchy, Goldberger & Tarule, 1986; Garko, 1999; Stanley & Wise, 1993; Young, 2005). Stanley and Wise (1993) have suggested that women’s experiences must be explored through women’s own language and
that research about women’s lives must focus on what matters to women themselves. Feminist phenomenology, as a distinct branch of phenomenology, has two primary foci. First, it seeks to explore the lived experiences of women in an attempt to increase knowledge and understanding about these experiences and the meaning women attribute to them. Second, focus is placed on returning to phenomenological texts and critiquing them for being overly focused on male experiences, neglecting to consider how gender impacts lived experience, and considering only one perspective to be the norm (Fisher, 2000a, 2000b; Ryman, 2013).

As Garko suggests (1999), the understanding of lived experiences is crucial to both feminist theory and phenomenology. While a primary value of phenomenology is the exploration of neglected and misinterpreted experiences, feminist theories provide a politically situated enrichment to phenomenology by demanding an examination of the ways sociopolitical oppression influences women’s lives and contributes to the lack of knowledge about their experiences (Fisher, 2000a, 2000b; Kall & Zeiler, 2014). Feminist phenomenology emphasizes how the body, sexuality, gender, ethnicity, and race, among other variables, are important to consider, and inform phenomenology as a philosophical practice (Alcoff, 2000; Grosz, 1994; Kall & Zeller, 2014). This perspective also highlights the role of social power in influencing lived experiences. Phenomenology, more broadly, suggests that power is constructed based on what is most visible, shaping what is considered both normal and ideal in a particular lifeworld (Martin, 1987). When experiences are made invisible, either unintentionally or intentionally, they have less power socially (Martin, 1987). Consequently, feminist phenomenology is designed to be corrective of oppression by making visible those whose life experiences have been systemically silenced or devalued (Fisher, 2000a, 2000b; Young, 2005).

The identification and critique of “bodily self-alienation, and experiencing oneself as
other to oneself as normative for women’s ways of being in the world” (Kall & Zeiler, 2014, p. 8) is of particular value within feminist phenomenology. As stated by Simone de Beauvoir (2011), under patriarchy a woman *is* her body but her body is something other than *herself*. As a theoretical framework, feminist phenomenology works to explore and critique the social discourse that facilitates this body/self-alienation (Grosz, 1994; Kall & Zeiler, 2014). In this research study, this theoretical lens will be helpful for exploring and critiquing how women have found a way to negotiate the menopausal transition and how it relates to their experience of body/self-alienation.

Feminist phenomenologists suggest that women’s body/self-alienation is often visible where identity and (lack of) social power intersect, and that the lived experience of people at these intersections is worth exploring (de Beauvoir, 2011; Kall & Zeiler, 2014; Young, 2005). In this theoretical perspective, identity is understood as the way a person experiences himself or herself, and the meaning attributed to that self-experience. This information provides additional rationale for this study, as women during the menopausal transition have long been considered to have less social value within patriarchal contexts (Bordo, 2003; Cimons, 2008). This loss of social value due to the fact that their bodies are no longer youthful or fertile may impact some women’s sense of embodiment and/or identity. Alternately, for women who feel they did well during the menopausal transition, this loss may not be present. Consequently, this theoretical framework is particularly interested in examining how women are able to experience a sense of well-being while navigating changes to their bodies and identities during the menopausal transition and within their particular lifeworld.

As stated by Kall and Zeiler (2014), “feminist phenomenological descriptions of women’s experiences play a crucial role in dismantling what passes as universal and essential to
human experience as reflecting only a limited group and thereby enriching our understanding of the scope and structures of human experience” (p. 6). Additionally, a focus on the body has provided:

- a useful starting point in examinations of how the singular body, that is, the body as unique and different from other bodies, with particular sex, of a particular age, race, ethnicity, and ability can form and inform our embodied selves and influence our ways of interacting with others in the world. (Kall & Zeiler, 2014, p. 1)

This perspective is important for demonstrating that difference does not always indicate pathology, especially when considering how different areas of women’s lives intersect to compound experiences of oppression. Through inquiry into the lives and experiences of women and other marginalized groups, the definition of human experience can be broadened and some of the oppression perpetuated through the pathologization of the female body can be undone (Grosz, 1994; Young, 2005). Feminist phenomenology can provide a better understanding of bodily and medical-related experiences such as illness, pain, health, hormones, body alienation, pregnancy, birth, and aging (Grosz, 1994; Kall & Zeiler, 2014). Given that, historically, the patriarchal and medical discourse surrounding women’s bodies during menopause has considered them to be pathological or inadequate compared to the male body, this theoretical framework is particularly useful when asking questions about the meaning and experience of health and illness in the lives of women (Cimons, 2008; de Beauvoir, 2011; Grosz, 1994; Young, 2005).

The original feminist phenomenological work included the writings of Edith Stein in the 1930s, Simone de Beauvoir’s writing from the 1940s, and Hannah Arendt’s contributions in the 1950s (Simms & Stawarska, 2013). Contributions to the discipline of feminist phenomenology
have grown within the last 20 years (Simms & Stawarska, 2013). Recent additions to this theoretical framework include works like *Phänomenologie und Geschlechterdi erenz* by Stoller and Vetter (1997), *Volatile Bodies* by Elizabeth Grosz (1994), *Feminist Phenomenology* by Fisher and Embree (2000), and the work of Iris Marion Young (2005), *On Female Body Experience: “Throwing like a Girl” and other Essays*. While these works are all focused on feminist phenomenology, they are interdisciplinary in nature (Simms & Stawarska, 2013).

As stated above, feminist phenomenology is primarily focused on analyzing historical texts through a feminist lens and conducting phenomenological research about the lives of women and others who have been oppressed and silenced (Fisher, 2000a, 2000b; Ryman, 2013). Feminist phenomenological research is oriented around the principle of privileging the voices of the participants, both in the design of the study and in the analysis. This entails listening to what is meaningful for the individuals included in the research, using those priorities to develop the research, asking the participants to comment on the text, and giving them the final say about what is included in the text to ensure that what is captured by the researcher accurately reflects the participants’ experiences (Garko, 1999; Stanley & Wise, 1990; 1993). The research is also characterized by a non-hierarchical relationship between researcher and participant, with emphasis placed on the participant’s interpretations, meanings, insights, feelings, and values (Baird & Mitchell, 2014; Stanley & Wise, 1990). Within feminist phenomenological research, the researcher is expected to be reflective concerning the ways privilege and power, as defined by sociocultural context such as race, level of education, and socioeconomic status, impact the researcher’s interactions with the participants and interpretation of the participants’ experiences (Stanley & Wise, 1990).
The absence of a specific methodology for this theoretical framework necessitated the selection of a methodological approach that would be most appropriate for answering the research question, while valuing the principles of feminist phenomenology as discussed above. For this task I elected to use van Manen’s (1990, 2014) approach to hermeneutic phenomenology (discussed in more detail below). In order to adhere to the tenets of feminist phenomenology, it was important for me as a researcher to be cognizant of the broader sociopolitical discourse related to menopause throughout the entirety of the study. My desire was to be vigilant regarding the particular ways in which oppressive messages shape my own thoughts, behaviours, and feelings about menopausal women and their bodies, as well as the extent to which these messages shaped the participants’ thoughts, behaviours, and feelings about their own menopausal bodies and appearances (Piran & Cormier, 2005). Both before and throughout the research process, I continually reflected on how my social power (i.e. race, education, socioeconomic status) might be influencing my treatment of the data collection and analysis. I included these thoughts in my section detailing my pre-understandings and reflected on them prior to conducting the research interviews and during the process of analyzing and writing on the themes. Throughout the entirety of the study, I was attuned to the ways that the sociocultural messages about what characterizes desirable women, and the medicalization of menopause and focus on symptoms and losses, influenced the meaning and experience for participants of doing well during the menopausal transition. I also sought to be aware of my life experiences and the influence these had on the design of the study, my interactions with the participants, and my interpretation of the data.

More specifically, in an effort to minimize the power hierarchy between researcher and participant, during the data collection interviews I endeavoured to use language which was
appropriate given the participant’s socioeconomic status and level of education, and I dressed in comfortable clothing which was professional and yet unassuming. Most importantly, throughout my interactions with the women in the study, I strove to treat them as experts of their experiences (Jaffee, Kling, Plant, Sloan, & Hyde, 1999) in an attempt to learn more about the experience of doing well during the menopausal transition as lived and interpreted by the women themselves. This included returning their bio-synopses to the participants, providing a draft of the common themes, and conducting a second interview prior to finalizing the common themes to ensure the women felt the written themes and bios accurately reflected their experiences. It was my goal throughout the research process to privilege the subjective experiences and realities of the 10 women in this study over my own assumptions and beliefs.

More specifically, feminist phenomenology informed all aspects of this study, including the research question and phenomenon of interest, participant recruitment and data collection procedures, the selection of van Manen’s (1990) qualitative method of hermeneutic phenomenology for the analysis of the interviews, and the procedures employed to ensure the trustworthiness of the study and findings. I chose to interview unpartnered heterosexual and lesbian women in order to facilitate the telling of women’s stories which are not often told, thereby contributing more varied narratives of the menopausal transition to theory and academic literature. I aimed to approach the interviews with curiosity, relational warmth, and openness to the women’s ideas and lives, valuing the participants as experts of their experiences and recognizing that I am an outsider to this phenomenon. The acknowledgement of my role as a researcher, and the power and privilege associated with that role, included an awareness of my participation in the co-construction of themes. My interpretation of the participants’ stories could not be extracted from the iterative process of analysis which began during the interviews with the
participants and continued through every phase of the research. Instead, the interpretations of the participants combined with my own to co-construct what is known about this phenomenon. Theoretically, this co-construction began during the interview stage when I initially heard participants’ stories as told in their own words, and more specifically occurred during the analysis and writing of the data as I continued to formally interpret the participant’s experiences. I also sought to interpret the interviews through a feminist phenomenological lens; I was mindful of how gender scripts and sociocultural messages of menopause impacted the participants’ interviews, including what was not said in the participants’ interviews. Feminist phenomenology also influenced my treatment of the data. I sought to value each participant by protecting the confidentiality of the data and by seeing the data as something belonging to an embodied person, not an object. For example, I referenced the participants by their chosen name rather than a participant number. I then returned the data to the participants for their feedback to ensure they felt that the analysis of their stories represented their experience of the phenomenon of doing well during the menopausal transition.

**Research Paradigm**

To best engage in the process of hermeneutic phenomenology as a research method, a researcher must make a number of epistemological and ontological assumptions. Instead of ignoring these assumptions or naively denying their existence, paradigmatic assumptions about the nature of truth and knowledge must be named explicitly in order to conduct sound research (Creswell, 2003; Lincoln & Guba, 2000). Unlike other forms of phenomenological research, van Manen’s (1990, 2014) hermeneutic phenomenology is situated within the constructivist paradigm and was developed by theorists critical of post-positivist research. van Manen (2014) states that “true, inquiries—such as deconstruction, social constructivism, gender analysis,
postmodernism, and chaos theory—have been formulated to break the shackles of foundationalism, positivism, and modernism” (p. 18).

As noted in the comparison between descriptive and hermeneutic phenomenology, constructivist approaches to research reject the notion of objectivity and the possibility of suspending one’s own pre-understandings (Mertens, 2010). Instead, unique and individual interpretations of experience are valued and made explicit. While a post-positivist paradigm searches for the essence of something, hermeneutic phenomenology is driven by questions about how things appear (Dowling, 2007; van Manen, 1990).

The use of the word *phenomenon* implies that a thing, with an essence, can be objectively studied or known. However, from a social constructivist perspective, a phenomenon is seen as a construct. Constructs are created using language, impacted by sociopolitical contexts, and reinforced repeatedly within cultures until people tacitly agree to act as if the construct actually exists (Marecek, Crawford, & Popp, 2004; Pinker, 2002). All of these sources of influence, working together, give the illusion that the phenomenon is *a real thing*.

Hermeneutic phenomenology assumes that our exploration of things as they appear or are experienced can never be removed from our own meaning-making and interpretations (Dowling, 2007; van Manen, 1990). In this way, knowledge, truth, and meaning are considered to be constructed rather than objective and static (Mertens, 2010). When conducting research using hermeneutic phenomenology, this co-construction inevitably occurs between researcher and participant. Together, through the research dialogue, they come to new horizons and new constructions of meaning and reality.

In order to outline the paradigmatic assumptions underlying his approach to hermeneutic phenomenology, van Manen (2014) observes that understandings and knowledge of the earth,
space, and particles of matter have changed over time. He concludes that even the study of things that are perceived to be objectively measurable and real must be understood as constructions. He also warns against the assumptions that essences of human experience exist. This is particularly key when investigating human experiences, as experiences are inextricable from our interpretations of them, and interpretations are shaped within our social contexts.

As a paradigm, constructivism also posits that humans are active participants in the construction of meaning in their lives, although this process is influenced by sources outside of our control such as sociocultural attitudes (Creswell, 2003; Mertens, 2010). Feminist phenomenology emphasizes that patriarchal attitudes about women and minority groups affect how certain experiences are valued or devalued socially, and how individuals interpret and attribute meaning to their experiences (Young, 2005). Feminist phenomenology goes beyond mainstream phenomenology to emphasize that human experience is not only a cognitive endeavour but is situated within the body (Kall & Zeiler, 2014, Young, 2005). Both Young (2005) and Grosz (1994) warn that we must not use phenomenology to attempt to capture foundational experiences as essences, particularly when those experiences concern the body. After all, the meaning and value attributed to bodies is constructed differently depending on context and social power. Given that this study is primarily focused on the body and uses feminist phenomenology as a constructivist framework, the exploration of women’s experiences and interpretations, particularly when concerning their bodies, must be conducted from a perspective that acknowledges the wider sociopolitical influences. The acknowledgment of this sociopolitical influence occurs theoretically in presenting the phenomenon of interest in Chapters One to Three, while also shaping the analysis of the participant’s stories and the presentation of the data and the discussion of the findings in Chapters Four and Five.
van Manen’s Approach to Hermeneutic Phenomenology

The theoretical foundation described above informs hermeneutic phenomenology as a research methodology; however, there is no single agreed upon methodological technique or process within hermeneutic phenomenology (van Manen, 1990). van Manen (1990) proposed the following principles: attention to participants’ experience of a phenomenon as described in their own language, research reflection and insightfulness, and a nonjudgmental approach to exploring phenomenon. While van Manen (2014) offered several suggestions to guide the research process, he explicitly stated that, as a method of inquiry, hermeneutic phenomenology is more complex than a series of structured algorithms for acquiring knowledge. Instead, phenomenological research is like “surrendering to a state of wonder” (p. 27); the researcher begins with a curiosity about life and how something (a phenomenon) is revealed. van Manen also describes hermeneutic phenomenology as the “attempt to accomplish the impossible: to construct a full interpretive description of some aspect of the lifeworld, and yet to remain aware that a lived life is always more complex than any explication of meaning can reveal” (1990, p. 18). In light of the complexity of conducting hermeneutic phenomenological research, van Manen’s approach remains a series of suggestions that cannot ever capture the spirit of embodied wonder and curiosity that drives a researcher to pursue research in this manner. The method is not what ensures a researcher is engaging in phenomenology. Rather, the researcher’s commitment and desire to explore a phenomenon is what facilitates the process of hermeneutic phenomenology.

Instead of working from the paradigmatic assumption that the essence of an experience can ever fully be known, this methodological approach offers an invitation into understanding phenomenon with depth and richness, and aims to complexify existing knowledge of the human experience. Because little is known about doing well during the menopausal transition, this
method is particularly useful for the purposes of investigating the phenomenon and understanding the current conceptualization of how women navigate this developmental experience. To better understand the experience and meaning of doing well during the menopausal transition, I used van Manen’s (1990, 2014) six-step approach to hermeneutic phenomenology, which provided structure to the exploration of this phenomenon while still providing the opportunity for researcher flexibility.

**Steps of Hermeneutic Phenomenology**

The following is an overview of the six steps to engage in hermeneutic phenomenology as a method of inquiry proposed by van Manen (1990):

1. Turning to a phenomenon of interest that commits us to the world
2. Investigating experience as we live it, rather than as we conceptualize it
3. Reflecting on the essential themes that characterize the phenomenon
4. Describing the phenomenon through writing and rewriting
5. Maintaining a strong oriented stance towards the research question
6. Balancing the research context by considering parts and the whole

Although presented numerically, as if to imply a sequential and mutually exclusive linear process, a dynamic interaction exists between these stages as they influence and shape each other reciprocally. For this reason, some researchers may prefer to call these research activities, rather than stages. Unlike a series of independently functioning stages, they are overlapping and often build upon one another. According to van Manen (1990), a researcher never stops engaging with step one, even while proceeding to step two, and so on. For example, **step one: turning to a phenomenon of interest**, in this case the experience of doing well during the menopausal transition, provides the foundation and direction for **step two: investigating a lived experience**.
Step One: Turning to a phenomenon of interest. The process of turning towards a phenomenon of interest is the task of asking oneself as a researcher: What is a phenomenon of interest? This process involves identifying what one feels called, or compelled, to investigate, and from that embodied and personal place, forming a research question. As evidenced by van Manen’s (1990) description of step one, even this early stage of research is not disembodied and is a project that emerges from a person who has a particular life experience, context, and circumstance. The phenomenon must be related to human experience, which influences the guiding question in an effort to explore in a specific way what it means to be human. Engaging in a phenomenon of interest using a hermeneutic approach to phenomenology also requires an exploration of pre-understandings. The researcher must make explicit his or her assumptions and lived experience as these assumptions have guided and will influence the exploration and interpretation of the phenomenon of interest.

In alignment with the use of feminist phenomenology as a theoretical framework, my phenomenon of interest is based on my value of women’s experiences and my desire to explore experiences that have been largely neglected within mainstream psychological and phenomenological inquiry. Feminist phenomenology views the body as central to lived experience, and therefore I am interested in investigating women’s experiences of their bodies as they age and change--particularly when historically this change has been an area of oppression, silencing, and pathologization (Grosz, 1994; Piran & Cormier, 2005). I chose to investigate women’s experiences of the menopausal transition, and in doing so join with other feminist phenomenological researchers to give social power back to women through making visible their lived experiences. In the next section of the chapter I will discuss my presuppositions about the complexities of doing well during the menopausal transition, as written before the collection and
analysis of the data occurred, and how these may have a role in shaping my interpretations of the participants’ stories.

**Step Two: Investigating a lived experience.** The second research activity is the process of investigating the phenomenon of interest in order to have thorough and renewed contact with it. The word “data” means “given” (van Manen, 1990, p. 54), just as the word “phenomenon” means “that which is given to be seen” (Moran, 2000, p. 279). While this notion includes the classic conception of gathering data in which information about the phenomenon is collected, it also includes the stance a researcher takes to be fully immersed in the phenomenon as lived by the people who experience it. In the case of this research study, data collection occurred in the traditional sense, through in-person, open-ended interviews with participants. These open-ended interviews began by asking the participants to share their experiences of the menopausal transition as situated in their life story. Participants were then asked to describe their experiences of doing well during the menopausal transition—the phenomenon of interest—and to explain in more depth their own interpretation of what doing well during this transition means to them. (This is also known as a lived experience description.) Finally, I returned the completed analysis to the participants to gather their reflections on the preliminary findings and ensure that I had represented their experiences appropriately.

Investigating a lived experience may also include exploration or observation of the phenomenon, such as seeking out art related to the phenomenon, searching literary texts for descriptions, and giving attention to the words used to describe the phenomenon (or the etymology of the words used themselves). I began this aspect of investigating the lived experience of the menopausal transition informally, before the design of the study was finalized, and continued after the completion of the writing of the research findings. However, this was not
something the participants were asked to engage in. While I conducted the literature review and prepared for the interviews, and through the duration of data collection and analysis, I sought out the published prose and poetry of women who have written about their experiences of the menopausal transition. Because women’s lived experiences in their bodies as they age are understood to be valued or devalued based on their social context, I also explored popular media addressing the menopausal transition, including images and advertisements on the internet, in magazines, and on TV, so as to better understand the lifeworld of the participants.

In order to conduct the second step from a feminist phenomenological perspective, I sought to respond to several practical issues central to feminist research that are not as well represented in van Manen’s model. One aspect of this response involved taking measures to value the participant as the expert and making participation in the study as accessible as possible (Mertens, 2010; Naples, 2003; Reinharz, 1992). To do this, I invited the participants to choose a setting for the interview which was most suitable and comfortable for them (Mertens, 2010). I provided opportunities for the interviewee to question me--as the interviewer--and the research process as needed (Mertens, 2010), and finished the interview with a debrief of the interview process. I also chose to conduct interviews face-to-face to establish rapport and relational safety through an in-person experience (Mertens, 2010). Lastly, I conducted a second interview in which the interviewee could review my interpretations of the interview and share her reflections and insights about the findings and the process (Mertens, 2010). Although these specific approaches were not included in van Manen’s six steps, I made these efforts to uphold the feminist phenomenological values which form the foundation of this study.

**Step Three: Reflecting on essential themes.** To conduct analysis of the data gathered during step two, van Manen (1990) proposes three approaches for isolating essential themes: (a)
a close reading of the text, either one sentence or a few sentences at a time to assess what the particular section of text reveals about the phenomenon; (b) highlighting select passages of text based on their significance in relation to the phenomenon; and (c) stepping back to view the text as a whole and noticing what emerges as notable when observed in its fullness.

Although not specifically stated in van Manen’s description of the third step, a feminist phenomenological perspective identifies that women’s experiences have often been silenced and devalued (DeVault & Gross, 2012). Conducting qualitative research from a feminist perspective requires the researcher, when considering the text, to be sensitive to what is not said. As stated by DeVault and Gross (2012),

one of feminism's central claims is that women's perspectives have often been silenced or ignored; as a result, feminist researchers have been interested in listening for gaps and absences in women's talk, and in considering what meanings might lie beyond explicit speech. (p. 217)

Again, although not included in van Manan’s steps, as part of maintaining a feminist approach to conducting research, I sought to listen for what was not said in addition to what was said.

**Step Four: Describing the phenomenon through writing.** Writing during the process of hermeneutic phenomenology is emphasized both as an integral part of analysis and as a valued method of presenting emerging themes from the gathered data. Writing includes the researcher’s own experience of the phenomenon as encountered through the descriptions of the participants, collected in a research journal, and used by the researcher throughout the investigative journey. The purpose of writing down participants’ experiences is to capture their experiences as they were lived. Through writing about one’s own impressions as a researcher and spending time immersed in reading and writing about participants’ experiences, the true description of the
phenomenon begins to reveal the meaning and experience. Throughout the research process, my research journal has been an avenue to explore my pre-understandings and early encounters with the phenomenon through conversations with women in my life about their experiences (see the later section within this chapter where I discuss my pre-understandings). During data collection, I made use of a research journal to record my experiences of the phenomenon through the process of interviewing participants. The information in the research journal helped me become even more aware of how my pre-understandings emerged during the stages of analysis, and provided an avenue to continue to reflect and keep track of questions and insights as they emerged in the analysis and writing stages.

**Step Five: Maintaining a strong oriented stance towards the research question.**

Throughout each of these steps, I endeavoured to remain focused on the research question. The heart of the process must always aim to discover the meaning and experience of the phenomenon of interest—in this case, doing well during the menopausal transition—and the researcher must guard against distraction or superficiality. For this reason I kept a research journal to encourage my ongoing reflexivity, started the interview and the analysis of the text by reminding myself of the research questions and the purpose of the study, and had ongoing consultations with my research supervisor during the process.

**Step Six: Balancing the parts and the whole.** To consider the parts within the whole means to engage in the hermeneutic circle. The hermeneutic circle is a metaphor for how researchers take parts of the phenomenon, or individual stories, to increase their understanding of the phenomenon as a whole. This deepened understanding of the whole then influences the investigation and understanding of the parts. As the researcher, I sought to go around the metaphorical circle of the parts and the whole within the stories of the women in the study, until
my understanding of the phenomenon of doing well during the menopausal transition deepened (van Manen, 1990). This step can also be understood through the metaphor of horizons, used earlier to describe how one is situated relative to the phenomenon. Through encounters with descriptions and experiences of the phenomenon, my horizons were changed—I continued to move to new positions in the landscape until I had a more complete and varied understanding of the meaning and experience of doing well during the menopausal transition for the women in the study. Although it may seem as though the hermeneutic circle could go on indefinitely, Laverty (2003) suggests that the hermeneutic circle is complete when the researcher senses that “sensible meaning, free of inner contradictions, for the moment” has occurred (p. 9).

**Rationale for Choosing Hermeneutic Phenomenology**

Using a feminist phenomenological framework, I chose to investigate the meaning and experience of doing well during the menopausal transition for women who were not in a committed relationship throughout the transition. As little is known about this phenomenon of interest within this specific population, a qualitative and phenomenological approach is well-suited for this inquiry. As stated previously, no one specific methodological approach has been articulated in relation to conducting research from a feminist phenomenological theoretical framework. Thus, I selected van Manen’s (1990, 2014) approach to hermeneutic phenomenology as an appropriate method for investigating this phenomenon. I decided that this method would best help me answer the research question, yielding a deep and rich understanding of how this phenomenon is lived and understood by the participants while adhering closely to the tenets of feminist phenomenology. Specifically, van Manen’s use of the body in exploring subjective experience, the integration of Merleau-Ponty’s four existentials (van Manen, 2014), and his explicit declaration of his interpretative phenomenological approach as situated within a
constructivist framework, overlap well with feminist phenomenology (Fisher, 2000a, 2000b; Grosz, 1994; Young, 2005). Together, the theoretical framework and the methodological approach provide perspectives that will “unveil and scrutinize taken-for-granted and in the sense ‘hidden’ assumptions, beliefs, and norms that we live by, that we strengthen by repeated actions and that we also resist, challenge, and question” (Kall & Zeiler, 2014, p. 1-2). Elucidating women’s experiences of doing well during the menopausal transition is, then, about the exploration of an under-researched phenomenon and about supporting power for women and their experiences by making them visible, as understood through their own perspective.

Considering the biopsychosocial nature of the menopausal transition and the social construction of its meaning and experience, hermeneutic phenomenology offers important guideposts to investigating the complexity of this phenomenon. Although more associated with the descriptive branch of phenomenology (Rockmore, 2011), the four existentials described in the work of Merleau-Ponty (1968, 2012) provide a compelling framework through which to explore women’s experiences of doing well during the menopausal transition. These are, as mentioned above, spatiality, corporeality, temporality, and relationality. Spatiality, also known as lived or felt space, is the landscape of our existence: where we spend our time and how that shapes who we are and what our life is like. For example, having menopausal hot flashes in an office space shared with middle-aged men might be experienced and interpreted one way, while having a menopausal hot flash in one’s home, or with a group of close female friends who are also dealing with hot flashes, might be experienced and understood differently. A feminist phenomenological framework is helpful for understanding how certain spaces, as they are influenced by and associated with particular narratives of power, gender, and value, may shape women’s interpretations and experience of the phenomenon.
Lived space is experienced through the lived body, our *corporeality*. Our corporeality means that, although we also possess a brain and cognitive processes, we are always a body in the world. Through our body our thoughts can exist and as a person we are seen by others and can interact with them. Bodily changes through the menopausal transition may alter the way a woman is seen or observed by others, which may also impact how she thinks and feels about herself and the world. For one woman, changes in the physical body due to menopause may bring awareness to her body in a new way, while for another woman menopausal changes may allow her to feel free from previous preoccupation and concern with how her body might be perceived or judged by others. As the body has been a site of oppression for women, feminist phenomenologists suggest that the social construction of women’s bodies influences our experience of our corporeality (Grosz, 1994; Young, 2005).

*Temporality*–also known as lived time–is the person’s felt sense of the clock of life and his or her contemplations of what is now, relative to what is past and what is future. Through the menopausal transition, women may begin to reflect on time, realizing the impending nature of death, grieving over the lost time of their youth, or having a renewed sense of interest in making their remaining time worthwhile. How women interpret and experience time, particularly as it relates to their changing bodies, is also influenced by their sociocultural context and what it means to get older as a woman (Hall et al., 2007; Young, 2005).

Finally, *relationality* (lived relationship) is how life and existence occur in dialogue with those around us. As relational beings, the meaning and experiences of our lives are socially constructed through the interactions we have with our community. During the menopausal transition, a woman may find herself interpreting her experiences through the lens of those around her. She may wonder how her mood fluctuations are impacting her experiences of dating.
She may compare her symptoms with those of her family members and friends, finding solace in how others are experiencing the same thing (thereby normalizing her own experiences) or how others are reporting a more difficult transition (leading the woman to feel fortunate that she is experiencing an “easier” menopause). Because the focus of this study was on a sample of women who were un-partnered throughout the transition, the acknowledgment of relationality as a component of experience added to the strength of this research method. Feminist phenomenological theory views how women experience and interpret romantic relationships, and their friendships with other women, based on the gender role socialization of girls and women (Young, 2005).

Additionally, I have chosen to use hermeneutic phenomenology because of the dialogical process of discovery and interpretation in which I join with participants in exploring the phenomenon. The use of a curious, nonjudgmental approach to discovering the nuances and complexities of an important female experience, such as menopause, makes it an appropriate fit within the discipline of counselling psychology. The findings from this investigation have the potential to yield results of great depth and richness, contributing to our understanding of what it means to be human (van Manen, 1990).

**Pre-understandings**

Articulating pre-understandings is central to using hermeneutic phenomenology as a research method. Therefore, before data collection and analysis, I began a process of engaging in thoughtful reflection about my own pre-understandings related to women’s meaning and experiences of doing well during the menopausal transition. This process included regular journaling and reading on the topic, and engaging in conversation with others: the members of my dissertation committee; my premenopausal peers; and other older women who have already
been through the menopausal transition. Through these activities of personal and dyadic reflection, and through exploration of the primary values of feminist phenomenology, I came to identify several areas of pre-understanding. These shaped my desire to learn more about this phenomenon—a desire which, undoubtedly, shaped my interpretation of the meaning and experiences of the research participants in the study. The pre-understandings I identified in the proposal stage of this research are included in their original written form as follows.

All of my pre-understandings of which I am aware, and unaware, are shaped by my experience of privilege as a Caucasian woman pursuing advanced education. Factors such as the colour of my skin, the level of my education, and my Western context in a first world country, contribute to my awareness that I will never have to live through certain life experiences and forms of oppression and, consequently, will never fully grasp or completely understand them. This privilege may limit my ability to understand the experiences of women of colour or different ethnicities who choose to participate in this study, as they likely will have experienced complex and varied forms of oppression that I will never experience and can, for now, only learn about as an outsider. It may also limit participants’ willingness to share their experiences with me. They may feel that I will never fully and completely understand the oppression they have known because of my position as a white, educated woman, despite my clear interest in learning about their lives and experiences.

My age and limited life experience compared to the participants is also worth considering: as a young woman (29 at the time of writing these words), I am closer to the socially constructed feminine ideal of youthfulness as one component of desirability and social value. My age may act as a barrier to some older individuals who may not view me as a credible researcher or someone who can relate to their mid-life experiences and challenges. My age may
affect participants’ willingness to share their experiences with me. They may see me as an outsider—someone who has not experienced the phenomenon for myself—and this may influence which aspects of their stories they focus on, and their comfort level with the aspects of their stories they choose to share. Some participants may also engage in a form of self-silencing, choosing not to share with me the stories they feel would only be understood or appreciated by someone who has also been through menopause. Conversely, some women in the study may enjoy educating a younger, premenopausal woman about their experiences, which might present a different perspective of the phenomenon than sharing experiences with a peer. My age also influences my inability to understand which concerns and issues are most salient to women regarding this phenomenon, and thus may influence the direction the interviews take. I may not even be aware of the issues that are most significant regarding this phenomenon and will need to be vigilant in allowing participants to tell their stories, fully and without imposition or interruption, in an attempt to thoroughly capture all aspects of the phenomenon that are important to the women in the study.

I am aware that as a premenopausal woman, I do not have the lived experience of menopause and therefore lack the depth, richness, and experiential knowledge of having made that transition myself. Up until this point, my only experience with the menopausal transition has been through hearing the stories told by other women and viewing the social portrayal of menopause in media. Although I was living in my parents’ home at the time that my mother was menopausal, she did not discuss it openly with anyone, myself included. Never did she report having a hot flash or feeling hormonal or moody, as is talked about by other women I have since come to know. While investigating my pre-understandings of the menopausal transition, I recently spoke at length with my mother about when and how she experienced menopause. For
the first time we spoke about menopause as two adult women. Having given birth to me in her mid-40s, she began menopause not long after, with fluctuations in her menstrual cycle beginning in her early 50s. She reported never experiencing a single hot flash (as was also the case with my grandmother) or any noticeable weight gain, but she did report severe mood changes and emotional lability, which she referred to in our conversation as “the emotional craziness.”

Hearing my mother’s account of the menopausal transition provided me with deeper understanding of my mother and her experiences. When compared to what I had seen, heard, and assumed about menopause (described below), it was a reminder of the potential range of menopausal experiences among women. The range of menopausal experiences is known to be wide, undoubtedly shaping how a woman transitions through menopause and explaining why she may do well as a result. The absence of conversation between myself and my mother regarding her own experience of the menopausal transition is also important to note, teaching me how menopause and its symptoms are often silenced, hidden from others by women themselves.

Before beginning to research existing qualitative accounts of the menopausal transition, I inevitably associated this transition with irritability caused by hormonal fluctuations, weight gain, night sweats, irregular menstruation, memory issues, and hot flashes. It seemed to me like a second puberty of sorts in which the body (with a will of its own) changes without any consent from its owner. However, I believed that the experience might be manageable, and that through these experiences of body change a woman might be able to come to a place of greater self-understanding and appreciation.

Based on my preliminary investigation of existing research with menopausal women, my current understanding entails considerable variability in the symptoms and experiences of the menopausal transition. As a truly biopsychosocial process, my understanding is that many
mediating factors (including sociocultural context, existing health issues, and attitude towards the transition) influence the experience of the transition. For some women, menopause may be a positive experience, while for others it may be perceived as an inevitable experience with the possibility of some biopsychosocial gains and losses.

In my personal life, I identify as a feminist. The theoretical framework of feminist phenomenology informs my understanding that women’s experiences—particularly of the lived body—exist in a sociopolitical context, or lifeworld. This sociopolitical context influences how the women in my study interpret and define what doing well during the menopausal transition means to them. My pre-understanding is that women in Western patriarchal cultures are often valued for their thinness, youthfulness, and health, and that women are often seen and valued as sexual objects. Some subcultures may value women of older age or larger body size; however, the ideal woman is predominantly portrayed as a thin, young, healthy, sexualized, and fertile woman—particularly within mainstream media. I also believe that the objectification of women’s bodies in patriarchal culture is a form or expression of the oppression of women, limiting women’s social worth and value to the way our bodies appear and can be used for the pleasure of others. This objectification, I believe, has significant impact on women’s lives. At the time of menopause, as they gain weight, have emotional fluctuations, and are no longer fertile, some women may be perceived by others or by themselves as less valuable. I imagine this devaluation may be distressing for some women, as they feel their desirability, and consequently their value as a person, is diminishing. For other women, I imagine menopause may be perceived as an opportunity to feel free from the socially constructed expectations about women’s bodies, fertility, and value.

As a feminist, I am also drawn to feminist research approaches which emphasize
women’s accounts of life and experiences that are unique to them and may be under-reported or misunderstood both in academia and the broader culture. This approach includes telling stories of women’s lives in ways that are non-pathologizing, and that support the growth, development, and agency of women throughout the lifespan. My pre-understanding is that we shape the experiences we have through the stories we tell and have been told, and that through this exploration of women’s experiences of doing well through the menopausal transition, and the dissemination of the research findings, other women might be invited into a non-shaming dialogue about their bodies as women.

The focus on growth and development is also an area of my pre-understanding worth noting. As a scholar in the field of counselling psychology, an important value of mine is to seek a deeper understanding of human well-being. While research is needed to support people during periods and experiences of distress and suffering, those experiences do not represent the fullness and complexity of being human. Although the purpose of this study is to investigate the meaning and experience of women who report doing well during the menopausal transition, I do not assume that doing well implies exclusively positive or enjoyable aspects of the menopausal transition, and I acknowledge the ability to thrive while negotiating the complexity of the biopsychosocial changes that accompany and define the menopausal transition.

The assumption that menopause is a natural, biopsychosocial process is also a pre-understanding of mine. I view the events associated with, and caused by, the ending of menstruation as affecting the whole person and not just a woman’s reproductive biology. Given my feminist perspective, I also believe that the oppressive social construction of women’s bodies influences the biomedical components of women’s menopausal transitions and is associated with significant social implications, particularly the potential loss of social value or perceived
desirability. Further, in a society that still appears to value hegemonically male experiences as the ideal way of existing (rational, less connected to emotions, always in control), the emotional lability experienced by some women during menopause also has social significance. Women may be pathologized and mocked by those in their lives for being ‘crazy’ or ‘out of control,’ as I have seen and heard reported in some of my person social conversations with postmenopausal women. While this experience may not be the story of all women who participate in this study, some women may report that navigating the hurtful or unsupportive comments of others in response to their own menopausal transition influenced their experiences of doing well during the transition. Other women may report that the absence of these comments by family or loved ones, or the presence of supportive and compassionate comments, shaped their interpretation of doing well during the transition.

Given the sample population I will interview, my pre-understandings about sexual orientation, parental status, and partner status are also worth stating. Although, as noted in the Chapter Two discussion of the feminist phenomenological perspective, reductive binary categories of sexual orientation are not necessarily representative of the complexity and nuance of human sexuality (Young, 2005), for the purposes of this academic work I identify as heterosexual. While I actively engage socially and politically with lesbian women of all ages, and consider this engagement to be a rich addition to my life, I understand that my lack of lived experience as a lesbian woman makes me an outsider to the lesbian community. I am also aware that because I am an outsider to this community, some women may be reticent to share with me about their experiences of being a lesbian woman, particularly as outsiders to this community have historically pathologized, shamed, or ostracized lesbian women. Thus, when working with lesbian women who choose to participate in this study, I will be careful to be nonjudgmental,
allowing them to define if and how their sexual orientation has influenced the meaning and experience of doing well during the menopausal transition.

Although women who will participate in this study may have been unpartnered during the transition for a variety of reasons, including having been widowed or unpartnered by choice, I am married and feel that my relationship with my partner has been immeasurably valuable in my ability to navigate the difficult transitions in my life and to enjoy benign daily events. When I imagine what it will be like to experience the menopausal transition in the future, I anticipate that it will be of value for me to have my partner’s support, while also relying heavily on my friendships with other women. However, I understand that this view is not necessarily representative of how all women, particularly the women in the current study, will report feeling about navigating the menopausal transition. I expect that some women in this study will feel differently, and that some participants may feel as though being partnered during the transition may have made it more difficult. In keeping with the findings addressed in my literature review, I anticipate that some of the participants will find it difficult to be going through the menopausal transition while unpartnered (Dillaway, 2005).

Although I do not currently have children, my intention is to attempt to start a family following the completion of my current degree program. I am aware that starting a family may not be quick or easy. I imagine that if I am unable to have biological children, the ending of my fertility during the menopausal transition will be emotionally painful for me. However, I do not feel that my worth or value as a woman is tied to my ability to have children, either biologically or at all. I believe that women who are not mothers (either by choice, or not) are no less inherently valuable than women who are mothers. Yet, I am aware that many women feel their social worth is tied to their ability to have children, or may be in relationships or social contexts
where this ideal is imposed on them by others. I am also aware that women in this study may be mothers while also unpartnered through the menopausal transition. In light of my pre-understandings about fertility and being a mother, I do not want to impose my own values and assumptions upon the participants in this study. As stated in the literature review, some women may find that having children made the menopausal transition more difficult, while for others it may make no difference or make the transition ‘easier’ (Durham, 2009; Gracia et al., 2007; Strauss, 2011). For some women in this study, being or not being a mother may or may not be related to their experience of doing well during the menopausal transition. Thus, I intend to allow the women in this study to define how motherhood is related to their experience, if at all.

Lastly, my experiences with my own body have contributed to my wonder and passion to explore this phenomenon. Although I have never experienced the menopausal transition, for many years of my life I struggled with my body, feeling at odds with it in a way that left me ashamed not only of how my body looked and behaved, but also of who I was as a person. Having moved into a more compassionate and accepting relationship with all aspects of myself, I have become more interested in understanding women’s lives and well-being related to bodily changes and experiences throughout their lifespan. My pre-understanding is that, as human beings, our brain/mind and body are intimately connected, and dualistic perspectives of existence (the split of the mind and body) are harmful and reductive, minimizing the complexity and richness of what it means to be human in this world.

**Participants and Recruitment**

As defined in the medical literature, the primary indicator of menopause is the cessation of menstruation for at least 12 consecutive months, which occurs among women in North America (on average) at age 51 (Gold et al., 2001). However, other symptoms may be noticeable
several years before a woman’s menstrual cycle begins to fluctuate and for several years following the cessation of menstruation (Col et al., 2009). This means the entirety of the menopausal transition, through to the cessation of physical symptoms, typically occurs over several years. However, consideration of the psychosocial aspects of the menopausal transition, and not simply the cessation of menstruation or physical symptoms that can accompany menopause, is of utmost importance. For example, some women may experience few or perceivably manageable physical symptoms, but feel that renegotiating their identity as a menopausal woman is central to their experiences of the transition. Others may find the changes in social expectations during this life stage most salient to their experiences of this transition.

To reflect and capture the complexity of this phenomenon, participants selected for inclusion in the study were women who had not had a menstrual cycle in at least a year, who felt (for the most) part that they were through the transition, and who self-defined as having ‘done well’ during the menopausal transition. An upper limit of 60 years was set to reduce the possibility of cohort differences and to increase the likelihood of more detailed recall of the entire menopausal transition. Only women who had experienced the menopausal transition naturally were included, given that the literature indicates that women who have experienced a medically induced menopause (oophorectomy) often have an earlier and more complicated experience of the menopausal transition (e.g. off-time, surgical intervention, requiring hormonal replacement, etc.; Rocca, Grossardt, & Shuster, 2011).

Based on the academic literature review presented in the previous chapter, women’s relationship status, sexual orientation, socioeconomic status, and parental status have all been identified as important factors that can impact women’s experiences of the menopausal transition. Given this information, and to distinguish this study from the work of Mackey (2007),
only women who were not in a committed relationship throughout the transition were included. I sought to include approximately ten adult postmenopausal women. Common practice in qualitative research is to have a small sample size due to the in-depth nature of the analysis (Langdridge, 2007; Riessman, 2008), often in the range of four to eight participants.

To create continuity in the presentation of the participants’ interviews, I only included women who are able to speak English fluently. This allowed me to present their quotations in text in the same language. I endeavored to only include women who live within reasonable driving distance of Vancouver, British Columbia (BC), Canada, so that the in-depth interviews could be conducted in person (face-to-face). Of the 10 interviews, nine were conducted in person. One of the women who was interested in participating lived outside of Vancouver, but elected to participate if she could do so via online video-call, so an exception was made for this participant. The participants also needed to be willing to meet with me for approximately 90 minutes for an audio-recorded interview, and be willing to participate in a follow up interview for approximately 30 minutes via telephone.

Using purposive (or selective) sampling to gather participants, I recruited participants through word of mouth, posting flyers in publics areas (community centres, fitness centres, coffee shops, women’s organizations; see appendix A) and posting online (Facebook and Instagram; see Appendix B). I attempted to recruit lesbian women and women of diverse ethnic and socioeconomic backgrounds by placing advertisements in a variety of locations in and around Vancouver BC which were likely to be frequented by women of different identities and backgrounds. As ethnicity or socioeconomic status was not an inclusionary criterion for the study, the priority for recruitment was placed on including participants who self-defined as having done well during the menopausal transition.
During the screening interviews potential participants were asked a series of questions to determine the appropriateness of their involvement in the study. Information was provided about the purpose of the study, the criteria for inclusion, data collection procedures, confidentiality during the research process, and my intended plans for dissemination of the findings. I also made time to answer any questions the participants had about me as a researcher or the research process in general (see Appendix C for Screening Interview). Other women contacted me with interest in participating in the study but were either outside the age limit, did not identify as ‘doing well’ but wanted to share their experiences of menopause, or had been in a committed relationship throughout the transition.

Once it was determined that the participants met the inclusion criteria, consistent with UBC Research Services ethical requirements, I waited two weeks before making contact again to provide participants with time to further reflect on the decision to be involved in the research. Each participant was then contacted to schedule an in-person interview in a private location of the participant’s choosing (their homes, offices, or in my private counselling office) and a consent form was sent to each participant to review. All of the participants elected to receive the consent form via email.

After conducting 10 interviews, when no new themes appeared to be emerging from the data collection interviews, it was determined that saturation had been reached and any remaining recruitment posts were removed. Saturation is defined as the point when the collection of new data does not provide new understanding or information of the phenomenon being explored (Glaser & Strauss, 1967). Recruitment for this research began March 10, 2018. All 10 participants who met the inclusion criteria were identified and screened within seven weeks. Data collection was completed in early July.
Data collection

In his work, *Researching Lived Experience*, van Manen (1990) reminds the reader that phenomenological research is really about people and life—the experiences people have of a phenomenon and the meanings they attribute to those experiences. He states that phenomenological research is “always a project of someone: a real person, who, in the context of particular individual, social, and historical life circumstances, sets out to make sense of a certain aspect of human experience” (p. 31). The phenomenon of doing well during the menopausal transition can be seen, known, and understood within the lives of the research participants. I used in-depth, semi-structured interviews as the primary means of investigating and understanding, with depth and richness, the participants’ experiences of the phenomenon of interest. Because the participants are indeed real people and not simply pools of data, I sought to fully engage with each participant and the interview process to facilitate an authentic encounter between people. I did so by utilizing skills I have learned in my training as a counselling psychology doctoral student, including creating an environment of respect, non-judgment, openness, and curiosity, and sharing my genuine interest in the participants, their lives, and the phenomenon in general. To establish rapport during the interview process and foster participants’ ability to share intimate details about their lives, I utilized empathy and active listening, verbal probing, open-ended questions, a display of warm affect, and minimal verbal encouragers. To reduce the felt sense of a hierarchy between the researcher and the participants, and to support the participants’ ability to disclose personal details about their own lives, I made appropriate self-disclosures with participants when they asked me about myself, including why I was studying menopause, if I had children, and my experience as a doctoral student or a counsellor.

I have been trained in the skills necessary to conduct in-depth interviews of a sensitive
nature, and know how to appropriately care for individuals who experience emotional distress when reflecting on challenging experiences. Due to the nature of the research, and the focus on doing well, only two participants demonstrated negative affect or became tearful during the interview process. Both instances occurred while reflecting on their sense of grief about having lost someone in their lives. When this affect occurred, I maintained a supportive and non-judgmental approach, allowing them the time and space to continue to share their experiences, and I responded with empathy where appropriate. At the end of the interview process I reminded the participants that I had prepared a list of counselling resources (see Appendix G), should they find them helpful, but none of the participants felt the need to access this list.

When meeting with participants for the in-depth interviews, I used lay-language which was accessible and appropriate (not academically, clinically, or technically worded), and dressed in a manner to convey professionalism, but without wearing clothing or jewelry which conveyed status or wealth. I introduced myself and made sure they were comfortable and ready to begin the interview process. I reviewed the purpose of the study, reminded them that they were able to stop the interview at any time without penalty, and asked if they had any questions about the study or the research process. I then asked them to sign the consent form (see Appendix D) and invited them to select a pseudonym, which each participant did. The participant whom I met with through video-call signed a printed version of the consent form at the time of the interview and returned it to me by mail.

At the start of the interviewing process, I turned on the audio recorder and began by reading the orienting statement (see Appendix E). Next, I invited the participants to share their experiences of the menopausal transition as if they were stories with a beginning, middle, and end, with an emphasis on what doing well during the transition meant to them. Following this
initial prompt, the interviews were relatively open and unstructured as I attempted to help the participants share with more depth about their experiences while simultaneously increasing my depth of understanding. Following the participants’ leads, I asked follow-up questions to clarify or expand salient statements that the participants made and, when relevant, I used questions either directly from or inspired by the list of possible questions (see Appendix F). While conducting the interviews, my intention was to remember that the nature of phenomenological research is to explore a phenomenon while maintaining a strong orientation towards the research question and the phenomenon of interest. This manner of exploring is meant to be done with both openness and skillful prompting (van Manen, 1990), inviting the participants to add richness, expansion, or concretization when appropriate. After the first interview, I sent the transcript of the interview to my research supervisor for her review of my interviewing style before continuing on with the following interviews.

Informed by the four existentials proposed by Merleau-Ponty (corporeality, temporality, relationality, spatiality) and the embodied nature of the phenomenon of interest, I sought to notice the manner in which the participants spoke, including non-verbal and paraverbal markers, in addition to paying attention to what they were saying. For example, when one of the participants reflected on her excitement about the ending of her menstrual cycle, she threw up her hands in the air and cheered. I noted these markers in my research journal and attempted to integrate this information with the content of their interviews. I also paid attention to and noted the space and physical context within which the interviews occurred, as well as my perception regarding how that impacted the participants’ comfort and ease during the interview, the flow of the interview process, or any interruptions which occurred. For example, during an interview at the home of one of the participants, a stranger came to the door while evangelizing in the
neighborhood. After telling the person at the door that she was not interested in a conversation, the participant commented on how she handled the interaction in that moment and compared this with how she handled similar events in the past, using it as an example of how much she has changed as a person while going through menopause.

The interview was over when the participants felt they had told their stories of doing well during the menopausal transition, ideally in all of their depth and complexity. At the end of the interview I asked the participants to select an image or metaphor that represented their experiences of the menopausal transition. After they answered this question, each participant had the opportunity to add anything else they felt relevant, and reflect on their experience of the interview. The interviews lasted between 65 and 115 minutes. Once the audio-recorder was shut off, I asked the participants to provide demographic information (see part two of Appendix F). I thanked the participants for participating and informed them that I would be conducting analysis of the data and would contact them again when I had a short bio-synopsis of their stories and preliminary findings to share with them.

In February of 2019, I contacted each of the participants to notify them that the draft of the research findings was completed and invited them to participate in a second interview--a review of the findings of the study. Each of the participants responded and indicated their willingness to participate in the second interview. I sent the descriptions of the common themes, along with their respective bio-synopses, to each of the participants by email and asked them to reflect while reading on whether the findings resonated with their experiences. After approximately two weeks, a time was arranged for the second interview, and the participants were asked how they would prefer to speak. Of these second interviews, seven were conducted over the phone, two of the interviews were conducted using a video-call, and one of the
interviews occurred in person; none of them were audio recorded. While speaking to the participants I made notes of their reflections and integrated their feedback into the text, where appropriate.

The second interviews were conducted to measure the trustworthiness of the findings—a credibility check to ensure that the research findings did in fact capture and reflect the salient aspects of the participants’ experiences of doing well during the menopausal transition. I asked the participants if any of the details of their bio-synopses needed to be changed. One of the women asked me to change her pseudonym, one of the women asked me to change the spelling of the pseudonym she had selected, and one of the participants asked me to correct the number of children I had listed. One of the women asked me to provide a correction to a statement she made with sarcasm during the interview: I had presented the statement as sincere in her bio, but she wanted my comments changed to reflect the anger and frustration underlying the statement. After reviewing their bios, I asked the participants to share about the extent to which they believed the findings resonated with their experiences of doing well during the menopausal transition.

Consistently, the participants shared positive feedback about the quality and accuracy of the written themes, and the impact that reading the themes had on them. One of the participants stated that she found reading the themes gave her a sense of connectedness to other women that she did not know. She expanded by saying that she sensed a commonality between her and the other women, and this was “affirming” of her experience in a way that dissolved the “cultural silencing” described in the second theme. When reflecting on her experience of reading the themes, another participant stated, “when we were doing the interview, I knew you saw me. And when I read my bio and the themes it was there too, you really saw me.” When reflecting on her
resonance with the quotes used within the themes, one of the women said “almost every quote sounded like something I said, or at least felt.” She paused and laughed, and then said, “except some women said it better than I ever could.”

Two participants did initially identify that they were not sure one of the themes resonated with them, but after thinking about it further, both identified that they did agree with the common theme and did not feel the need to discuss it or make any changes. One of the participants did, however, express frustration when reading the theme about the sense of freedom. Although she did agree that the theme was appropriate, she identified feeling angry that it can take many women so long to experience freedom, particularly from the opinions of others and the beauty and power of menstruation, and that “it shouldn’t be this way.”

Data Analysis

Thematic analysis is the process of uncovering the themes represented in each participant’s story (van Manen, 1990). This process, influenced by van Manen’s steps outlined above, includes numerous encounters with the participants’ experiences, both during the initial interviews and then later through text. While in other forms of research there may be more clear delineations between researcher and participant, and data collection and analysis, when engaging in hermeneutic phenomenology the researcher joins with the participants to discover the phenomenon. During the discovery of the phenomenon, the interpretations of the participants and the researcher cannot be extracted, but rather impact the understanding of the phenomenon. Thus, the analysis of the data began during the interviews conducted with participants and continued more formally through the thematic analysis of the participants’ words in the interview transcripts. The meaning of experiences and themes of experience emerged through dialogue between researcher and research participant.
Following the collection of data, the formal analysis of the data began using van Manen’s (1990) approach for isolating themes, as described earlier. I made use of the three methods he proposed for elucidating thematic content: a holistic approach, a detailed or line-by-line approach, and a selective highlighting approach. I listened to each interview fully, while transcribing it verbatim. Completing the transcription of the audio myself was important for me to remain as close to the text as possible (van Manen, 1990). I then listened to the audio recording of the interview while reading the transcript to ensure accuracy. During this stage I made use of the holistic approach; I read and re-read the text in its entirety to get a sense of the main themes, statements, meanings, and experiences described in the interview. I made note of key phrases or words within that interview, and noted my initial thoughts on the meaning of the text as a whole. After that, I engaged in a close reading of the transcript, beginning with a detailed or line-by-line approach—either 1 sentence or a few sentences at a time—to assess what that section of text revealed about the meanings and the experience of doing well during the menopausal transition. Then I read the text several times to look for notable passages or statements which revealed something about the meanings and experience of doing well during the menopausal transition (the selective highlighting approach). Then, I reviewed the text in its entirety to determine themes and nuances when the participant’s story was observed in its fullness. During each of these readings where I used the three strategies described, I kept notes about key words, experiences, or statements, and identified these based on potential themes. As I read through and interpreted the data, I was aware of the four existentials and the feminist critique of the social construction of menopause, using these together as the lens through which I entered into the data. More specifically, I read each interview looking for the four existentials and the ways they emerged in the participants’ narratives, and for comments and experiences
participants had related to the social construction of menopause. I completed this process with each of the 10 interview transcripts.

After all of these readings had occurred, I began to examine what was emerging across participants, noting which experiences or categories of experience were common among the participants, and which were not. At this point I met with my research supervisor to review the preliminary categories, and together we grouped these categories under eight larger themes (each with at least two subthemes), and gave each theme a working name which summarized a central tenet of the theme. At the time that we met, we hypothesized that some of the themes were not distinct enough from each other to stand alone and therefore might collapse into each other. We further hypothesized that it would become clear as I continued the analysis and the writing of the results which of the themes were strong enough to stand on their own and which were not.

After generating/composing/compiling a list of eight themes, I wrote a preliminary description of the theme based on the subthemes and the unifying content, and assigned a colour to each theme. I returned to each interview with both a selective highlighting approach and a line-by-line approach, combing through each line of the text looking for the theme, and physically highlighted sections which reflected the aspect of the phenomenon summarized by that theme using the colour specific to that theme. I started with the theme which seemed most robust, fully formed, and easy to identify, and read each interview several times looking for that theme until I had a sense that no more examples of that theme were evident across all 10 interviews. I then began the process again with the second theme, highlighting passages within each interview which reflected the theme under consideration. While reading through the themes, I occasionally noticed that a section of text was suitable for two themes. During this phase of the analysis, I decided that I would code that section of the text as fitting within both themes.
(highlighted in two colours), and made a note to return to those sections after reading through each of the interviews, for each of the themes. I hypothesized that I would collapse those two themes into each other with a new name later in the process. Once I had read through each of the interviews for each of the themes, I re-read each of the interviews to review passages which were not highlighted, investigating if other experiences were present in the text but not yet captured within a created theme. While completing this process, I made note of one experience which I eventually integrated as a subtheme into one of the larger themes: a sense of trust in menopause as a natural process.

After completing this level of analysis I felt mentally saturated with reading and re-reading the text for the themes, and therefore I chose to take a break from working on the themes in order to prepare the participants’ bio-synopses. I re-read each interview again using van Manen’s (1990) three suggestions for reading the text: I reviewed the text as a whole and my existing notes about the main themes and meanings within that text, conducted a detailed reading of the text for important points of information about each participant’s experience of menopause, and utilized the selective highlighting approach to identify passages central to the person’s narrative. As I wrote each bio-synopsis, I referred to the participant’s transcript and my notes from the initial interview. For each of the bios, I included the following: a brief biographical summary of the participant; her expectations leading up to menopause; what her experience of menopause was like for her including when it started, what her symptoms where, and how long it lasted; an overview of her reflections on what doing well meant for her; and the image or metaphor she selected to represent her experience of doing well through the menopausal transition. I wrote the first two bios and sent them to my research supervisor for her feedback and direction. She informed me that the bios needed to be further anonymized, and should be
shorter in length than what I had initially written. Using her feedback, I completed the remainder of the bios and returned them to her for revisions.

Having completed the participant bios, I was ready to proceed with the writing of the first theme. As an additional layer of analysis, and to organize the data, I made a table for the first theme which contained: a preliminary description of the theme; other notes or impressions from the interview related to this theme; and every participant quote which I had coded for that theme. The text was separated into a section for each participant, and again into a section for each subtheme. This simplified my process and gave me the ability, as a researcher, to look at the table and see that each participant had made a statement reflecting that theme. Empty spaces denoted that the participant had not contributed a quote to that theme. After reading through the table, I began to select the most salient quotes which described that aspect of the experience of doing well during the menopausal transition and presented the most evocative, rich, and deep descriptions. Once this process was completed, I started writing the first theme. I began the writing process by providing a brief overview of the theme, a summary statement about each of the subthemes, and how the theme was related to the overall experience of doing well. Throughout the writing of each theme I continued to immerse myself in the quotes for each theme. I began to describe each of the subthemes using my own words and interpretations of the experiences of the participants, while also providing rich examples using the participants’ words. I completed this process for each of the themes, writing each theme individually.

Once I had completed a draft for the first theme, I sent the draft to my research supervisor to review. She provided feedback on how I could improve the writing of the theme through the use of expressive and emotive language in my writing, and by selecting more descriptive and evocative quotes from the participants. Based on the feedback of my research supervisor, I
decided to re-write the theme and present the subthemes in a different order to give the narrative a more linear flow and present it in a more engaging manner.

Following the writing of the second theme, I sent the draft to my supervisor for her feedback and review. We decided that the theme was not robust enough to stand alone, but the content fit appropriately within another larger theme.

After I completed the first four themes, and each of these themes was reviewed by my research supervisor, I was left with two more themes to write. In my preparation of the data table to support the writing of these two themes, it became apparent that they were not significant enough to stand alone. The data was often coded for both themes, and when I attempted to write each theme separately, I was unable to do so without using content from the other theme or without using a description of the theme that appeared almost identical to the other description. It became apparent that these themes were related to each other in a broader, over-arching manner, and I created a working title for the new theme. The process of investigating each of the interviews was repeated, but now I was focused on reading for the new condensed theme. I extracted sections of text from the interviews which reflected the theme, and began to group them into categories, or subthemes. I then wrote the final theme and sent the completed draft to my supervisor for review.

After I completed writing the five final themes, I re-read each interview (and the notes from each of my interviews) to investigate whether the main experiences described within and between interviews were represented in each of the themes. I also looked for each of the themes in each of the interviews. To retain the individual experiences shared by participants during their interviews, and to not present an artificially uniform presentation of the phenomenon, these narrative details were included in the detail subtheme descriptions and indicated by stating “one
woman” or “two women” as to not confuse the unique experiences of participants with the larger common themes. In the end only the themes common across all 10 participants were included as final five themes.

The hermeneutic circle, or the process of moving between the parts and the whole while engaging with the text, is never complete, and new horizons of shared understanding and interpretation can always be developed as the researcher and participants continue to engage with the data from the perspective of their always changing sense of self in the word (Gadamer, 1975; Heiddeger, 1962). However, through the repeated process of analyzing individual interviews and compiling existing themes until no new themes or understandings of the phenomenon emerged, the hermeneutic circle could be considered complete for the time being.

Quality of Research

The quality of a study, or the value and meaningfulness of the findings of a particular study, is assessed based on the paradigmatic assumptions of the researcher and the selected research methodology (Lincoln & Guba, 1985). In studies using hermeneutic phenomenology, the study results must accurately present the participants’ experiences of the phenomenon in order to be considered trustworthy. Although in phenomenological research no specific standards for determining trustworthiness exist (Laverty, 2003), Lincoln and Guba (1985) have identified the following four criteria commonly used for assessing trustworthiness in qualitative research: credibility; transferability; dependability; and confirmability. These four criteria have been identified as suitable standards for assessing trustworthiness in phenomenological research and have consequently been adopted for assessing the trustworthiness of the findings in the current study (Creswell, 2003).

Credibility. Credibility is defined as the faithfulness of the research in describing the
phenomenon as experienced and described by participants (Beck, 1993). Although credibility is sought, a complete knowing on the part of the researcher about the experiences of participants will never be achieved. As a result, deeper understanding can always be sought in future research. While complete knowing cannot be achieved, depth, richness, and accuracy in the descriptions of participants’ experiences can occur, and participants should be able to recognize their own stories in the words and quotes selected to represent their experiences. I sought to assess the credibility of the analysis when presenting the common themes and the bio-synopses to participants during the second interview, and in taking the feedback of participants into consideration in the final write-up of the findings.

Morrow (2005) also identifies the importance of writing thick descriptions, both of the phenomenon and of the context and culture within which these experiences are embedded. As discussed above, I wrote a bio-synopsis of each participant and presented it to them for review. In writing up the research results, I selected and presented relevant quotes from participants’ descriptions of the phenomenon to maintain fidelity to their experiences of doing well during the menopausal transition, as told in their own words.

To further ensure credibility, I met with my research supervisor during the data collection phase to consult about the research process. My research supervisor read the transcript of the first interview and provided feedback regarding my interview style to ensure that I provided adequate space and support for the women to tell their stories without bias or imposition. I also met with my research supervisor during the analysis phase to discuss my experience of the research process and my impressions of the data and any emerging themes, and my supervisor reviewed each of my themes as I was writing. Further, I sent each of the themes to the other members of my research committee for their review before sending them to the research participants for a
credibility check. During the credibility check, I asked the participants to review the common themes to ensure that the most salient aspects of their stories were not misrepresented and that the findings reflected their experiences of doing well during the menopausal transition.

When I spoke with participants during the second interview, they confirmed that the common themes indeed reflected their experiences with accuracy and integrity. Several of the participants identified that while reading through the themes, they were able to see the commonalities of experiences and also the uniqueness of each of the participants. Notably, during this interview several of the participants reflected that when reading the themes, they experienced delight and gratitude at how the spirit of their experience was articulated with such truthfulness and resonance. Some of the women shared that their experiences were captured so well that they felt like I had “gotten inside” their stories as a researcher. As one of the participants shared during her follow up interview, “I felt so seen by you during the interview, and when I was reading this I could tell you really saw me, really understood me.”

**Transferability.** Transferability in qualitative research entails presenting the data to readers in such a way that findings could be applied to other contexts, where appropriate (Lincoln & Guba, 1985). Transferability is achieved through providing the readers with detailed information about the nature of the phenomenon, the participants, the data collection process, and the specific steps taken in interpreting the data. Because of the phenomenological approach of this study, I identified my pre-understandings about women’s experiences of doing well during the menopausal transition and reflected on how I needed to be vigilant to ensure that my pre-understandings did not influence what I attended to during the data collection interviews, my interpretation of participants’ experiences, or my description and report of the findings. Transferability was also addressed in the writing of the results. I endeavoured to limit my
interpretations and analysis to the participants’ experiences of the menopausal transition and maintain a reflexive posture throughout the study. As much as possible, I attempted to use the participants’ own words in my description of the common themes that emerged in the participants’ stories of doing well during menopause, and attempted to present their experiences in ways that would resonate with the reader. In discussing the study findings, I did not assume all menopausal women could relate to them, or that the findings would apply to other significant developmental transitions across the lifespan, but aimed for “empathic generalizability” where the “findings are valid to the extent that they resonate with the experiences of others who have experienced the phenomenon” (Osborne, 1994, p. 180).

**Dependability.** Dependability relates to the way in which a study is conducted. The core issue is that consistency exists within the method and across the analytical decisions made by the researcher (Morrow, 2005). Dependability can also be described as the ability of another researcher to follow the audit trail and make sense of the initial researcher’s decisions and conclusions. To this end, the process for arriving at findings must be recorded and made as explicit as possible by tracking research decisions in an “audit trail” (Morrow, 2005, p. 252). An audit trail is a detailed chronology of the research activities and processes, including the influence on the data collection and analysis, the themes that emerged, the categories of themes, and any other researcher notes on analysis. I kept a detailed audit trail in my research journal to explicitly record my decisions and activities during each stage of the data collection and analysis.

**Confirmability.** Unlike research studies based on other paradigmatic assumptions, hermeneutic phenomenology is conducted based on the assumption that research is not, and can never be, fully objective (Morrow, 2005). As a result, confirmability is not the attempt at objectivity but rather the ability of a study to represent, as much as possible, the phenomenon
being investigated. In order to ensure confirmability, I met regularly with my research supervisor to assess my first data collection interviews and the initial analysis of themes, and to ensure explicit biases were not contributing to a misrepresentation of the phenomenon.

Confirmability is ensured through the writing of the research results and by using the participants’ descriptions of the phenomenon in their own words as much as possible. Throughout the process, confirmability of the study was also supported by continuous engagement in self-reflexivity. I continued to articulate my assumptions, impressions, and interpretations in my research journal throughout the research process. I also regularly revisited my pre-understandings (outlined earlier in this chapter) as a way of independently being self-critical and aware of how my own experiences and expectations might be influencing the research process, with the intention of keeping these from being obtrusive and destructive (Koch & Harrington, 1998). As mentioned previously, I also kept an audit trail and had the participants read and reflect on the presentation of their experiences. Morrow (2005) has identified that these two steps, while measures of credibility, also act as measures of confirmability.

By taking these steps to ensure trustworthiness, I intended to support the development and completion of a quality research study consistent with the paradigmatic assumptions of hermeneutic phenomenology. Through attempts to ensure credibility, transferability, dependability, and confirmability, I endeavoured to conduct a research study that represents the meaning and experiences of women doing well during the menopausal transition.

**Ethical Considerations**

An application for permission to conduct this study was approved by the Behavioural Research Ethics Board (BREB) at the University of British Columbia. Only after ethical approval was granted by BREB did I commence the study, beginning with participant
recruitment. Throughout the research process I sought to enact the foundational principles of
counselling psychology as a discipline, particularly beneficence and non-maleficence, during all
of my interactions with the participants. For example, although the participants did not appear to
be uncomfortable or distressed during the interview process, I finished the interview by
debriefing the interview process with each participant. Participants were asked to reflect on their
experience of the interview including: whether they felt uncomfortable during any moments;
whether there was any discomfort during the interview processing; whether anything was left
unsaid; and how the participant was faring emotionally after the interview was over. Although I
brought a list of counselling resources to each interview (Appendix G), each of the participants
stated they did not feel a need for the list.

Although the findings of the study are not confidential, participants’ identities have been
and will be kept confidential. This confidentiality was ensured by collecting a pseudonym from
each participant and altering any significant identifying information in the interview and in the
reporting of the findings. Audio-recordings were stored in a password-protected and encrypted
file on my computer, and transcripts, informed consent forms, and data analysis notes were kept
in a locked filing cabinet in my counselling office. They will be destroyed after five years.

Summary

Grounded in the theoretical framework of feminist phenomenology, the principles of
hermeneutic phenomenology were selected to guide this inquiry based on their ability to support
the exploration of the meaning and experiences of doing well during the menopausal transition
for the participants in this study. Relying on the tenets of van Manen’s (1990, 2014) work, I
explored the experiences of participants with them in such a way as to provide a rich and
nuanced interpretation of the complexity of this biopsychosocial transition. The findings are not
intended to represent the lived experience and journey through menopause for all women, nor to imply that an essence could be uncovered about the meaning and experiences of doing well during the menopausal transition. Rather, the research was designed to uphold the principles of counselling psychology, ethical research, and research of quality and trustworthiness, while presenting my interpretations of a co-construction of the experiences and meaning of doing well during the menopausal transition for the women who participated in this study. The findings of this study are presented in the following chapter.
Chapter Four: Results

This chapter begins with a brief biographical presentation of each study participant, followed by a table which summarizes the demographic details collected from each participant (see Table 1). The main findings of the study are presented next, organized according to the following 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. Each theme is described in detail below, using the words of the participants themselves as much as possible. The themes are presented in the order in which the content was discussed during the interview process, moving from the most concrete, physical, and spoken-of aspects of the menopausal transition, to the most psychosocial, spiritual, and personal aspects of the transition.

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. Seven of the women identified as Caucasian, Anglo-Saxon, or of European descent, two women identified as Indigenous, and one woman identified as South Asian. 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 childless. While they were going through the transition, seven of the women were employed full time, either working at a job or running their own business, two of the women worked part time, while the remaining participant was a student. 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. The women identified their socioeconomic status as follows:

Table 1

Participant demographics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Participants (N = 10)</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>Range: 52-60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian/European descent</td>
<td>7</td>
<td>70</td>
</tr>
<tr>
<td>Indigenous</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>South Asian</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Parental status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>7</td>
<td>70</td>
</tr>
<tr>
<td>Childless</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Employment status at time of transition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part time</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Full time</td>
<td>7</td>
<td>70</td>
</tr>
<tr>
<td>Student</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

Participants’ Bio-synopses

Ann. Ann is a 55-year-old mental health professional with two children from her first marriage. She identifies as Canadian with Mennonite heritage, and is married to a man whom she met near the end of her menopausal transition. Before describing what menopause was like for her, Ann first described what she was expecting based on what she had read, seen, and heard from others. Ann reported having read a popular book about menopause by Suzanne Sommers that she believed created fear about dry skin and changes in sexual functioning. She remembered
her mother’s mood fluctuations during menopause as being quite severe. Her parents had even talked about getting separate apartments or a divorce because her mother’s mood changes were so drastic. She also recalled having seen women dripping with sweat while experiencing hot flashes. In comparison to what she read, saw, and heard about menopause, Ann said that fortunately she “didn’t have any of those experiences.”

Ann described her experience of the menopausal transition as lasting roughly five years. She believed perimenopause started for her when she was approximately 44, a time when she started having irregular periods, occasional hot flashes, and “brain fog.” The following year, to avoid an “oops” pregnancy while dating, she had an IUD put in. Two years later, she had her IUD taken out and had six months of spotting. She was approximately 49 when she felt she was through menopause; it had been a year since her last period. For Ann, the physical aspects of the menopausal transition were manageable and not very significant. She mentioned that during the transition it became more difficult to lose weight. She experienced some vaginal dryness and had the occasional hot flash, to which she easily adapted. Ann said, “I would have to take my sweater off periodically because I’m having my own little summer. But it wasn’t anything that was uncomfortable or that I felt I had to hide.”

When talking about the ending of menstruation, she described it as freeing, stating how “nice it is when there are no more surprises.” This statement was punctuated by a time when she surprisingly had her period while being intimate with a lover and bled on the sheets. However, the most difficult aspect of the transition for Ann was what she described as “brain fog,” a difficulty with verbal recall and keeping her thoughts organized. She had not heard about this happening to other women, so when she began to experience it, she felt like she was “losing it, which created anxiety. Ann believed the anxiety she had made the brain fog even worse. Hearing
from other women that they too had experienced a kind of brain fog helped her feel normalized, which decreased her anxiety.

Ann mentioned that she had hoped to be partnered by the time she began menopause because she anticipated that dating during the transition could be challenging because of changes in sexual functioning and irregular periods. She mentioned having a few embarrassing but manageable moments with new sexual partners when she unexpectedly had her period during sexual activity, and also having the uncomfortable conversation of acknowledging during sexual activity that she needed vaginal lubricant. In reflecting on how she believed her relationship status impacted her experience of the transition, Ann identified that although dating during menopause did create some minor stressors, overall it was not as challenging as she anticipated it would be.

Unaware that cognitive changes could occur during menopause, Ann experienced extra stress. As a result, she found meaning in educating other women about this aspect of the transition. In Ann’s interview, a recurring theme was her belief in the importance of connecting with other women during the menopausal transition as an aspect of doing well. She believed that through these connections women can normalize their own experiences, share ideas and tips about managing the symptoms, and support each other.

Ann experienced this type of connection with a group of women she still regularly meets with whom she calls her “soul sisters.” This group began meeting regularly several years before menopause began and helped Ann navigate the psychosocial and spiritual dimensions of the menopausal transition, in particular embracing the next developmental stage, something Ann called “the second half of life.” As she described it, the second half of life is about letting go, knowing that fertility is over, focusing on listening to her body, and creating a life she enjoys.
She stated that the ending of fertility was not difficult for her because she was satisfied with her reproductive choices and happy that she has two grown children. To focus on herself in this stage of her life, Ann reduced her hours at work and began spending more time doing things she wanted to do for pleasure like being in nature and taking photographs.

Ann described that she believed her ability to think positively and intentionally about aging supported her experience of well-being during the transition. She shared that menopause, and aging in general, was something people are afraid of because it makes them confront their mortality. She described wanting to approach aging and the second half of life in a fulfilling way that makes her proud. She described herself as seeing life as “a glass half full”: when looking at a situation, she has been able to see what has gone well first, before thinking about what has not gone well or what needs to change. Her attitude towards the menopausal transition was evident in the advice she had for other women experiencing menopause, or about to begin the transition. She said, “you don’t need to be afraid. You just need to understand it and know your body. Instead of fear, think ‘how do we embrace this’ and how do we get excited about this next stage of life?” She shared how important a sense of understanding is to help reduce fear about the transition. Connecting intentionally with other women about the transition and sharing stories is a way to create that understanding.

When asked what metaphor she would use to describe her experience of the menopausal transition, Ann used imagery that weaves together and compares the menopausal transition and the evolution of her spiritual beliefs and practices:

In terms of my spirituality, I had a big tree growing for many many years in the fundamental tradition. And I dropped that tree about 10 or 15 years ago; I didn’t think anything was there. And I was looking for something else, and
then as I began my journey with *Anam Cara*, a group of women embracing the Divine Feminine, I began to recognize that the deep roots of my soul were very very well nourished, but there was a lot of new growth on that stump, and I just needed to begin to nurture it and notice that. So, my fertile part, my part that could have a baby, has fallen. That tree has fallen, but the deep roots of being a woman are still there, and new things are growing on that stump. And as I’m entering this stage of life, I like what’s growing as I’m entering this stage of life.

**Annie.** Annie is a 55-year-old, childless lesbian woman who recently completed a graduate degree. She identifies as Canadian with United Kingdom ethnic heritage. In her spare time she enjoys weightlifting and volunteering with organizations that support survivors of sexualized violence. She described herself as currently being in a satisfying and mutually respectful love affair with another woman who is also going through menopause. Her current relationship is the first long-term partnership since a previous long-term lesbian partnership ended shortly before she began menopause at the age of 51. Annie shared that, leading up to menopause, she was excited about the transition; she said that she was “looking forward to it” because she had been told that menopause was a lot like being premenstrual. She had come to value the premenstrual period as a time in her cycle when she could connect with a sense of her own power as a woman. She believed that reframing the emotional and physical sensitivity during that time was a way to interfere with prevailing cultural ideas that menstruation and the premenstrual period were a disorder or a pathology of some sort.

Annie reported that her experience of the menopausal transition was different than she had expected. Unlike the predictability of the menstrual cycle each month, Annie stated that the
most challenging aspect of the menopausal transition was its unpredictability and foreignness. She reported having one experience of unexpected bleeding when sleeping with a new lover for the first time, but said that is not something that lesbians “get fussed about.”

Annie first realized she was in the menopausal transition when she noticed herself getting warm. She initially thought she might have a cold or be getting a fever. A month later, she had a similar experience and called her mom saying, “Mom, I think I’m having a hot flash.” She described not noticing more of the physical aspects of the menopausal transition than the cessation of her menstrual cycle and the occasional hot flash. It took approximately three years for her cycles to stop completely and for her to believe that she was through menopause. She reported at the time of the interview that she was still getting the occasional hot flash, but that it did not bother her much.

On several occasions during our interview, Annie spoke about her relationship with her mom and how important she was for Annie in making sense of her experiences and difficulties throughout life, particularly related to her body. Annie’s mother had had a complete hysterectomy when she was in her 40s, and Annie stated that she could not remember much of what her mother had said about menopause. She described her mother as having been particularly silent about her own menstrual cycle, sexuality, and reproductive experiences, but that as Annie got older, they could speak more freely about these issues. Annie’s mother died while she was going through the menopausal transition and Annie described feeling a great sense of loss.

While Annie described the physical aspects of menopause as being relatively insignificant, she clearly articulated the psychosocial and existential nature of her experience of the transition. She described some grief knowing “the door closed” on her fertility, and that the
possibility of having children was over, even though she knew she never really wanted to have children. When explaining her grief, she described it as being related to knowing that her parents would have made wonderful grandparents. At one point in her 30s she felt the urgency to have children, but she went on to explain that she could see the yearning she felt was to have a significant project and leave behind something meaningful in the world, not necessarily to have a biological child.

She contextualized this statement further by saying, “menopause can be a time of reflection,” a time when a person can “take stock” of their life, what they have done, and what they feel they have left to do. This “taking stock” for Annie was also a result of finding out during the transition that she had a slow-growing, non-cancerous tumour. She stated that, for her, the tumour and menopause were linked as they both marked a new awareness of mortality. While the discovery of the tumour gave her a sense of appreciation for the finiteness of life, menopause was a reminder that she was “going into the third act of life.” For Annie, the “third act” came with the ability and desire to meaningfully contribute to the world. She described herself as entering into a new phase of life as an elder, as a woman whose life experiences and age give her a particular responsibility to lead and mentor the younger generation.

During the interview, Annie identified herself as a feminist and described how she believes a patriarchal social context impacts a woman’s view of her body. In contrast, Annie described how becoming an older woman comes with a sense of social invisibility. For her this means a sense of being seen by others as fully human and not a sexualized object. Annie described a stage of life when “all the external pressure is off” and then said facetiously, “this is a superpower.” While she believes the sense of invisibility comes through a change in how western society treats aging women, Annie also described how this change is interwoven with an
increased sense of freedom and confidence on the inside. As part of her identity as a feminist, she described intentionally working on reframing her relationship with her body and her views regarding women’s reproductive cycles, including menopause. This identity shift was an important piece of Annie’s experience of doing well during the menopausal transition. “I refused to pathologize it,” she stated.

Shortly before Annie began menopause a relationship with a previous partner had ended. When asked about how her relationship status impacted her experience of the transition she stated that she wished she had a partner during the transition because it would have meant she had someone with whom she could talk to about her experiences. She identified that going through menopause as a lesbian in a relationship could have meant having a partner who was accepting of the body changes that accompany menopause, but laughed when considering the possibility of two lovers going through menopause at the same time and contemplating what that might be like. For Annie, not having a partner was additionally painful because it accentuated the aloneness she felt without her mother, and her desire for connection. However, Annie said she was able to find connection in other ways. When speaking about doing well during the transition, she talked about the importance of connecting with other women to process the transition, having a loving and connected relationship to herself, and having a sense of humour. This sense of connection with herself has come with age and has helped in her transition.

When asked what she would say to a younger woman who was about to go through the menopausal transition, Annie used humour and spoke to the importance of normalizing the transition, resisting patriarchal narratives of the female body, and being curious, instead of fearful, about the changes. Annie said:

…let’s take our clothes off—because we’re invisible now. Say what is going
on, and bring a fan, and don’t be ashamed. It’s a point of pride you made it
this far. We live in a really super-duper misogynist culture and we need each
other more than we ever did. So stick with the sisters, stick with your
women…we should share our stories, and have parties.

At the conclusion of our interview, I asked Annie to share a metaphor that represented
her experience of the menopausal transition. She shared a richly symbolic picture highlighting
menopause as a type of transition and adventure into a new but unknown chapter:

I think of a cave with flames at the gates or at the opening of the gates. Maybe it’s more
like a tunnel because it’s not a retreat into a cave. It’s a passage to something
unknown…as in life, you don’t know where you’re going. We can have a plan but not be
completely attached to the outcome. And the flames of course represent the hot flashes
that were really more annoying than dangerous.

**Flicka.** Flicka is a 56-year-old woman who works in health care. She is a mother of three
adult children and identified herself as Caucasian with European heritage. At the time of the
interview she was single, but she had previously been married and described the marriage as
abusive. When asked to describe her experience of the menopausal transition, she wanted to start
at what she defined was “the beginning,” which was both her experience of starting to
menstruate and what she remembers of her mother’s experience of menopause. She remembered
that menstruation or menopause was not discussed in her home growing up, but felt that her
period starting at 12 was a natural occurrence. She described struggling later with cramping
during her menstrual cycle, but reported that when it occurred she had the attitude of “just deal
with it” and would decide to move on, or “get on with it”. She recalled that her mother had a
very difficult experience with the menopausal transition, and this was strongly imprinted in her
memory. Flicka made an inner vow at that time not to struggle the way her mother did. She made this decision both for herself and for her children. She did not want to place on her children the stress she felt her mother had placed on her as a child when her mother was distressed during menopause. Because of this vow and the significant transition Flicka and her children were going through owing to the divorce, she remembered knowing that her children were watching her and how she was coping. “I really wanted to be strong for them,” she said.

While going through her divorce, she decided with her physician to stay on her hormonal birth control pill until the divorce was final and she was through the most challenging parts of the experience. At 51, Flicka decided to come off the pill, and she reported that she never had another menstrual cycle after that. She described her awareness of being simultaneously in menopause and through it; she did not really know that menopause was occurring until it had finished. She stated that although she had a few hot flashes, they were not significant or worth noting. At times she thought they were from the stress of the divorce rather than from going through menopause. When her period did stop, she described feeling some relief, a sense of celebration, but also some sadness about that phase of her life being over. She remembered she felt all the feelings at the same time as she reflected on the developmental stage she was leaving.

Although the physical aspects of the menopausal transition were not challenging for Flicka, she did report feeling that the transition was significant for her in other ways. She shared how much being in an abusive marriage had taken a toll on her sense of self-worth and how trying so hard to hold the marriage together had left her feeling depleted spiritually, emotionally, and physically. When asked to reflect on the experience of being unpartnered during the transition, she shared that because menopause happened right after her marriage ended, that being single and out of that abusive relationship was positive and important for her. She said it
was like going through a “recovery period.” Flicka indicated that later on in the transition she casually dated one person, but that dating was not then, and is not now a priority for her. Her focus instead has been on taking care of herself.

With the ending of menstruation, fertility, and an abusive marriage, she felt a renewal taking place where she was more free, confident, and accepting of herself. She described feeling the need to please people for so much of her life, and that in this new phase of life she was more free to be herself and to continue learning about herself. In part, this transition meant she felt more freedom to laugh at herself and to accept her mistakes and imperfections without feeling crushed or insecure. This included accepting her aging body, both in appearance and function. With this acceptance has come the desire to take care of herself more, which she described as focusing on her spirituality, her emotional and psychological health, and her physical self—wanting to find balance between each of these. In this season of her life, she shared about wanting to stay healthy to be able to have a relationship with her grandchildren for as long as possible, but also to model to her children what healthy aging can be like.

Flicka believed that doing well during the menopausal transition was a result of her choice to have a certain mindset. For her, this mindset was about staying positive about the changes and the ups and downs in any kind of transition. She believes a sense of humour is important for a person when things are difficult or in times of change, and that was a strategy she used to survive the challenges of her marriage and the divorce. In contrast to those experiences, menopause “just seemed so easy.”

When asked what she might want to share with a woman about to go through perimenopause, she said that she wanted other women to not feel alone in what they are going through and to know that they did not need to be afraid. She added that each woman’s experience
is unique. She believes that stigma about menopause is present, that cultural perceptions are negative, and that having other people to talk with during the experience might help women process changes, decrease silence, and minimize negative stigma. Reflective of her own values, Flicka placed importance on women being in tune with their bodies, knowing when to rest, creating balance, and taking time to care for all aspects of their health—including the spiritual, emotional, and physical aspects.

The image Flicka chose to represent her experience of the menopausal transition powerfully demonstrated her experience of the transformation and renewal she spoke about often during her interview. She described it in the following way:

I think it’s the real me that’s shaking off all the ugly. 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. I visualize myself in this white gown, just so renewed, you know. I really am whole.

**Helen.** Helen is a 55-year-old mother of two who works for a health authority. Helen identified herself as culturally and ethnically British. She got divorced when her children were young and, at the time of the interview, she had been living with a new partner for approximately one year, at which time both of her adult children had begun living on their own. She began our discussion about the menopausal transition by speaking about how difficult her menstrual cycles had been. She described having very heavy periods with so much bleeding that she could often not make it through her commute to or from work without bleeding through the largest size tampons. At times, she had to take sick days from work because the bleeding was so profuse, which she believed may have been related to some intrauterine growths for which she was seeking medical support. Understandably, Helen experienced significant relief when the bleeding
stopped because of menopause and reported joyfully, “I can buy white pants now.”

When she spoke about what she was expecting menopause to be like, Helen remembered watching some of the women in her book club turn red and drip with sweat when having a hot flash, and she noticed how cold they kept their homes. She also had memories of watching her mother have severe emotional lability during menopause, and recalled that her mother would talk about menopause with others. Helen shared that she had not spoken much with her mother about menopause, but her mom had told her that she had read a book about menopause by Christiane Northrup and found it enlightening. When she was wondering if she was perimenopausal, Helen did some research of her own and looked up potential symptoms of menopause. Shortly after Helen turned 50, she felt depressed due to the death of a close childhood friend. In the turmoil following his death, she reported feeling depressed at the disruption of her daily routine; consequently, she forgot to continue taking her hormonal birth control pill. Once off the pill she stopped having periods, and only on two occasions did she get some mild spotting—a substantial and relieving change from the difficulties of her normal monthly cycle. Helen identified that her menopause lasted only about two years. She felt menopause was complete around the time she was 52, as marked by a year without any periods. Helen said that she had occasional “hot flushes” for about two years following, with the occasional “hot flush” occurring very infrequently. When asked to clarify how “hot flushes” were different from hot flashes, she stated that they were periods of intense warmth, but she felt she could manage them and they were mild compared to what she saw other women go through. Aside from “hot flushes,” Helen reported that the only other physical symptoms she experienced were slight changes in sleep, like waking up in the night before falling back asleep, and some changes to her skin.
When asked to reflect on being unpartnered during the transition, Helen stated simply that she had been single so long that it did “not seem any different.” As mentioned above, she was grieving the death of her close friend when she was going through menopause. She was focused on coping and putting her life back together and described this as “leaving a lot of space” before she wanted to begin a new relationship. She hypothesized that having completed menopause before beginning a relationship with her current partner made the adjustment to a new relationship easier than if she had been dating during the transition.

Overall, Helen described menopause as being freeing in a variety of ways. She explained that not having such a heavy period each month felt liberating, especially since she did not have any concerns or grief about her fertility ending. She shared that she could engage in sexual activity with her new partner without having to think about where she was in her cycle, and that she felt a lot more emotionally stable and less affected by the ups and downs of life and by the actions of others. When reflecting further, Helen reported not feeling so bothered by others, especially when others do things that seem unfair. She has noticed that she does not take these situations so personally and has found some emotional distance from them. Helen also reported feeling more confidence in herself through the menopausal transition. This resulted in her taking a risk and applying for a new job, something she would never have felt confident enough to do previously.

When she reflected on doing well during the menopausal transition, Helen shared that the information she had read ahead of time helped her feel that what she was going through was within the range of normal experience and did not require medical intervention. Helen also said that, for her, doing well during the menopausal transition meant not feeling concerned about her fertility ending and having a group of women to travel through the experience with—a group
who met regularly in a book club over many years. This group includes women of various ages in various stages of the menopausal transition who have been both co-journeyers and guides, modelling to Helen what this new phase of life could be like. Helen identified that being a menopausal woman is about planning for retirement, doing what brings her joy, and becoming the “crone.” She stated that Western society has painted a negative picture of the crone as an old witch with a wart on her nose. But to Helen, the crone is a wise woman, a powerful woman from the world of folklore, and someone a lot like a grandma. When she described the crone further, Helen spoke about her own grandmother who was cool, funny, “lived in sin” with her boyfriend, golfed, and could be compassionate to anyone while also speaking the truth diplomatically in a blunt but loving way.

When asked what she would share from her own experience with a woman about to begin perimenopause, Helen suggested that the woman find out what to expect in relation to menopause and find a good friend who can “check your neck for stray hairs.” She laughed as she said this comment, but then lamented that women in Western cultures do not have ceremonies for major life transitions like some cultures do, and that having friends to learn from and share all of life’s experiences with is important for creating meaning and feeling less alone.

In keeping with her previous statements, Helen’s symbol for her transition through menopause was the crone, wise woman, or grandma. She said, again, that becoming the grandma is about “being active and curious and there for us, but not like a mother. It’s about giving independent advice based in maternalism but not like your mom where you have to do what she says. Grandma is nurturing and with authority but not being authoritarian, and she is the person to go to for advice.”
Laura. Laura is a 60-year-old retired educator who is single and has never been married or had children. She identified herself as Canadian with a Scottish and English ethnic background. Although she grew up with the expectation that women get married and have children, she described herself as being “at peace” with her singleness and childlessness. She shared that she felt satisfied and fulfilled with her life currently, particularly as she has entered into retirement and the joy and self-discovery that has come with this stage of life.

When asked about her experience of menopause, Laura began by first explaining her experience of menstruation. She remembered feeling left out of her social group when her peers had begun menstruating but she had not, and that when she stared menstruating she felt a sense of belonging. Unfortunately, over time her monthly cycles became very heavy and difficult; she often experienced cramping and what she described as embarrassing episodes of “leaking.” She remembered hearing about menopause from her aunt who called menopause “the curse” because of her severe physical symptoms, but Laura reported that her mother could hardly remember menopause. She had stated that it “just sort of happened.” Due to her aunt’s experience and what she saw from her peers, Laura expected menopause to be very difficult, both physically and emotionally.

At 56, Laura knew she was beginning menopause because her cycle was occurring less frequently and she was experiencing some hot flashes. Her menopause lasted approximately two years from start to finish and, compared to what she had seen from others, she described her experience of the transition as relatively easy. She remembered not speaking much with others about her experience of menopause. She chose not to share her experience because of how “easy” it was for her in comparison to others. She also noted that no one specifically asked her what her experience was like, but had she been pointedly asked she would have shared.
Understandably, because of the difficulty of her monthly cycle, Laura reported that menopause felt freeing. She enthusiastically described how liberating it felt for her to no longer have cramps or leaking during her period. She also described that the menopausal transition encompassed more than the ending of menstruation: it was the ending of one phase of life and the beginning of a new one. Laura was particularly excited about being in her 60s and retired; for her, retirement meant investing in her relationships with others, and included stepping in as a pseudo-grandma for people in her community. She proudly shared that she was a grandma to nine children across several young families, and that on several occasions young mothers had asked her to step into the grandmother role with their children.

In her interview, Laura spoke frequently about how her spirituality informs her perspective on everything she experiences, including the transition to this new phase of life after menopause. She described feeling a sense of awe about women’s reproductive capacity and the sacredness of simply having the ability to bear children. She also stated that she did not think that reproduction was the sum of a woman’s worth and that all phases of a woman’s lifecycle are precious and valuable. Knowing that she was getting closer to death, she was emphatic about using her remaining time well and in a way that aligned with her spiritual practices and traditions. She described no longer worrying about “fitting in” like she had when she was younger, and that in this “season” of life she is more comfortable being who she is while trying to make every day count.

Never having been married or partnered, Laura shared that she did not specifically think about being unpartnered during the transition because for her it felt like life was continuing on as it had before. She wondered how menopause would be different for women who had a different relational history or partner status than she did. She suggested that doing well probably had more
to do with her attitude of acceptance – about her relational status, reproductive choices, changing body, and new phase of life.

When asked about her experience of doing well during the menopausal transition, she speculated that menopause may have been easier for her than for others because she was satisfied with her reproductive choices. While Laura’s attitude towards her body during any life stage was one of acceptance, wonder, and gratitude; she mentioned that she was not sure if she could attribute the experience of doing well to her own actions. She shared that it “was just how I was created.” She stated that all women will experience the transition in a way that is unique to them.

When Laura reflected on what advice or insight she would give to a woman about to begin perimenopause, she shared the importance of having an accepting view of one’s body, and understanding that everyone’s experience will be unique. She cautioned that comparing reproductive-related experiences can create more suffering because it may incline a person to mistrust their body, and that acceptance of “what is” is the most important strategy. She shared that she believes this acceptance may be more difficult in Western culture than it is in some other cultures due to a lack of celebration about the transitions in women’s reproductive lifecycles, particularly menopause.

Laura shared about her love for gardening and nature throughout her interview as she spoke about menopause, the phases of life, and her spirituality. This theme came through again in the metaphor she used to describe her experience of the transition and how she situated it in the context of the whole life cycle. She said it in the following way:

So you have a seed in the ground and all the dirt that is around it is nourishing it and feeding it, and over time things are happening inside that you can’t see, and then gradually in the spring it starts to break out of the earth, and slowly it starts to
grow, all the soil and the nutrients in the soil are feeding the bulb and the roots are coming down from the bulb… and then it naturally produces a flower—it is this beautiful blossom. And when the petals fall off, someone might look at that plant and think, ‘Oh, it’s past its prime, it’s lost its petals, it’s not pretty anymore.’ But it is full of seeds that are going to fall on the soil and make new plants that will fall on the soil and that will carry on…Even if the petals fall down they become part of the earth again and nourish the soil. And even when the stem dies down in the winter, it nourishes the soil and for the next year, all of that goes into it growing again. With menopause, the flower is over, but that is not the end of the plant. It’s not just about menstruation—that is part of it—but that is not what a woman is, a menstruator.

You are a woman, and you have a body, and that is part of what your body does naturally but it’s one part of the cycle.

Louise. Louise is a 59-year-old mother of two who has recently become a graduate student; she described herself as having a heritage of mixed European descent. Although Louise had left an abusive marriage and was a single parent of her two children while she went through menopause, she got married again at the age of 50. Louise’s reproductive, medical, and relational history was complex and painful, and when asked about her experience of the menopausal transition she stated that, relative to what she had been through in her life, menopause was hardly noticeable and easy to manage. When she discussed her expectations about menopause, Louise did not remember when her mother went through menopause, or what that was like for her. She said that she had never had a conversation with her mother about her mother’s experience of the transition. She did not remember watching her mother fan herself with her hand like she had since seen other women do while experiencing a hot flash. Louise shared that she believed her
experience of the menopausal transition was a lot like her mother’s experience, and that genetics
determined if a woman had mild physical symptoms or not.

She told the story of having her two children in her mid-to-late-30s and then beginning
menopause not long after that. She recalled having her first hot flash sometime around 43 while
in the car with her daughters; she was not aware of what was happening until the girls
complained that the air-conditioning in the car was turned up too high. Louise stated that this
incident was the only symptom of menopause she could recall. She described the hot flashes as
almost unnoticeable given what was happening in her life at the time: being self-employed, a
single parent, and in recovery from an abusive marriage.

Menopause and the ending of her menstrual cycle was a relief for Louise as she had
struggled with very heavy periods and painful cramping since she was a teenager. She explained
that the pain she had while menstruating was so intense that, on a few occasions, she lost
consciousness and was sent to the hospital. When she first noticed her cycle changing, she
remembered thinking, “oh, this is weird,” and wondered if the change in her cycle signalled that
she might have a medical problem. However, when she connected the changes in her cycle with
the hot flashes she had experienced, she assumed she was in the early stages of menopause. In
her interview she had a difficult time remembering when her period had completely stopped, but
she believed she was 48 years of age. She reported finding it difficult to remember all the dates
because of how chaotic her life had been at that time. She had a difficult time getting pregnant,
and so she remembered being relieved that she was able to have two children, after which she
was ready for her menstrual cycle to end. She noted that if she had not been able to have two
children, she may well have felt some grief with beginning menopause.
Louise started to experience the changes of menopause after leaving an abusive marriage. So when reflecting on the role of her relationship status as it related to her experience of the transition, Louise stated that being single made her life less complicated. She was focused on raising her children while healing psychologically from the abuse, and identified that she was not ready for, or interested in, dating or being partnered during menopause. She noted that her interest in having a romantic relationship emerged when she was through menopause, after she felt she had healed from the stress of her past relationship.

The psychosocial aspects of the menopausal transition were discussed most during Louise’s interview. She used the words “change” and “freedom” to describe the best parts of the transition for her. Near the end of menopause, she described finally feeling settled enough psychologically to begin thinking about beginning a romantic relationship. She reported how hard she had worked to be psychologically healthy after the abuse ended and described herself as experiencing a kind of “renewed” energy, wanting to be a “healthy person… and not just a victim.” This renewed energy also came with a new focus and direction in her life—she decided to go back to school and take the prerequisites to apply for graduate school to become a mental health professional. She described feeling compelled to get more skills to better support the people she already provided guidance for in her life, and that she had a strong desire to positively influence the next generation, particularly young women who are looking for direction.

When Louise spoke about her experience of doing well during the menopausal transition, she described it as an attitude, a kind of “earthy and gutsy spirituality,” and a connection she had with other women. She described this attitude as a willingness to be adventurous, take on challenges, and connect with a sense of purpose and renewed vision of who she is and the work she needs to do to make a difference in the world. When she described how spirituality was a
part of doing well, she stated that journaling, dancing, prayer, and listening to spiritual music all helped her navigate challenges and changes in a way that was not “fluffy and superficial.” Her spirituality allowed her to connect to a sense of the divine without having to pretend that everything was always okay. She also had a regular walking group of four or five women. During the menopausal transition, they would walk and talk about the hard, exciting, and normal things in life. According to Louise, this group created a kind of “normal rhythm to life.” When asked what advice she would give to a woman about to begin perimenopause, she recommended a positive attitude towards the experience, a kind of earthy spirituality, and a group of women to walk through life with.

At the end of her interview, when asked to reflect on a metaphor or image about her experience of the menopausal transition, she described it like “a step forward.” She then went on to say that this step forward needs to happen “one day at a time, and always being honest about how hard things are… and choosing to see the good.” She added that this developmental step forward does not have to happen alone and can be alongside other women.

Mikayla. Mikayla is an Indigenous woman who is 52 years old. She was unpartnered at the time of our interview, does not have any children, and works as an artist and primary caretaker for her father. Mikayla’s identity and experiences as an Indigenous woman were central to her interview. She described how, in her culture, women’s bodies are viewed as “life givers” and are extremely powerful, especially during the monthly ritual of bleeding. Whenever she spoke about menstruation, she referred to it as her “moon cycle,” and discussed throughout the interview how connection with the rhythms of the earth and ocean are central to cultural practices and values of Indigenous peoples.
Mikayla was not always connected to her culture; after she was born, she was taken away from her family and her people’s land and placed in the care of a Caucasian family, sometimes referred to as “the 60s scoop.” She was later adopted by this family, and said that she loves them and felt loved by them. She shared her belief, like many other women in the study, that a woman’s experience of menopause is genetically determined. Consequently, she remembered knowing that what she observed about menopause and menstruation from her adoptive mother might not apply to her because they did not share “blood.”

Growing up, Mikayla remembered her adoptive mother being relatively silent about all manners of sexuality across the lifespan. Her adoptive mother’s moods did not fluctuate much around the time she would have been in menopause. She also remembered not speaking about menopause with any of her peers. This silence may have been because Mikayla started menopause earlier than most other women; she recalled that her moon cycles became irregular and less frequent when she was 35 and reported being 39 the last time she bled. She reported having only a few hot flashes and that they were manageable. When her moon cycles began to change, she described being confused but was not disappointed in knowing that she would not have any biological children. Instead, she described having more grief about not having a partner than not having children.

The psychosocial and spiritual shifts that occurred were the most significant elements/aspects of the menopausal transition for Mikayla. During that time Mikayla “came home”: She met her birth family and began to learn the teachings of her people. She shared about the way her culture demonstrated their support for young women in this new role of “life giver” through sacred ceremony. Although she knew of no ceremony in her Indigenous culture that celebrates and supports a woman through the menopausal transition, she described it as being
spiritually significant for her that she came into her cultural identity as a “life giver” at the same
time that her fertility and capacity to bear children was ending. Although she never had her own
biological children, Mikayla described how she had been “a type of parent” to many younger
women, working to share her teachings, be a good role model, and support those both inside and
outside of her community, particularly those at risk.

Mikayla shared that although she did not feel herself grieving being without biological
children, she identified that she was grieving not being partnered or married. She noted that
being unpartnered during the menopause transition meant not having a specific person to talk to
about her experiences. She said she wished she had a partner with whom she could have
processed her journey through the transition. In terms of the advantages of her relationship
status, Mikayla noted that being unpartnered and without biological children allowed her the
freedom to make plans to go somewhere or do something at a moment’s notice.

Although some may call her an elder in this season of her life, Mikayla was clear that
within indigenous culture, an “elder” is not a title that a person can claim for themselves simply
by age or stage. Rather, this title is applied to someone based on how they live their life and
share teachings with those around them. Being an elder holds responsibility, but also freedom.
Mikayla shared that as she has grown older, she has felt this freedom and the ability to think for
herself, speak up more, and share her life experiences with others. She described this freedom as
something that has allowed her to help others more. In this new phase of her life, she reflected
that her old cycle, the “moon cycle,” was finished and replaced with a new cycle, something she
described as a spiritual cycle of connection with her ancestors and the land.

When asked about her experience of doing well, Mikayla found it difficult to answer the
question because of how uneventful her experience was. She shared her difficulty in describing
something that “you don’t know is happening, because it’s just happening.” She later shared that menopause was in no way a barrier or challenge; it did not cause her to feel “slowed down” in any way but came with a sense of freedom. When asked what she would like to share with women who were about to begin perimenopause, she stated that she would share about the sense of freedom that comes with this phase of life. She said that this freedom comes because fewer filters exist regarding what women can think and say. She added later that she also hoped people would speak about menopause more to decrease the silence surrounding it.

Before the interview concluded, I asked Mikayla to share a metaphor that represented her experience of the menopausal transition. In keeping with the cultural values of connection to the earth and the cycles of nature, Mikayla chose the phases of the moon to represent the transition, noting it as being situated in the broader story of all of life’s phases. She said:

In Indigenous ways of being, all of the cycles of growth and harvest came through the moon cycles, a full moon right to a sliver. There is less chance of having children, but life doesn’t end here. I think we gain knowledge and wisdom and the spiritual ways of being to share in our circles of influence. As I entered menopause, I did step into my role as mother and grandmother…it added an extra sense of responsibility, an honesty to our society, and a fullness to me.

Paola. Paola is a 55-year-old woman who currently works for the government. She described herself as biracial, with a south Asian parent and a parent from Europe. She has one biological child and one stepchild, both of whom are adults and no longer live in her home. She was previously married but after her marriage ended, she described dating occasionally, including during menopause. Paola started her interview by describing when she first noticed she was starting menopause. She was 48 when her menstrual cycles started to change; at first they
were inconsistent, initially increasing in intensity and frequency and eventually becoming more infrequent over the course of the year. She reported having occasional hot flashes that began around this time and continued for approximately three years afterwards. She was approximately 51 when she felt menopause was over. While she still gets the very brief and occasional wave of heat through her body, lasting only a few seconds and occurring only once or twice a year, she stated that she believed this heatwave was not related to menopause. Overall, Paola described feeling relief at knowing she was in menopause after having had very difficult periods throughout her menstruating years.

Paola reported feeling “lucky” in her experience of the menopausal transition compared to her peers who talked about the difficulties they had with physical symptoms. She remembered beginning menopause with “trepidation” because of what she had witnessed in her peers. However, because her experience was easier, she reported not speaking much with her peers about it so as to not appear like she was “gloating.” She remembered asking her mother several years ago about her experience of menopause. Her mother had simply said, “it just stopped; the curse went away.” She believed she had to credit her mother for such an uneventful menopausal transition and mentioned her belief that a woman’s experience of menopause is best predicted by her mother’s experience.

When asked about her experience of being unpartnered during the transition, Paola stated that she did not think that being unpartnered impacted her experience of the transition in any way, and that there was “no connection between” her lack of a partner and her experience of the transition. She went on to explain that not having to worry about the risk of pregnancy was relieving as she was sexually active throughout the transition. She stated on several occasions how important her sexuality was to her, which she knew may not be the case for all women. She
reported feeling “lucky” that she had not experienced changes with her level of sexual arousal or desire during or following menopause, although she did report a frustrating incident where she was being intimate in a hotel room with a new partner and had a period “show up” for the first time in eight months.

While physically, menopause was generally quite “easy” for Paola, she chose not to share with her peers about how effortless the physical aspects of the transition were for her. She noted the overall negative presentation of menopause in Western culture, and how her experiences felt like an exception. She believed that when a diversity of experiences of the transition are not shared, including the relatively “positive ones,” it can contribute to a cultural pathologization of menopause in which only the “negative” stories are told.

Although she reported not having much to say about the physical aspects of the menopausal transition, Paola spoke at length about the other ways she experienced herself changing. She described herself as becoming more free. For her, freedom meant becoming more comfortable with herself, caring less what others thought about her, and not apologizing for “everything” like she had seen younger women do. She described herself as feeling more clear about what is important to her, especially when it comes to difficult decisions. She stated that it has been more difficult to lose weight at this age and stage of life, but she has not actively been trying to lose weight and, overall, she has learned to accept her body. She described feeling more confident and accepting of herself as a whole, including her body, and she stated how significant this change was given her feelings about her body in the past. She remembered being “ungraceful” as a child—through eight years of ballet, she could never “find the beat,” and she was often the last chosen for sports teams in school. But in this current phase of her life, she now feels powerful in her body. She practices martial arts, and at the end of menopause, she began
dancing again. She defined dance as a centering practice for her and an opportunity to encounter a more feminine side of herself. In addition to these changes in her experience of her corporeality, she reported realizing that she did not feel as “old” as she thought she would at her age. Through having watched older people in her community demonstrate vitality and vibrancy, she realized that as she ages, she can have that kind of life too. Menopause came with an awareness of mortality, but for Paola, it also came with an appreciation of how much time is left in life and how full she wants her life to be.

When speaking about what doing well during the menopausal transition meant to her, she defined it as feeling stable and being able to view menopause as a natural thing that a person “rides through.” She acknowledged the huge physical, mental, and spiritual changes during menopause, but she also shared that, ultimately, she saw them as lovely. She added that the ending of fertility was not difficult for her because she was happy to have had a biological child and fertility ending meant no surprise pregnancies while being sexually active.

Paola found it hard to think of what advice to give to a woman about to begin perimenopause; she acknowledged that everyone’s experience is different, but shared that even though it can be difficult for many women to go through, advantages “on the other side” of the transition are prominent. For women who are having a difficult time, “find support,” she said. Paola also recommended that a woman should speak with her mother to learn more about what to expect, and if nothing else, have someone to commiserate with or share experiences. Moms, she stated, are different than peers. She believed that when a woman shares her experiences with her mother, it can create solidarity and connection, which Paola believed is unlike the comparison and competitiveness that can happen between peers when sharing stories about menopause.
In the metaphor she chose to represent her experience of the menopausal transition, she described the following: “Just sailing along. It’s been pretty smooth; it was pretty smooth sailing. It’s a natural thing we go through, ride through, and then come out on the other end.”

**Samantha.** Samantha is a 59-year-old health care professional and mother of two who was previously married to a man but is currently in a partnership with another post-menopausal woman. She identified herself ethnically and culturally as British and Welsh. When Samantha first began to discuss her experience of the menopausal transition she reported that, although she believed she was through menopause, she found it hard to know that for certain. She shared that the end of the transition had no marking point or definition, but rather her cycles slowly went away over time. Samantha said that she had gaps in understanding about when a woman is in “perimenopause” and “leaves menopause,” and stated that as a woman who works in health care, if she lacks clarity on this issue, it speaks to a broader cultural misunderstanding about women’s sexual health across the lifespan.

At the time of the interview, she had not had a period for over a year and four months and compared the transition to the rolling hills in the prairies: a time without abrupt disruption or challenge. She described first noticing that she was in menopause when her menstrual cycles began to change: at first they occurred closer together, approximately every three weeks, then gradually less frequently for about four or five years until they finally stopped. When she noticed her cycles were changing at the age of 50, she described thinking of it as a very natural thing, like a change from one kind of rhythm to another. She identified that at a younger age, she too had “bought into the negative propaganda” that menopause is horrible and anticipated she would have “dramatic hot flashes” when, in fact, she had few hot flashes--none of which were very difficult.
Regarding menopause, Samantha was not sure what was “normal” for the women in her family since her mother, grandmother, and sister had all had hysterectomies. She did not have their stories to reference or inform her experience. She described herself as a feminist, a child of the 70s, and someone who was interested in herbalism. As a result, Samantha identified that she had always been “at arm’s length from medical interventions” and shared that she had no interest in pathologizing or medicalizing what she believed was a very normal part of a woman’s life cycle. Even when she had painful cramping during her menstrual cycle, she would look for “natural” ways to manage the pain in lieu of medication, like physical activity. She described her attitude towards menopause as a kind of trust in her body and a trust in the process of the change that was occurring.

Samantha believed that growing up when women’s rights and sexual health were a cultural focus, being a lesbian, and working in women’s health care all positively influenced her attitude towards the menopausal transition. She dated during her experience of menopause and, when she briefly discussed sexual intimacy and irregular periods, she stated that “lesbians don’t worry about those things.” She described being able to laugh and talk openly about menopause with her peer group. She said most of her peers also wanted to let “nature run its course” and together they were critical of the negative sociocultural messages about menopause and women’s bodies. When asked about how her relationship status was connected to her experience of the transition, Samantha said that she did not think menopause and her relationship status were connected for her in negotiating menopause. She shared her beliefs about the relationship between stress and a woman’s body and hormonal cycles, and speculated on how being unhappy in a relationship, or feeling lonely, might impact a woman’s experience of the transition. She also
shared her belief that it is easier to experience menstruation and bodily changes of any kind in a lesbian relationship, because there is more understanding from a woman partner.

Samantha identified the non-physical aspects of the transition by speaking about how her role as a woman in society had changed because of menopause. She identified that she was in the process of becoming an elder and that there had been both relief and frustration in that. The relief and frustration stem from the same experience: a kind of social invisibility where she does not feel objectified. She described being an elder as having enough life experience and being able to share wisdom and insight with others. This wisdom was an important part of her work in healthcare, particularly when advocating for reproductive choices for the young women with whom she works.

When speaking about the non-physical aspects of the transition, she described being in the middle of an unfolding story. She was not certain what the next phase of life might be like for her, but indicated that this phase has come with an invitation to reflect on her past and future, with an awareness that the menopausal transition is a step closer towards the end of life. At this stage, Samantha described herself as being more relaxed about things and both impressed by, and trusting of, her body. She reported feeling healthy and that the pace of life was a little slower and she had less energy. When speaking about this phase of her life, she used language of self-determination and agency, referring to the psychosocial transition as a change in rhythm and beat, and affirming that she is the one who determines what the new rhythm looks like.

When she spoke about doing well during the transition, Samantha mentioned nothing about the physical aspects of the transition. Instead she shared that for her, doing well meant feeling healthy and connected to herself, having a sense of value, and feeling respected. She went
on to say that it meant being able to find enjoyment in life and to contribute to, and connect with, others.

Samantha’s advice to a woman about to begin perimenopause was to not believe the negative stories about women’s bodies or menopause in general. She wanted younger women to know that menopause is a part of the natural process of aging and not something to be feared. She said, “It is not a disease; it is great, and the healthier you are, the easier it will be to navigate through it, so do whatever brings you peace.”

To represent her experience of the menopausal transition, Samantha chose to use the imagery of both music and water. She compared menopause to labour, a change in rhythmic beat, and to joining the flow of a river in the following way:

I remember my midwife describing how 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. Menopause wasn’t torrential river, more like a waxing and waning of the moon. It’s kind of like the tides. It’s just a change in rhythm. You’re not going to have that marker anymore for how to mark time; you’re going to mark time in a different way. It’s a change in rhythm, and it’s okay. There are all kinds of rhythms, and they all make great music.

**Tillie.** Tillie is a 56-year-old Indigenous woman who is unpartnered and has one adopted son who is now an adult. She began the interview by sharing about going back to school in her 40s, working on her undergraduate degree part-time, and eventually finishing
graduate school. With the stressors of being in school for so long and being a single parent, she did not notice much by way of physical symptoms. Rather, she knew she was experiencing menopause because her cycles started to become irregular. She estimated that her menstrual cycles started to change around the time she was 45 and ended completely when she was 50. She reflected on her sense of “fuzziness” about when menopause began exactly, and shared that the stress of being in a highly demanding school program may have contributed. Her focus was mostly on school and she did not notice or think about what was happening to, or in, her body.

Although menopause was not spoken about much in her home when she was growing up, Tillie remembered that while she and all of her siblings were still living at home, her mother went to the doctor to ask what was “wrong with her.” The doctor informed her that nothing was wrong—she had been going through menopause and that it had finished. For Tillie, menopause was a kind of non-event. She shared that she did not think of life after menopause as being very different than life before, except that she was not having her period every month, which was very different from what she had expected. She remembered hearing from other women that, when menopause started, a woman’s period would get very heavy and there would be no menstrual product thick enough to stop blood from leaking all over the place. She heard that women perspire excessively in their sleep, so much so that they are not able to sleep through the night. She remembered dreading these symptoms and waiting for them to happen, but they never did. Instead, she remembered that, towards the end of the menopausal transition, she was sitting in her work office in the summer time and she felt some heat move up and down her spine. As she was in a warm office in the summer, and the heat was mild, it seemed unclear to her whether it was a hot flash or not. Tillie reported not really knowing the physical symptoms of menopause.
The most frustrating part of the transition was when she went camping after not having had her period for several months, and she got a period by surprise and was not prepared. During the interview, she described feeling relieved knowing that menopause was over and that she would not have a period again.

When she reflected on the ending of her fertility, she described not feeling or thinking much about it. Tillie said that this lack of thinking or feeling had a lot to do with her upbringing; as the eldest of several children, she was often stepped in and looked after her younger siblings. She painted a picture of being a teenager and watching her peers go out with friends in the evenings while she had to stay home and take care of her younger siblings. When she was in her mid-30s, someone in her family had a child but was not in any position to take care of the child. So, as she described it, “I became a mom overnight.” She took leave from work and began looking after the baby as her own, a child who (at that time) had many medical needs. When she noticed she was in menopause, she remembered feeling like she had not missed out on anything by not having a biological child of her own.

After raising the child for a few years, Tillie recalled feeling unsatisfied with her job. She had always had a specific career in mind, even back when she was in high school. As she described her decision to go back to school, she shared that her biggest fear was failure. She went back to school and took the risk to face her fear of failing. She identified this step as a truly significant event (and accomplishment) at this phase of her life. She articulated that, unlike when she was younger, she was not as afraid to “take the leap.” Thinking back on her life, she did not want to have any regrets.

The choice to go back to graduate school and act on the desires she had for her life reflected what Tillie believed it meant to be a menopausal woman. She described it as a time
when a woman can think about retirement and discover what brings her joy instead of focusing
only on taking care of others. As she described it, this focus on the self may simultaneously
occur alongside caring for others, like aging parents or grandchildren or younger members of the
community.

Tillie described how busy she was and how much she was juggling in life when asked
about her experience of being unpartnered throughout the transition. She suspected that being in
a relationship while going through the transition, while also being a single parent and graduate
student, would have been difficult, created more stress, and have felt like a burden. After
thinking about it some more, she went on to say that she could not be sure what the transition
would have been like if she was partnered, because she did not live through that experience–she
could not be sure if it would have made the transition more difficult or easier, rather it would
have just been different.

Tillie believed that doing well during the menopausal transition was not having the
physical symptoms that she saw other women experience. She described how her expectations
about what she might experience shaped her sense of doing well. Her surprise about her
experience, relative to those around her, was evident in the answer she gave when asked what
advice she would give a woman about to begin perimenopause. She answered by saying that she
could only share her experience and that everyone’s experience is different, but her life was not
interrupted by menopause. On most days, it had no impact on her life. Although she had heard
what she identified as “horror stories,” she said, “it’s not always going to be like you hear it’s
going to be.” She added that she thought women should get together, particularly with elder
women, to talk about menopause so that they do not have to feel alone in their experiences.

When asked to choose a metaphor or image that reflected her experience of menopause,
Tillie selected an image with rich symbolism that represents a transition that is not just physical, but involves the whole person. She described it the following way: “I have the image of a woman shedding a layer as a part of the transition, shedding a part of herself, and going forward into a different phase of life, into a new phase.”

**Common Themes**

Below is a presentation of the five common themes. Their corresponding subthemes are identified in *italics*. An overview of each theme and the subthemes is surveyed in the introductory paragraph, followed by a more thorough description of the theme and subthemes using participant quotes. 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.

**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. When asked to share about their experiences of the menopausal transition, all of the women described the physical aspects of the transition as either relatively insignificant or manageable, without having created additional distress or challenges. Even before menopause began, they had *expectations of a physically challenging transition*. Yet unlike what they had anticipated, as shaped by what they saw and heard from others, they experienced *a relative sense of ease with physical symptoms* and noticed an absence of overwhelming or challenging physical symptoms. This lack of suffering or distress resulted in their *feeling gratitude about the relative ease of the transition* and contributed to their experience of doing well.
The participants had *expectations of a physically challenging transition*. Even before they began menopause, they had absorbed ideas about menopause and what it would be like from watching and listening to those around them. The women had multiple sources of influence: stories they had heard and what they had observed from their mothers and other women in their families while growing up; what they had read in books and magazines; and what they had seen and heard from their peers as their peers went through the transition. The participants felt that being in close proximity to these women while they were experiencing symptoms was the most influential in moulding their expectations that menopause would be challenging, embarrassing, exhausting, and painful. Witnessing the magnitude of the symptoms that others dealt with 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, dread or fear about what their own menopause would be like. The women’s negative expectations were also on a continuum, shaped by a variety of negative experiences of menopause they observed and heard about from others. While some of the participants described trepidation or concern, other participants’ evocative language conveyed the intensity of their
negative expectations about menopause. For example, some of the women described how they watched with “horror” as other women dripped with sweat in front of them while having a hot flash; they described how they began to feel afraid that their fate in the future would be similar, creating fear about what it would be like to experience changes in such a conspicuous way. 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.” As one participant remembered, hearing these stories made her believe she would be unable to cope emotionally and physically with the amount of mess and misery, and described it by saying:

I had heard these horror stories and I thought, I can’t go through that when I’m in school—it’s too much. It sounds like a murder scene, with blood everywhere, like oh my god. You’d have to wear Depends or something. Could you imagine? But some women go through that. And somebody said menopause could last for 10 years. 10 years! And I thought, are you kidding me? I can’t go through that for 10 years.

For some of the participants, the fear was about experiencing symptoms that were visible and obvious to others and could not be concealed at work or in public. They remembered seeing other women experiencing unconcealable symptoms and being humiliated because of it. One participant described her experience of watching her peers have hot flashes while in a staff meeting, recalling that the other people in the room began laughing as the women frantically stripped off their outer layers to cool down. She described the following:

I kept hearing their stories about what they were going through before I started mine. I kept hearing their stories about how horrific it was: they were boiling hot, and we’d be in the middle of a staff meeting and they’d be taking off sweaters and things, and then men
are like ‘whoa’ and the women are like ‘aaaaa’ and laughing at them. So there was that experience of it, and that was what I was expecting.

For some of the participants, what they had seen and heard from the women in their families, while they were growing up, made them nervous about their own experiences of menopause. These early experiences imprinted strongly on their memories, creating images of what they would go through one day when they were in menopause. The participants who witnessed their mothers struggle with the transition were particularly impacted in terms of their expectations of what they might go through, especially when they had witnessed it as young women. A participant recalled feeling sad watching her mother struggle, and she remembered being determined that she would not go through menopause the same way so that her children would not have to see her struggle. Her words were as follows:

…when I was younger, watching that, what it was like, it was very imprinted on me how much my mom struggled, my sister struggled, but I was watching and thinking I’m not going to be like that. No. I decided then that I wouldn’t be like that when I was older. I just don’t want to be like that…it’s hard to see your mom struggle, even at a younger age. She was a little bit older when she had me, so that just imprints in your mind. Seeing her struggle with exhaustion and hormones, hot flashes and stuff.

Although the women’s experiences were shaped by what they had seen and heard from the women closest to them, some of the women also described that their expectations were shaped by what they had read in books and articles. Some participants read books by authors they liked who happened to write about menopause, while others sought out books to intentionally learn more about menopause. In some cases, they reported feeling what they had read was helpful in providing resources and information to demystify the transition. In other
cases, what they had read created more fear about having to go through an experience that needed to be controlled or forestalled. Reflecting on her experience of reading a popular book about menopause, one participant said, “We don’t have to be afraid… but I think [the author] made us afraid, instead of helping us embrace this.” In contrast, another participant noted that the books she had read helped her know what kind of herbal remedies to try if she was in need of a solution to help her manage the symptoms of menopause. While she believed this solution implied that menopausal symptoms were challenging and needed to be “managed,” she also found it helpful to know that there would be options for her to try if she felt herself in need of an herbal remedy. Similarly, another participant educated herself about what symptoms to expect when entering menopause by consulting academic and medical sources. She noted that this self-education helped her have less fear and dread about menopause, especially as the information was presented from what she believed to be a more rational and unbiased perspective of the whole spectrum of possible physical symptoms. The clarity of these informational sources shifted her own expectations to include a wider range of experiences compared to what she had seen and heard from her peers, and they also expanded her understanding of what constitutes a “normal” menopause experience/transition.

In stark contrast to what they had anticipated based on what they had witnessed and heard about other women’s experiences, the participants in this study described having a relative sense of ease with the physical aspects of 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 remembered feeling like menopause and the physical aspects of the transition were so uneventful, neutral, or even unnoticeable that they were unsure how to describe them at all. Some of the participants described the physical aspects of the
transition as “effortless.” 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?” Looking back on their menopausal transitions, 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 thought or feared they might be. Instead, and to their surprise and delight, their lives continued fairly unaltered because of their relative lack of challenging physical symptoms.

Although menopause involved changes for all the women in this study, it did not wreak havoc on the trajectory of their lives. Contrary to their expectations, their transitions were marked by a distinct lack of challenge and struggle. This sentiment was captured in the words of one participant who said, “I actually hardly remember being affected at all.” In reflecting back on the transition, another 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.” Capturing the sentiments of the other women in this study and reflecting on the ease of the physical aspects of her menopause, a participant compared the experience of her changing cycles to the rolling hills of the prairies where change occurs without abruptness or intrusiveness, in the following words:

I guess that was menopause, I don’t know. I guess so. I think the whole change, because it has been a change, they’re just changes. There is no real kind of definite start or end. It’s like being in the prairies—it just sort of rolls along. I don’t know that it’s been in any way a big disruption or really stressful or difficult. It just feels like part of the continuum of being a woman. I think I’ve had a fairly easy time through it.
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. However, the hot flashes experienced by the women were different in comparison to what they had seen other women experience. Instead of having hot flashes that went on for years which left them dripping with sweat, theirs lasted only a few years (at most) and were usually not very noticeable to others. One participant described it the following way:

Well, mine did not last very long, maybe two or three years, maybe, if that long. And the only symptoms I can remember having, other than that my period was disappearing, was that I would get hot. I would just get hot. I didn’t sweat. I would be at the point where some women would say they were just perspiring and going like this (flapping her arms) and I didn’t have any of that. I just felt warm, warm from the inside, like the warmth was coming from the inside, not from the outside like warmth from the air—it was from the inside coming out. But I didn’t get moody or emotional, and I would just have them and they wouldn’t last very long and then they’d be gone. I was just aware that my flow was becoming a lot less and sporadic, and every once in a while, I’d have these inside warm sensations and that was about the extent of it. And pretty soon my cycle stopped.

For others, the mildness of the physical aspects of the transition, compared to what they had imagined, made it difficult to know (at times) if they were, in fact, going through menopause. Compared to other women whom they had witnessed having hot flashes, the changes in temperature they experienced were seemingly so minor and unnoticeable that they believed what they were experiencing could be explained by some other factor, like a change in temperature in the environment. One of the participants shared that the physical symptoms were so mild that she was unsure if they were symptoms at all, in her own words:
I don’t feel like I had a lot of weird experiences with menopause. I didn’t get all the symptoms. I didn’t get any depression. I did get a few hot flashes and asked people, ‘Am I the only one hot in this room?’ but it wasn’t so overwhelming that it felt like something different was happening in my body…it felt like it was happening in the room. So I don’t think they were that drastic. I watched other women who would suddenly stop dead in their tracks and feel like they’re exploding or something, but I never had anything like that.

In addition to other aspects of their transition (described in subsequent themes), the participants all attributed their unexpected lack of struggle or challenge with the physical aspects of menopause to being a significant part of why they did well during the transition. One participant stated in a matter-of-fact manner, “It was so minimal—I just didn’t have a lot of symptoms. There really were not big symptoms and that is why I feel like I did well.” Another participant articulated the perceptions and beliefs of the women in this study in the following way:

I think doing well is about not having the hard experiences that other friends have had: with the hot flashes, with so many ups and downs, and with the fact that it has been five or six years that they’ve been going through it and I really only feel like I went through it for two. I don’t consider the odd hot flush that I get now as still part of it because I go for such long periods of time not having any symptoms. They were on one big long journey where as I really feel like it’s done. And I might get the odd symptom now but it doesn’t make me feel like I’m back in it. That’s the difference: they feel like they’re back in it, full on, and I don’t. And that’s the other thing—I haven’t had vaginal drying. Whereas my friends are saying, ‘Get ready, oh yeah, it’s not great,’ and I think, oh, I’m not having
any of that. That’s probably a big thing too. When I’m with my friends, they really complain about that and how it changes their sex life, whereas I haven’t had any of those issues.

Although they experienced a distinct lack of struggle or challenge with the physical symptoms of menopause, in comparison to what they were expecting, none of the women in this study were physically asymptomatic. All of the participants reported having experienced hot flashes. For seven of the women, hot flashes were the only symptom they experienced during menopause. They identified these as a felt sense of increased warmth in the body to varying degrees, often not requiring much intervention except to take off a layer of clothing, fan oneself, or step into the fresh air. One woman described it the following way: “The only symptom I can remember having, other than that my period was disappearing, is that I would get hot. I would just get hot—I wouldn’t sweat.” Similarly, another participant reflected: “Hot flashes were a bit annoying…that is actually my only experience of menopause—and the cessation of my period.”

Aside from hot flashes, other physical symptoms the participants experienced were varied and on a continuum of severity. Only one woman in the study described having some vaginal dryness, which she found easy to navigate by using a vaginal lubricant during intercourse. Another participant said that she had gained some weight and found losing weight more difficult, but she also wasn’t prioritizing making changes to her diet or to her levels of physical activity; she was accepting of her appearance. Only one woman recalled experiencing something she called “brain fog” where she struggled with mental clarity and verbal recall. Of noteworthiness, two of the women remembered reading about HRT, yet none of the participants felt the need to use this commonly prescribed menopausal intervention.
When reflecting on why their experiences were effortless, all but two of the women believed that the trajectory of their experiences with menopause was predicted by genetics. They believed the best predictor of a woman’s menopausal experience, including the range and intensity of physical symptoms, is what her mother had been through during menopause. In the words of one participant, “Our experience is connected to our genes.” This expectation influenced how some of the participants further explained the fact that they had fewer and more manageable symptoms that led to their experience of doing well. Four of the women felt that they had their mothers to thank for the relative smoothness of the physical transition. As one stated, “I credit mom, or mom’s genes, with giving me a fairly easy menopause.”

What the participants had witnessed in others’ lives powerfully shaped their own reflections and assessments of the relative ease of their menopausal transition. However, for some of the participants, 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 other challenges these women had already survived or were undergoing in their lives—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—these women perceived the physical aspects of the menopausal transition as something manageable, neutral, or even unnoticeable. One participant described menopause almost as if it had faded into the background given the demands in other domains of her life at the time:

There were so many other things happening that it just was a non-issue. My cycle just kind of phased out. I don’t really even remember because there were so many other things going on.
Another participant reflected: “There was so much upheaval. Compared to that up and down with the divorce, menopause just seemed so easy.” A participant who had gone back to graduate school when she was beginning the menopausal transition recalled, “I had other things on my mind…school is highly stressful and it was a challenge. My mind was on something else, other things.” Another participant, who previously had a very complicated and difficult reproductive and medical history, recalled being filled with relief that menopause was not another reproductive event with which she had to struggle, after having so many other challenges with reproduction.

Because of the contrast between what they were expecting and what they actually experienced, most of the women described feeling gratitude about the relative ease of the symptoms of menopause. Remembering what they believed would happen to them and what they had seen and heard about other women, they felt grateful—even surprised—and described themselves as being fortunate that their experiences were not like others. They used words like “thankful” and “lucky” when reflecting on what they had been through, and their expressions of gratitude were contextualized or explained with a comparative statement about the experiences of other women. Knowing how difficult it can be for some women, a participant expressed relief in knowing her experience was so different—so much better—than it could have been, in the following way:

I was so thankful... they just sweat and they’re miserable, they’re drenched and fanning themselves. And I always looked at that and thought that must be really difficult because I could never identify with that. I never had those experiences.

Although not a perspective shared by all the participants, one woman described her experience of the transition as enjoyable, expressing a sense of delight in her good fortune, especially in
comparison to the horror stories that she had heard and witnessed 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.

Almost as if she was realizing it as she spoke, one participant identified her surprise and relief at how little she actually struggled with the transition: “I guess I’m surprised because I really did expect to end up struggling with it. And then to not—it was surprising and I was relieved. I kept bracing for it but there was nothing to brace for.”

**Importance of Relationship and Dialogue with Other Women**

For the women in this study, having relationship and dialogue with other women was an important component of doing well during the menopausal transition. They believed that connecting with other women was essential for experiencing support and solidarity around the major reproductive changes that happen in a woman’s life, and they noticed a lack of dialogue and openness about menopause in their families, social circles, and society at large. Through their interactions with others, even from a young age, women learned that menopause was “just not a thing you talk about,” and this created a sense of aloneness, isolation, and shame about their experiences of menopause and about being a menopausal woman. Consequently, the women in this study found that seeking out connections with other women and speaking specifically about menopause and what they were experiencing was helpful in demystifying menopause through the sharing of information. Part of doing well was the freedom and felt sense of safety in their conversations with women they could speak to openly and honestly. These conversations gave participants an avenue through which to share ideas, tips, and facts about
getting through menopause. As they spoke about doing well, 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*. The experience of travelling with other women through the changes of menopause contributed to their sense of doing well. Connecting and sharing with other women was such an important part of their journeys that the participants wished for other women to also have the experience they had of open, supportive, and playful friendships where they could be themselves and not have to go through the changes alone. The participants were already connected to groups of women through other interests or commitments, but through menopause, these groups became relational spaces where the women could share their truths about what was happening, ask questions, empathize with one another, and get help locating and removing the occasional “stray chin hair.”

The women in this study all experienced a *lack of dialogue and openness about menopause* both in their families while growing up and in the culture around them. They described this lack of dialogue as a type of silence, reservation, negativity, or shame that, in some cases, extended beyond menopause to other reproductive and sexual experiences, including menarche, menstruation, and sexual activity. The participants could not recall menopause, reproduction, or sexuality being spoken about frequently or in detail in their families. If anything was said, it was rarely more than a few words. Growing up, they received no teaching, advice, or wisdom in preparation for menopause; no sit-down conversations to educate, support, or inform them. The participants named the absence of dialogue between the women in their families by using the following pertinent and concise descriptions of the silence and lack of conversation: “they never said anything” or “she never verbalized it” or “none of it was ever talked about.”
When speaking about her mother, one participant used the following words to capture these shared sentiments:

…she never spoke of menopause or symptoms either. She would have been too busy with so many kids and a house and a husband to have time to pay attention to any symptoms if there were any. But she has never talked about hot flashes, or any symptoms she had, or any part of it actually.

Both with menarche and menopause, many of the participants described a lack of dialogue in their families of origin which led to feelings of confusion about what menopause was actually like and what they would go through one day. This “not knowing” created uncertainty and fear which left them with the realization that they may have to go through these important changes alone. One participant initiated a conversation with her mother about menopause where her mother simply told her to pay attention to dry skin on her elbows and knees, and illustrated her experience of isolation and uncertainty while figuring out menstruation for herself in the following way:

I wasn’t really being told beforehand that it was coming, and no one really explained anything, except that this thing would come on a monthly basis. So how do you figure it out? At 12, 13, 14 years old, you just have to figure it out on your own, no passing of information happened. Even moving from pads to tampons, there was no instruction about how to do it all…. so I went and bought my own. I was about 14. It wasn’t talked about at home. None of this was. And there was nothing at all about when it is going to end. Nothing… I remember asking her about it—I would have been a teen—and my mom said, ‘When you’re my age, don’t forget to put moisturizer on your knees and elbows,’ and that was the extent of it…. 
The women in this study shared how the silence and negativity around menstruation and menopause also extended beyond their family homes. They commented on the often pathological portrayal of menopause and menstruation in the media and in society in general. Most people in the women’s lives did not appear comfortable speaking about menopause openly, and described it as “not something you hear talked about.” 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. One participant captured these shared feelings using the following words:

No one talks about menopause. I don’t think it’s shameful, I think it’s part of our life.

And we can talk about life and death, but we can’t talk about this? Why is that with the woman’s story? Why are people ashamed of our embodiment?

The women believed that the dominant cultural portrayal of menopause as negative and shameful led them to feel like they could not speak about their experiences openly with others. The negative depiction of the menopausal process was compounded by what the participants felt were inaccurate depictions of what it meant to be a menopausal woman: old, frumpy, and bland. Because of the negative and narrow depictions of menopause and menopausal women, the participants believed menopause was characterized by isolation and had become a taboo subject, which made it difficult to speak about if they wanted to do so. A participant described the perceived negativity in the following way:

I think society is kind of negative about menopause. It’s become just a negative word.

You hear menopause and you think ‘ugh,’ ‘old lady,’ and I’m not an old lady. It’s not
actually a bad thing to be in menopause, but it feels negative, like the word itself has become so negative culturally, but I don’t feel it myself as being negative.

Having noticed an overwhelming silence and negativity surrounding menopause and menstruation, some of the women in this study described engaging in self-silencing about their own experiences of menopause, particularly 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 and what was being shared by some of the other women with whom they interacted. This distinction occurred in moments when other women with whom they were not very close complained or shared about how difficult their experience of menopause was. They believed it would have been inappropriate to do anything other than empathize and listen, so as not to appear like they were bragging. Instead, they engaged in a form of self-silencing so as not to be perceived as arrogant or unkind, given the menopausal challenges that other women in their lives were experiencing. Noting how this phenomenon occurs across a variety of women’s reproductive experiences, one of the participants captured her experience of doing well to a mother who brags about her child’s grades while knowing the other woman’s child is struggling in school. These were her words:

I was thinking I wouldn’t say, ‘Oh that sounds horrible, mine is not a problem at all, oh you poor thing, you can’t sleep.’ You can’t say that. And you can just sympathize in case you offer futile suggestions. It seems not okay to share your own experience if it wasn’t a big deal. That would seem, well, not gloating, but like an unkind thing. It just seems awful if we said, ‘Oh, your child is doing terribly in school? Oh that’s too bad, did I tell you mine is making A’s in math? I’m so proud.’ Like why would you do that to someone? And women do that with other things too, like birth stories. We don’t want to
make them think they did something wrong, belittle it, negate, or discount their stories. 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 more often with others inadvertently contributed to the prevailing narrative that menopause is horrible and unmanageable. One of the participants believed that by not speaking up more often about doing well, she too had perpetuated a story about menopause as negative, which was something that paradoxically had impacted her experience of doing well. This participant depicted this dynamic in the following way: “A lot of women I think do go through difficult times, but it’s possible more women don’t actually have a hard time but they just don’t talk about it.”

The media portrayal of menopause and menopausal women did not match the participants’ experiences of the transition. The silence around menopause did not help them gain a better understanding of themselves and the transition. Even though the physical symptoms they experienced were not unmanageable, they still had questions and curiosities and they wanted spaces where they could share and learn alongside other women. The lack of dialogue and openness to discussing menopause was perceived as a barrier to learning more about menopause and getting the support they longed for. In response, the women found ways to get the information they needed and created a sense of closeness and camaraderie through intentionally speaking about menopause in their existing relationships with other women—relationships where they felt safe, supported, and able to dialogue openly. Some of the women made a conscious decision to reach out to others by sharing and asking questions, while other women described it happening effortlessly with the friends with whom they shared most things in life. For these women, doing well meant having avenues and relationships where they could share their
experiences, gain information, and brainstorm ideas without fear of judgment or rejection. Because some of the women felt the need to self-silence in moments when other women were sharing about their distress, these relationships stood out as places of freedom and dialogue where they could ask open questions and journey alongside each other without having to worry about how they were perceived by others.

The dialogue that the participants had with other women 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 and, in some cases, concerns about whether what they were experiencing was normal and how to best navigate the changes. The participants recalled sharing stories with women who were close to them about what kind of symptoms they noticed in order to learn if these women were having similar symptoms. Some of the participants were relieved to learn that their experiences were not that different from their peers. Through the sharing of their menopausal stories, the participants discovered other women were also experiencing both physical changes and changes in their identities as women. They said things like, “It felt so good to know I wasn’t crazy,” and “We could talk about it together, swap ideas.” When discussing the importance of women sharing information with each other about menopause, one of the participants said:

…you don’t need to be afraid. You just need to understand it and know your body, and when women know the symptoms it is so relieving and helps women understand… we need to talk about this as women, like, how do we get excited about this next stage of life? What does it look like? We need to know what are the things we can expect, anticipate, and take note of so that you’re not afraid.
In contrast to the general sense of social silence around menopause, the participants described having intimate conversations with other women marked by openness and collaboration where they could learn from each other about what things did or did not work in getting through menopause. Together, they were able to discuss what was really happening for them, even if it seemed taboo to discuss with most people. Some of the women in the study remembered “comparing notes” with other women and learning about what to pay attention to in their own bodies and behaviours based on what had been helpful for other women. For example, one of the participant remembered learning from conversations with her peers about how to pay attention to her body in a new way, and said the following:

The hot flashes were annoying. There were nights where it was worse than others. I would share with my girlfriends and they would say, ‘Oh, I found eating red meat makes it worse, or red wine’ and so I began to explore what I was eating and how it was affecting me, and I began to become aware of just health in general.

Sometimes an older woman was part of these conversations and could take on the role of a guide, describing what she had experienced and forecasting what other women might go through. The participants found that having a woman 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 speaking about menopause as an experience that involved not only physical symptoms but also adjusting to a new phase of life. Therefore, becoming informed was also a part of doing well. The participants reported feeling empowered because they were aware of what might happen, including the positive aspects of the transition, instead of being afraid of what was to come. While reflecting on the experience of having an older woman share about her menopausal transition, one participant said:
All the emotional stuff and the physical stuff I went through I was kind of expecting, and I think that was part of doing well. All of us, as the book club ladies, would talk about it. One woman in our book club is in her mid-60s, and she described herself as sort of the elder stateswoman of our group. She’s the oldest of us, and yet she has a number of role models that are much older than her still. She was someone who showed us what each of the stages come up are going to look like… she would talk about all the things she hadn’t anticipated, changes in her skin, stuff like that.

The women in the study realized the importance of candid conversations with other women about their experience of doing well, and some described feeling a sense of sadness that they did not have more opportunities to dialogue with other women about menopause. This sadness was especially true for the women who had lost their mothers and were not able to discuss menopause with the woman they felt they wanted to speak with the most. Some of the women felt content with the amount of interaction they had with their peers about menopause and speculated that, had their symptoms been more severe than they were, they would have benefited from more intentional communication with their peers about menopause.

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. They wanted to be the older, wiser woman who helped inform others about what menopause might entail and who helped other women have an experience of doing well. For example, one of the participants found it extremely relieving to learn about the cognitive changes women can experience during menopause, especially since she did not know what was happening when she began to notice these changes in herself. She wanted to inform
other women about what she had learned to prevent them from having the worry about decline in their cognitive capacities that she had:

I got really afraid. For a while I did think I was losing it. I guess I just started sharing with some of the other women who are going through things that are similar and hearing their stories and going, ‘Oh, okay.’ Now I’ve taken it upon myself to do the same for others, so when perimenopausal or menopausal woman are in my counselling room, I let them know about that piece, because they talk about other things like their skin and vaginal dryness. They tell you a whole bunch of those kinds of things, but I didn’t hear anything about the brain.

For some women in the study, a sense of empowerment was experienced through sharing about doing well as a counter-narrative to the cultural portrayal of menopause as pathology. They described how sharing about doing well further added to their experience of doing well and allowed them to experience a sense of agency and resistance, believing that they were helping other women have access to a more positive portrayal of menopause. This empowered response was demonstrated in the words of a participant who felt strongly about inspiring younger women to think critically about what they heard and believed about menopause, and how that could impact their experience of the transition. This participant stated:

It’s important to share my story with other women. It’s important because we have to stop this propaganda. It’s important for women to understand that they can have more agency and control, and that by taking in those stories and belief systems, we really stop ourselves from having other experiences. And structurally, the whole system is designed to impede us as women and to keep us ‘in our place.’ It is the commodification of the female body. It’s important to have some other kind of experience to talk about with
women so that they understand that it doesn’t have to go that way. They can have another notion of their own physicality and their own experience as women in the world. I find it part of a resistance.

As the women in this study spoke about the importance of conversations and friendships with other women during menopause, they identified that these relationships had helped to *decrease a sense of aloneness and increase connection through shared experience*. Although they often shared information about the practical or physical aspects of menopause, the nature of the conversations and connections the participants had with others highlighted that, for the women in this study, menopause was not just about the physical symptoms but also about a sense of transition to a new life phase. For many of them, the landscapes of their lives were shifting. Together with their peers, these women were able to navigate these changing landscapes. With these close friends they shared what they were learning about themselves, brainstormed solutions to challenges with family members, celebrated and grieved their empty nests, and laughed about their changing bodies. At times, being able to make jokes or have fun with their peers about their experiences helped relieve the stress and uncertainty arising from the many changes in their lives. For example, one of the participants appeared vibrant and animated during her interview when she spoke about 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. For her, sharing these experiences with other women had even made certain aspects of the transition fun. For the women in this study, doing well meant having other women alongside them as they transitioned to this new developmental phase. Not having to do the hard, new, or wonderful things alone meant they had a network that strengthened and encouraged them. One participant conveyed these shared sentiments well:
…it was lovely to be able to talk to people, to my women, about what was going on and for us to share our stories and hear, 'Yeah, me too.’ 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. There is this book called Circle of Stones, and in that book, she talks about having a circle of women who embrace each other through things, and she talked about a menstrual celebration for the girl who just had her period and now she’s a woman. And how the wise who have already been through menopause and the mothers and grandmothers can kind of embrace her through this season of becoming a woman. But 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… so the circle of people I was talking to was very, very helpful.

As the women were making the shift from one phase of life to another, doing well meant not having to navigate the transition alone. 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. These were regular walking groups, book clubs that had been meeting together for several years, 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, they found their close friendships with other women helpful. Some of the women speculated that conversations with other women or groups to discuss menopause would be particularly helpful for women who found themselves needing extra support with any aspect of the transition.
Some of the participants lamented that unlike other cultures, particularly Indigenous and Asian cultures, Western culture does not have the same kind of meaningful traditions where women can journey through the major reproductive transitions together and speak openly and honestly about their experiences and struggles. As described by a participant:

…having other women to talk to and converse with plays an important part for us as women as we’re going through menopause or whatever stage we’re going through—we need that companionship. There are so many other cultures that do that, women with women all the time, and girls with girls all the time, and there is just something so important about that.

On a similar theme, when asked how she would advise younger woman about doing well during the transition, one participant recommended:

Stick with the sisters. Stick with your women. I think about the red tent, all the women bleed together like the aboriginal women who talk about the menstrual period being a time of great power and reverence for women; it should be the same for menopausal women. So we should share our stories and have parties like some of my contemporaries had parties for their girls who were starting to menstruate.

All of the participants wanted the societal scripts to change so that menopause could be spoken of more freely between all people, in public spaces, and with men. However, having other women to connect with on a deep level was identified by most participants as crucial--particularly women who were undergoing the menopausal transition or had already been through it. Sharing experiences created a sense of trust and safety between women and allowed them to experience freedom in discussing all aspects of the transition while feeling understood and supported. One woman described her shared belief in the following way:
It is so important to say, ‘You are not alone.’ And we have so many male doctors doing this stuff for us women, but that is not helpful. They just don’t understand. A male doctor will just look at the physiology; they are not necessarily talking about the psychology, and there is some psychology around this, some emotional impacts of going through this. And so if we are normalizing things—assisting and imparting wisdom—are we going to help women be more calm and relaxed through this process instead of fearful and anxious? There is something about the woman-to-woman connection. The group of women I spoke to around menopause…that connection with them was really important, and really important for me through the process of menopause.

A Sense of Freedom

The women in the study felt that a very important aspect of doing well was the sense of freedom that came with menopause. Challenges and responsibilities that came with being a younger or fertile woman, which they had previously worried about or felt they had to manage, were no longer an issue. Instead, the women reported a sense of liberty, independence, and ease with various aspects of their lives. They experienced a sense of freedom from the cycle and symptoms of menstruation, which meant no longer having to worry about managing painful, irregular, or heavy periods, or unexpected accidents. Importantly, not having a menstrual cycle also brought a sense of freedom with sexual activity. Instead of having to plan sexual activity around the timing of their menstruation, dealing with unexpected bleeding while being intimate, or being concerned about an accidental pregnancy if they were sexually active, they felt free to enjoy sex whenever they wanted. The sense of freedom was not just related to the physical aspects of menopause, but also included the psychosocial changes the women were experiencing. They reported having a sense of freedom to be themselves without worrying about the opinions
of others. Doing well meant they felt freer to express and think for themselves without worrying about what others thought of them, contrary to their experiences when they were younger.

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 meant the ability to move through relationships and activities with more spontaneity. When describing the experience of no longer have a menstrual cycle, many of the participants said things like, “it’s just so freeing” and “what a relief,” although one of the participants also noted that she missed the sense of power and emotion that came just before her cycle each month. Two of the women even threw up their hands and cheered out loud during their interviews as they expressed celebration for the ending of the tedium, mess, and pain of monthly bleeding. Several women spoke about how much time and effort regularly went into managing menstruation throughout their lives, which included planning and tracking their monthly cycle, learning about different approaches for coping with painful cramps or excessive bleeding, and managing the fatigue they felt at various points during their monthly cycle. Many of the women in the study struggled with what they described as extremely heavy periods which required constant planning and monitoring to prevent them from bleeding through their clothing. Some of the women also struggled with irregular periods, which meant they had to be vigilant and prepared with menstrual products in case they started menstruating at an unexpected time. 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 joy and reprieve that came from not having to worry about bleeding at either expected or unexpected times. For her, this opened up the possibility of being able to dress in a way that she wanted to, instead of in a way that would best conceal the situation should she have breakthrough bleeding. She described it in the following way:

What a relief—not having the pain, and hell, I can buy white pants now. I haven’t, but I could, and I look more now at women who are wearing light-coloured clothing and go, ‘Oh, I could wear something other than black.’ All my pants are black or navy blue, because I just never knew—even at the end when I was taking the pill, I could start bleeding at any time of the month. And sometimes there was just no warning, so stopping it was such a relief.

Another woman who also struggled with painful cramps and heavy bleeding spoke about the freedom of no longer be tied to a bathroom when she was menstruating, particularly when she was at work:

It’s so freeing. I don’t have cramps anymore; I don’t have to worry about leaking anymore and having to be able to get to the bathroom to change every two hours. So all that is gone. So it’s just so freeing. I just love it. I don’t miss it at all.

Even more dramatically, one participant reflected on how menopause was like the lifting of a curse. She reported experiencing an overwhelming sense of relief knowing that menopause meant an end to her irregular periods, which were painful and hard to predict, in the following comment:

My periods were very irregular. Sometimes they would come and last for days, and then they’d go away, then they’d come back next week, and I’d think, ‘Please God, no.’ My mother who is French used to call it the curse, and I thought, yes you are right. I was
never a fan of periods; I don’t know anyone who is. Mine were not particularly fun so it was a relief to get to the point where I was thinking that this wouldn’t be happening much longer. Hooray!

For some of the women, no longer having to think about or plan around their menstrual cycles meant they were now able to be as physically active as they wanted to be. Instead of having to manage bleeding or painful cramps, they could engage in physical activity with pleasure and without restriction or concern. A particularly athletic participant who found it very helpful when her cycles stopped spoke about the sense of freedom:

For me as an athlete, it was kind of helpful not having a cycle because I didn’t have to worry about it when I was doing sports or on the field—less to worry about when I was in performance mode.

The ending of menstruation also meant that the participants had more time and energy to enjoy other things, including sexual activity. Without the risk of pregnancy, or the concern that their menstrual bleeding would create a mess or barrier for sexual activity with a romantic partner, 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. They no longer had to say no to a partner initiating sex while they were menstruating or fear bleeding spontaneously while having sex with a new or existing partner.

Some of the women felt free for the first time in their adult lives to be sexually active without the concern that they might get pregnant. Since the time they were teenagers, they had heard messages about safe sex, contraception, and the risks of pregnancy. The thought of having a child seemed like an interest from another phase of life, and now the women’s interests were
elsewhere—more in creating their own lives. For these women, as their fertility ended, doing well meant more freedom to enjoy sex for pleasure’s sake, without any thought of pregnancy. One of the participants explained it in the following way:

I think with the sexual activity, and not knowing if I was going to get pregnant or not, I can enjoy it more now. I think that was just so imprinted on me as a young adult and going through high school. Those ideas kind of stay with you in some respects. I’m not going to get pregnant now, there is just no way. Now, I’m not with someone, so how terrible would that be to get pregnant? I don’t want another kid. I’m done with it. So I don’t have to worry about that with sex.

Similarly, for another participant, the fear of getting pregnant had been so ingrained in her thoughts about sexual activity that knowing she could not get pregnant anymore was extremely reassuring. She described it in the following way:

I feel relieved in some aspects. There was the fright of ‘am I really through this?’ because of what that meant for being sexually active. ‘Cause oh my god, at my age? A surprise pregnancy? Are you kidding me? That would be really scary. Knowing I’m not going to get pregnant is really positive. Just reaching this new threshold—not having a period anymore—it’s really kind of nice. It’s such a natural thing, but sometimes it’s such a hassle having a period. I’m not going to get pregnant, so that’s really nice.

As they were going through menopause, most of the women noticed that their menstrual cycles began to occur less frequently over time and did not follow a particular rhythm or pattern like they had in the past. This change in rhythm made it increasingly challenging to predict when they would be menstruating. Sometimes there would be many months between one period and the next. This unpredictability created challenges for women who were sexually active during
menopause, but also meant extra relief when they knew they were not having any more periods. They no longer had to navigate the challenging conversations with new sexual partners about an unexpected period while on the first night together, nor did they need to have conversations about a “surprise period” that arrived while making love. One participant captured the women’s shared sense of relief and freedom in knowing that the irregularity and inconsistency of their periods were over in the following description:

> You’re in a new relationship, you’re exploring things sexually, and then your partner is tentative too. They approach and ask, ‘Do you want to?’ And then you have to say ‘no’ and they take it personally. But it’s not about not wanting to, right? Like, ‘Sorry I can’t predict this, but today is not a good day.’ So those kinds of things are hard because your period is not regular, and so you don’t know when it’s going to pop in. There were times like that. Then when there is no period anymore, there is so much more freedom. I don’t have to worry. All of a sudden there are no surprises, and isn’t that nice?

Although many women in the study expressed relief that they no longer had to think about or plan around their menstrual cycles, the freedom they felt having gone through menopause extended beyond the physical aspects of the transition. Going through menopause provided the participants with a new sense of freedom to be themselves without worrying about the opinions of others. Unlike when they were younger and felt more insecure or unsure of themselves, these women reported that they were no longer preoccupied with pleasing others in the same way. They felt better able to use their voices and take up physical and emotional space without fear of what others would think of them. Through menopause, they arrived at a stage of life where they had a new sense of confidence in themselves. They talked about being able to speak up about issues that mattered to them, and they found it easier to confront others when
necessary. In addition, some of the women also found it easier to “let things go,” including hurtful, judgmental, or emotionally charged comments from others. For the women in this study, doing well meant having a sense that, more than ever, they were themselves, while also being less concerned about the approval of others. For example, when talking about this phase of life, a participant noted that she was finding it easier and more important to use her voice when interacting with others, without needing to self-silence or edit herself as she had in the past. She described this experience as follows:

When I think about it, the word freedom just came to mind, but I have to think about what that means. I think that the change is not just physical—it’s emotional, spiritual. I think you have a freedom to really teach as you get older. You can really teach because as we get older, we have less filters; we are able to speak more. Really, there are so many filters that come from society about what we can say and not say, and we’re left trying to think of all the right things to say. And for us as women we learn ‘because my mother was silent, therefore I must be silent.’ And the older you are, I think you can let that go. I’ve lived through a lot of stuff in my life, and I have things I can teach people, and there is a freedom in sharing about how I’ve lived my life and in my experience.

Instead of apologizing for themselves, as they had previously done and still observed younger women doing, the women in this phase of life reported being freer to speak their minds without apology or self-censorship. Some articulated that while they made sure they were still respectful and kind, they could have their own opinions and share them without being concerned that they would not be liked instead of trying to please others or be overly apologetic. For example, one of the participants noted that “on this side of the transition” she had started swearing more, asserting her opinions, and gaining confidence in who she is:
I swear more—I don’t know if that is menopausal or not. I’m extremely opinionated. I think you sort of become really comfortable with who you are and you don’t really care too much what other people think. I mean, as long as you treat people with decency and respect insofar as you can; otherwise, the idea of apologizing for the space you take up or your musical taste, everything from the big to the very tiny things, is just like, ‘No, fuck that shit. This is who I am, hello.’ It’s so freeing—extremely freeing. And you start to notice young women apologizing all over the place… I don’t know if that’s a female thing in our culture, but I don’t do it anymore. And it’s great, so that is really lovely.

According to the participants, this season of life was about being themselves and no longer shrinking down or contorting themselves relationally to be liked or approved by others. For them, doing well was about the freedom to no longer be who they thought everyone else wanted them to be, but rather to be who they believe they really are—or at least to have the freedom to figure that out. Reflecting these sentiments, one of the participants contrasted her new sense of self-assurance with how she used to feel about herself when she was younger:

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.

Interestingly, some of the women also reflected on the fact that, as their opinions about others were changing, they observed other people’s opinions about them changing as well. They noticed that they were no longer viewed as a threat by younger women or viewed as sexual objects by men in the way that younger women might be. In that way, they were “invisible.” At times the sense of invisibility made them feel dismissed by others, but it also left them feeling
like the pressure to be seen as attractive was removed, and they were less preoccupied with the threat of sexual assault. The women were not concerned with securing more visibility or trying to maintain a sense of value through the gaze of others. For the women who sensed the invisibility, doing well meant accepting it, thinking critically about it, feeling relief, and even viewing it as an invitation to experience more freedom. 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. She said:

You know how it is with older women—once you reach about 40, you become invisible. It’s kind of a superpower. I used to get a little bit of attention from men, even though I’m obviously a lesbian. Well, now it’s like men see me as human. To younger men—a lot of younger people actually—older women don’t exist. We’re not as much commodities anymore. We’re not classically attractive. So the pressure is off. The pressure is off to be hypervigilant.

The Sense of Transitioning to Another Phase of Life

As their menstrual cycle began to change, the participants described having a sense that they were experiencing a transition from one phase of life to another. Menopause was more than a set of symptoms or the ending of their menstrual cycles; it was a marker that one chapter of life was over and a new one was beginning. The ending of the women’s menstrual cycles and all aspects of the menopausal transition—physical, emotional, psychological, and spiritual—served as a bridge linking life as a fertile woman to life as an elder. For the participants in this study, an important dimension of doing well involved having a sense of trust in menopause as a natural process. Having trust allowed the women to navigate the uncertainty and complexity of this transition to a new developmental stage without feeling antagonistic towards their transforming
bodies, their changing sense of self, or their perception of a new, and perhaps less valued, role in society. They felt that the transition was a natural one, part of the cycle of life, which they could embrace. When the participants discussed the phase of life that was ending, they were aware that their child-bearing years were over, and they described *accepting the ending of their fertility*. Doing well was characterized by being satisfied overall with their reproductive choices and not being overcome with grief or sadness that they had missed the opportunity to have (more) children. Facing the ending of their fertility, the women saw themselves as having a new role in society and in the lives of those around them. No longer in the stage of life characterized by fecundity, they each found themselves *becoming an elder*--a transition characterized by a sense of being caring and responsible towards those younger than them. Doing well for these women meant that they had an awareness of their power and value as elders because of their life experiences, and they found meaning and purpose in shaping the lives of younger women. Aware of what they were leaving behind, they also found themselves looking ahead towards the last phase of life. Through menopause, these women became increasingly aware that life would not go on forever, and doing well meant being able to view the transition as an opportunity to create the lives they wanted with a sense that they were using their time well.

In spite of 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*. The women spoke about how beginning menopause was like a change in rhythm: the new rhythm was not bad but they needed to adjust to it. For them, doing well meant the menopausal transition could be approached with openness and curiosity, rather than as something to fear or escape. If menopause was a bridge between two phases of life, this bridge would support them in their journey to the other side. Like the other major reproductive transitions in a woman’s life,
the participants saw menopause as a signal that they were moving into a new phase of life, both physically and psychosocially. Participants described both menopause and the new phase as something to be embraced rather than something to resist—the women chose to surrender to the flow of change in their lives with the belief that something better was on the other side. They said things like, “it’s a natural process,” “just trust your body,” and “I want to embrace this.”

One participant reflected on this shared conviction that menopause is part of the natural order of life, in the following way:

I was just always aware that menopause was part of how God created our bodies to be, and it was a beautiful thing. And it had a purpose. There was a season when you menstruated and a season when you stopped. For me, there was acceptance.

Like a powerful river, menopause was an inevitability that women felt would carry them to a new destination; instead of spending energy trying to keep life (and their bodies) the way it used to be, they chose to ride the current of the river to a new phase of life. Part of doing well was seeing themselves relax into something that would unfold in its own way, in its own time—something viewed as ultimately trustworthy. In a poignant comparison to the process of labour and delivery, one participant talked about how fighting the transition would be useless—that there would be more ease and rest through embracing and 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 and would “do what they needed to do.” 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 allowed the women to believe that whatever happened as their bodies changed, it was supposed to happen and was not a problem or aberration. For example, one participant remarked on the ways her relationship with her body had changed over the course of her life and hypothesized that her attitude towards her body contributed to her experience of doing well through menopause. She described this change as follows:

I have a pretty good relationship with my body, not that I want to separate my body from me, but I am not resentful. I think a lot of the drinking I did when I was a younger person was about that—I was resentful of the limitations of my health problems. I always imagined that I wanted to be an athlete and run fast and swing from the trees. I’m reconciled with that now and I’m fine; I like my body as it is. And I’m sure that that had a role in how I managed the transition, I’m sure it did. I am pretty good to myself.

Some of the women identified that their overall attitude or disposition in life was also helpful in viewing the menopausal transition through a positive lens. They shared their desire to approach new experiences with curiosity instead of fear, look for opportunities to grow, have their eyes open to see beauty, and get through hard things no matter what. The women
recognized that they had espoused these attitudes long before menopause had started, and found them particularly helpful as they approached and travelled through the transition. Reflecting this perspective, one participant described how she believed her personality shaped her perception of menopause and allowed her to see the good things about menopause and life after the transition:

I think personality plays into it: I’m a glass half full. And so when I look at things, I do look at what has gone well first; other personalities are going to look at what hasn’t gone well first. That probably played into why I did well. I mean, I think I did do well, but you know, that also plays into my outlook because that’s how I look at life—I look at life as glass half full.

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. For these women, doing well meant that they did not have any regrets or disappointments to work through—no missed chances were evident, and the opportunity for childbearing was not taken from them. Rather, these women were able to leave this phase of life behind, feeling satisfied with their reproductive experiences and childbearing choices whether or not they had children. As this chapter of their lives closed, the women who had children were content with the number of children they bore. The women who did not have children reported that having biological children was not a priority in life for them; they had found other ways of nurturing themselves and did not feel as though they were missing out by not having biological children of their own. Capturing these sentiments, one of the childless participants described the sense of menopause as a transition between life stages where, despite
leaving her fertility behind, she was at peace with the choices she had made in deciding not to have children. She described:

Just thinking about the whole thing about losing your cycle—that sort of indicates that the possibility of children isn’t there anymore. It means entering another season of your life, starting a new chapter. But it’s a little bit of a loss, and I’m glad to be out of it, seriously happy to be out of it. But I did recognize that it was a loss—not that I ever had a burning desire to have a family or children, so I never felt that I’ve been lacking in that area at all.

Despite their general sense of accepting the ending of their fertility, half of the women in the study expressed some sadness that their childbearing phase of life was over. They described the sadness as being different from grief related to infertility or the inability to have (more) children, since they explained that they were all satisfied with their childbearing decisions. Rather, the sadness lay in moving further away from the phase of life when their children were young, and in the ending of the potential for childbearing. However, the women explained that this sadness was fleeting and did not negatively impact their experience of doing well, nor was it the dominant emotion that emerged when thinking about the end of their fertile years. The complexity of this experience was portrayed in the following words of one of the participants:

There are all these moments I look back on and menopause is a good time to do that—the ending of one chapter and the beginning of another. I remember at one point, it was sad. I was selling the crib at the garage sale and I was crying, but I still felt that reward of being a mom. I still do. I love being a mom. It’s also the natural progression to move on. I was able to have a lot of fun with my kids and really have a lot of good quality time, not always doing everything right, but having that time. So now as adults, it’s rewarding to
see how it comes full circle. It’s a privilege to be able to bring life into this world. It was sad that I wasn’t going to do that anymore, but it’s also a celebration, because I’m moving on, and we need to see the beauty in that. We’ve been given the gift of life and it’s finite. Knowing that I was moving over that bridge to a different part of life, I felt celebration, and some sadness, and a mixture of them both.

The women in this study reported that being content with their childbearing choices was an important part of doing well during menopause. None of the participants had to face the grief of unwanted childlessness, and no one regretted having children. Some of the women speculated that the transition would have been much more difficult for them if they had wanted but been unable to have children, or if they had not been able to have as many children as they desired. These participants felt that doing well during menopause may be more difficult for women who, in addition to dealing with the other aspects of the menopausal transition, are grappling with grief or loss related to the end of their fertility. When describing the end of her fertility and her satisfaction with her childbearing decisions, one participant reflected:

So now we’re moving into the stage of letting go of that. But it wasn’t a sad thing to let go of that for me. You know, not having a period wasn’t a sad thing, it was a nice thing… I think there were some thankful pieces—like if I hadn’t had children, I think that that would have probably had a different set of emotions for me, but I had two beautiful kids, and I was quite content to stop there.

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. Menopause signalled their change in status from mother or mother-type figure to elder or grandmother-type figure. The women were aware of the weight and value of their life experiences, and they now
had the time, energy, and opportunity to share their experiences and insights with others. This sense of responsibility to guide and support the younger generation gave meaning and purpose to their lives. Several participants noted how their relationships with younger women added a sense of fullness and depth to their lives. While the participants acknowledged that they were enjoying more freedom from the perceptions and judgments of others, they were also feeling the privilege of giving back to younger women in particular and their communities in general. The women used different words to describe this role, including “elder,” “grandma,” and “crone.” Regardless of the name, the participants perceived this role as one of an elder stateswoman who speaks her truth in a diplomatic way, provides guidance or advice, listens, and offers support without judgment. The women felt a sense of duty to care for others in a selfless manner, and that their life experiences gave them authority to influence and shape the lives and minds of younger people. 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.

Some of the women said that older women in their lives modeled what an elder might look like, say, or do. They were able to draw from their experiences with these older women, and recognized/saw the positive influence that they had on their own lives. Contrary to the negative portrayals of aging women that they sensed in the broader culture, the participants commented that the elders they looked up to embodied freedom, power, creativity, and diplomacy. The elders shared their life experiences with people around them in a way that engendered others’ respect. 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 of the participants described it as follows:

The idea that comes to mind for this stage of life is the crone. Although society paints such a negative picture of the crone—you picture the older woman with the wart on the nose and a hair hanging out of it—but the crone is not just the wicked witch; it’s your grandmother. And my grandma was cool: Grandma golfed, went on cruises, and got a boyfriend. She was 70 and lived in sin. And Grandma did square dance. So it’s looking more positively. It’s unfortunate that [the crone] has that connotation because it is actually grandma. Grandma in my mind was always young and active and curious—and there for us…nurturing and having authority but not being authoritarian. She was the person to go to for advice, knowing that you wouldn’t have to take it.

In spite of the cultural messages they sensed that presented aging women as invisible and insignificant, the participants believed that their insights and wisdom did indeed matter. For these women, one aspect of doing well meant believing that they had value and had something to offer others. One participant shared how she adjusted to the new role, releasing her old way of seeing herself in order to embody the role of elder with all its privilege and responsibility. She said:

I am more aware of myself as an elder. It’s a responsibility to take up my share of space. My default when I’m in an unfamiliar situation or uncomfortable about something is to fall back on humour or ‘don’t take me seriously, I’m not a big deal.’ But I am a big deal and also not that big of a deal. It’s that conflict: I don’t want the responsibility but I must take it. I do want it—I do want to be a leader and a mentor to younger women, an example of a mature woman with some experiences that they can learn from and that they should take seriously. And so should young men. So it’s been interesting as an educator. I
have to be aware of that position of authority just by my age, never mind my credentials. And I have to continually remember what my perceptions of older women were when I was that age.

Even though the women’s fertility was over, their value to society, and the sense that their own lives as meaningful had not disappeared. They were aware that everything they had experienced up until that point equipped them to step in and offer themselves to others who needed them. They did not describe it as a burden, but rather a thing of profound beauty. In the words of one woman:

Life doesn’t end when you can no longer have children. I think we gain knowledge and wisdom and the spiritual ways of being to share in our circles of influence. As I entered menopause, I did step into my role as grandmother. And to be connected to all those children—it is profound…. Knowing I was stepping into that role added an extra sense of responsibility, an honesty to our society, and a fullness to me. I can’t just be the fun auntie; I had a responsibility to raise a child in our community, to provide when they needed help, to step in as a grandmother might step in even though I don’t have that experience. It’s profound and beautiful. I love it.

When thinking about the new phase of life they were entering, participants reflected on how their sense of meaning and focus in life was shifting as they began to see themselves in the last phase of life. All of the women in the study mentioned death, or the awareness of mortality that accompanied the menopausal transition. For them, menopause was “another step towards the end” that marked the beginning of one of the last chapters of life. In the course of navigating the menopausal life transition, they felt their perspective shift: they were aware that the time remaining was finite and they wanted “to make every day count” by using the time well. Despite
not knowing what would come next, the participants experienced a sense of agency as they entered the last phase of life. They contemplated what kind of people they wanted to be as they aged, and they made general and specific plans—for example, they planned how they would spend their time once retired. The women said things like, “I’m getting more intentional about quality of life and what that looks like.” In contrast to how they felt before menopause, the participants were acutely aware that they were authors of what could happen next in their lives, and they wanted to craft how their remaining years were spent. The participants were thinking ahead, and they described embracing a sense of possibility in order to make their lives into what they wanted them to be, with the desire to be good stewards of the remaining time. While there was still time to do what they wanted, they were aware that the opportunity would not always be there to live their lives in the way they wanted. In the words of one of the women:

Richard Rohr talks about the second half of life. I feel like I’m in the second half for sure—it’s a different kind of awareness and maybe that’s similar for all of us as women. The first half of life is a bit more focused on children and others, and the second half of life is focused more on self and soul and ending well, ‘cause that doesn’t have to be a thing we’re afraid of. We don’t think about mortality in our fertile stages, and maybe in moving into infertility or menopause, we’re recognizing we’re entering a different part of life, but I want to enter that part of life in a fulfilling way—a way that I can be proud of.

Some of the women were acutely aware of how different this phase of life felt from what they had expected. Unlike what they had envisioned when they were younger women, they did not perceive themselves as old, decrepit, and fragile people. Rather, they felt youthful and vibrant. They felt like enough time and energy remained to do all the things they wanted to do in their lives, sensing an increased motivation to live a life of fun, adventure, creativity, purpose,
and physical activity. As described by one participant, seeing other, older women who were living thriving and vibrant lives inspired her desire to embody the same kind of vitality as she continued to age. In her own words, she described:

I think a part of it might be a function of being this age—you become more aware of your mortality—but 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 there is hair dye, and I’m doing so many activities. And I see people in the library, or in life in general who are in their 60s, who are really vital people, and in their 70s. We go dancing on Sundays. There is a woman there who is in her 70s and she’s not what I think of when I think of women in their 70s. She’s vibrant, she wears jeans, she dances, she’s got white hair, but it looks really chic. She is really confident. I’m just like wow, that is what I want to do. 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.

The women understood the transition to this last phase of life as a natural process—part of the normal rhythm of life and not something they needed to fight. For them, one aspect of doing well meant being able to experience the transition to the last phase of life as an invitation to enjoy life in the present. With a sense of gratitude, they could focus on the time they had left while enjoying their present experiences even more. They realized that life was ending, but not immediately, and this provided the women with ample time to be even more thoughtful about building the lives they wanted to live. One participant captured this paradox of time moving quickly and more meaningfully in the following way:

You’re getting closer and closer to facing your mortality… and maybe because you’re more aware of that, it just makes everyday life sweeter because it goes so fast. It seems
my niece was four just last year, and now she’s going to be a mom. And all the people used to say that to me when I was a kid, ‘Oh life goes so fast’ and ‘I wish I was young like you.’ I look at kids and teenagers and young people now and I think it does go by so fast, like the wind in the grass—so I don’t want to waste it.

**Menopause as Metamorphosis**

When reflecting on their experience of menopause as a transition, the participants described it as not merely the cessation of their menstrual cycle but also as a metamorphosis; through the transition they described experiencing the emergence of a new or a transformed sense of self. Although their fertile years had ended, the women felt that their developmental journeys were not over. Looking back, they saw how their lives were oriented around supporting the development of people other than themselves, such as partners, children, friends, family members, and colleagues. Through the transition, they noticed that their priorities and focus had shifted to *caring for and prioritizing themselves*. Doing well for these women meant that the demands or obligations they believed had been placed on them by others no longer seemed to dominate their thoughts or time. Rather, they described themselves as feeling free to direct their time and energy towards what brought them joy and meaning, what helped them feel healthy, and what created a sense of balance. Alongside their sense of a reoriented focus was the belief that *a new sense of self was emerging*. They had completed a rite of passage, and on the other side of the transition they discovered treasured characteristics that felt new to them, like courage, adventurousness, creativity, a profound sense of connection to nature, and/or the confidence to try something new. Doing well meant that the participants believed they continued to grow in their sense of themselves through menopause. They described what felt like a shedding of old, unwanted layers of identity, and reported feeling delight in the emerging versions of themselves.
In this new phase of life, the participants in the study found themselves focused on *caring for and prioritizing themselves*. As part of doing well through the menopausal transition, they noticed that they had begun to orient themselves towards what was meaningful to them and brought them joy. They were drawn towards creating a life of pleasure, balance, and health. Unlike previous stages of life when their energies were focused on the needs of others, they identified this stage of life was “about me.” The words of one participant aptly described this shift:

I guess this stage of life is more about me. And it’s nice. It’s refreshing. As a helper, sometimes it has felt selfish, but I know it’s not. It’s fun. I’m having fun…The first half of life is a bit more focused on children and others, and the second half of life is focused more on self and soul.

Most of the participants were aware that menopause had occurred at the same time as other changes in life circumstances which helped them to prioritize themselves. If they were not already retired, then they were preparing for retirement and found themselves thinking about what they would like to do with their free time. For the women who were parents, they noted that their children were grown up and did not need to be parented in the same way; instead of driving kids or teens to sports practices or making lunches, they could devote more time to their own creativity and pleasure. Refocusing on themselves paralleled the changes they noticed in their relationships with others—the waning emotional demands of parenting teenagers and the ending of employment left more time and energy to pursue their own interests. Instead of feeling as though their lives were dictated by obligation or necessity, the participants described this phase of life as being all about self-actualization and the pleasure of “taking up space” in their own lives. For the women in this study, the experience of doing well included feeling satisfied with
their lives, having a sense of autonomy, having the time and energy to focus on themselves, and feeling deserving of the care they offered themselves. One participant summarized the reorientation as follows:

I’m thinking more in terms of what brings me joy. You never know when is going to be your last day. I just need to do what brings me joy, living one day to the next. You’re going into this phase where you’re not childbearing, you’re not fertile, but then that leaves you open to do other things in your life, to spend time with your grandchildren or focus on your career, or focus on whatever it is that you want to do as opposed to taking care of others.

One way that some of the women cared for and focused on themselves was by consciously creating balance and well-being in their lives. They noted that they were no longer interested in working countless hours at a job. Rather, they found themselves wanting to create lives that were enjoyable and sustainable. They believed that listening to themselves, paying attention to what they were experiencing in and through their bodies, and understanding the connection between how they used their time and how they felt about themselves at the end of the day were all important parts of doing well at this life stage. 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. Other participants described the balance as prioritizing relationships and activities that provided both freedom and responsibility. Still others chose to cut back on hours at work to spend more time on leisure activities. As a way of demonstrating the shift towards caring for herself, one participant described the critical importance of balance in her experience of doing well as follows:

Doing well 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—I think 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—I think it’s all connected. I think each part feeds on the other. So doing well means trying to balance those things. It’s like three people walking through a field: if one wants to go ahead, the others are trailing but trying to keep up and it’s a struggle, and I think each needs to keep pace with each other—then it makes for a leisurely, beautiful walk, a journey. This is a renewing time in my journey. I just have more joy with it all. I’m finding out that perspective makes a big difference and am taking care of myself with everything.

All but one participant mentioned their physical health as something that they felt increasingly aware of in this stage of life. They felt appreciative of their health but also aware that they were more at risk for health conditions as they aged. Some of the women began to notice that their day-to-day embodied experience was qualitatively different in this stage of life; they were more sore or tired after the average day and intentionally made an effort to pay attention and seek out medical support if they noticed disconcerting changes in their bodies. However, other participants did not mention feeling any physical effects of aging and instead noted that they felt remarkably energetic, as though menopause had given them a second wind. They experienced doing well as the ability to accept or even celebrate their aging bodies, while also tending to themselves physically. For example, one participant mentioned how taking care of herself physically was a priority and listed the things that she has done to enact it as follows:

At this stage, you just have to practice good sleep hygiene and eating well—and watch
the coffee and all those totally practical things. I am very active. I still keep a pretty good activity level, although I sometimes think I’m not as active as I used to be. But I ride my bike to work every day and I am weightlifting now, which is good.

As the women described it, caring for themselves physically was about improving their quality of life both in the present and for the years to come. The participants believed that doing well did not mean having perfect physical health or making drastic changes to their lives to maintain a certain physique. Rather, they experienced doing well as both accepting their aging bodies and paying attention to their physical health. One woman in the study talked about self-acceptance and the way that taking care of herself physically was connected to her ability to continue doing what she wanted in life in the following way:

I feel like I am taking care of myself more now. Seeing other people take care of themselves has encouraged me. I have to take care of myself… I want to be able to be on the floor with my grandkids and having fun and rolling around… it’s so important for me to really take care of myself. And so when I look at my body in the mirror, I feel like yeah, there might be rolls and things where I wouldn’t have wanted them, but this is who I am and I’m happy with it.

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 and had transformed their identity in a way that was revitalizing and positive. The women described having the confidence to try new things such as taking a vocational risk, feeling more patient in their interactions with others, exploring their creative side, becoming more connected to nature, or desiring to be in a romantic
relationship for the first time in decades. When discussing what this transformation was like, some of the women speculated that the awareness of life’s finiteness freed them from concern about what others thought of them. Others described the transformation they experienced during this life stage as something that simply happened to them, like an unexpected gift that they had not worked for intentionally.

The stories of what the metamorphosis was like varied across the women, but what unified their experience was a sense that there was something new present in the way they saw themselves—something which was not present before menopause began. When they spoke about this aspect of doing well, they used words like “awakening,” “rebirth,” “renewal,” and “new life” to describe their experience of transformation and personal growth. One of the participants described it like coming out of a fog and being able to see and experience herself with more clarity and wholeness. These were her words:

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. It’s the real me that’s shaking off all the ugly. 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. I visualize myself in this white gown—just so renewed and really whole.

The participants often used metaphors of nature or gardens to speak about this sense of emergence, awakening, and continued growth. One of the participants captured these shared sentiments when she compared being a menopausal woman to a flower that looks dead to some, but is still full of seeds, potential life, and new growth. She described:

When the blossom is over and the petals fall off, someone might look at that plant and
think, ‘Oh it’s past its prime, it’s lost its petals, it’s not pretty anymore’ but it is full of seeds that are going to grow, fall on the soil, and make new plants. When you look at that plant, you don’t say, ‘Oh, that plant lost its petals,’ but you can see the beautiful stamen in the middle and all the new growth. So with menopause, yeah the flower is over, but that is not the end of the plant.

Throughout and following the menopausal transition, several of the women talked about experiencing a newfound courage to pursue their educational or vocational dreams. Where previously, they described a sense of being stuck behind the fear of failure or lack of confidence, in this stage of life they reported stepping forward and taking a risk to achieve their goals. For example, one participant described how she had found the confidence to pursue the vocation she had always dreamed of but had previously felt too afraid to try:

I was always interested in it—it was always the dream… and I just thought I was ready to try to pursue that dream. I was at a good place in my life where I wasn’t afraid to take the leap. I had to try and if I didn’t make it, it wasn’t meant to be. I didn’t want to have any regrets. So I did it. And off I went on that journey.

For other women, the transformation was experienced on a more interpersonal level. Some said they now have more patience with others, or have the courage to stand up for themselves in challenging situations with people. Others talked about longing to have a romantic relationship again, even after having survived abuse in past relationships. Still other participants experienced the transformation as an emergence of a deep sense of spirituality or a profound connection to everything around them.

The participants noted how this transformation impacted all aspects of their sense of self. Not just confined to one part of themselves, the new growth was interconnected with every part
of their lives. 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 bourgeoned 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.

In their stories of renewal and transformation, the participants identified that doing well through the menopausal transition included the experience of personal growth that transcended issues related to fertility or physical symptoms. 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 more freedom, connection, vitality, purpose, and power.
Chapter Five: Discussion

The purpose of this study was to understand the meaning and experience of doing well throughout the menopausal transition for women who were not in a committed relationship. The findings presented in the previous chapter identified five common themes that were consistent across all 10 participants in the study: a sense of menopause as a physical non-event; the 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. These are discussed in light of contextual factors and limitations that shape the interpretation of the findings, and in relation to the existing literature. When addressing the existing literature, emphasis is placed on areas in which this study supports or expands what is currently known about doing well during the menopausal transition, and how the findings are understood through the theoretical framework of feminist phenomenology. The discussion of the findings is followed by a section addressing the implications for counselling psychology practice and for future research, and conclude with a personal statement from myself as a researcher.

Limitations of the Findings

These findings must be interpreted with attention to the limitations of the study. As a methodology, Hermeneutic Phenomenology is best used to bring to light the meaning and experience of an aspect of living for the people who participated in the research, as it is understood by the researcher (van Manen, 1990). This approach to research is not used to indicate causal relationships between variables, including the likelihood of replicating an experience of the participants in another population, or the assumptions that the same findings would emerge with a different population or with a different researcher. Instead, this approach allows for the written presentation of the co-constructed interpretations of the participant’s
experiences as described by the researcher. Consequently, the findings, as presented in Chapter Four, and discussed below, are a unique representation of the fusion of horizons between myself and as researcher and the participants in this study.

As previously identified, the purpose of conducting research from a framework of feminist phenomenology is to intentionally promote the perspectives and embodied experiences of women, particularly those whose experiences or perspectives have been eclipsed, forgotten, or pathologized within the academic literature. Thus, the findings of the current study must be interpreted in light of the body of academic literature that has historically portrayed menopause as a kind of pathology or dysfunction (Hyde et al., 2011; Stephens, 2001). Although the primary purpose of the study was to explore the phenomenon of interest in depth, a secondary purpose included joining with existing research efforts (Busch et al., 2003; Dillaway, 2005; Mackey, 2007) to expand the historical and current portrayal of menopause in order to include well-being, psychosocial change, and development through the menopausal transition. The findings are not intended to make a 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. Rather, as is the aim of feminist phenomenological research (Grosz, 1994; Kall & Zeiler, 2014), the present study provides key learnings about the range of women’s experiences as described by women themselves. Narrow ideas of women’s embodied experiences can continue to be dismantled and more questions and interpretations can emerge about the lived experience of women. It is anticipated that interpretations and questions will emerge informally from the readers, and suggestions for further research through a formal process of exploration will be discussed in more detail below.
The women who participated in this study had diverse levels of education: some had high school diplomas while others had advanced graduate degrees. A range in individual annual income between $20,000 and $100,000 was present in the study participants. The participants were somewhat ethnically diverse, with two identifying as Indigenous, one identifying as South Asian, and the remaining seven identifying as having Anglo-Saxon, Caucasian, or European heritage. However, the most significant point of homogeneity reflected in this sample was that all of the women were raised, socialized, and live within a Western and patriarchal context. Young (2005) and Moi (1999) highlight the role of sociocultural context in shaping a woman’s subjective experience of her body, including bodily changes in function, shape, and size. Also, research conducted by Sievert (2014), Im and colleagues (2010), Delanoë and colleagues (2012), and many others listed in the literature review, has identified how the experience of menopause--including the symptoms that occur and the meaning given to them--can vary between cultural and ethnic groups. As a result, it remains to be determined the extent to which the findings resonate with and reflect the experiences of doing well during the menopausal transition for women from different ethnic and cultural backgrounds who were not raised within a Western context.

In terms of the perceived role of relationship status in women’s experiences of the menopausal transition, the responses of the women in this study were quite varied. Although the 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. Some participants felt that being unpartnered had no impact on their experience of the transition--particularly those women who had never been previously partnered. Others, especially the women who had left abusive relationships, were relieved to be free of the stress
and burden of those relationships while going through menopause. Still others felt that being partnered would have made the transition easier in terms of having someone they could safely confide in and with whom they could discuss the changes they were going through during menopause. Participants who were sexually active during the menopausal transition spoke about the challenges of negotiating a sexual encounter with a new partner, given the unpredictability of their menstrual cycles and the hormonal changes that accompany menopause (e.g. breakthrough bleeding, vaginal dryness). Based on these findings, it is not possible to state with any certainty whether being unpartnered during the transition uniformly contributed or created challenges to doing well for the women in this study. It would appear that the role of relationship status in navigating the changes and challenges of the menopause transition is complex and worthy of further attention in future research.

As was indicated in the findings, the women found it important to have relationships and dialogue with other women throughout the transition. Because none of the women were partnered during the transition, friendships with peers appeared even more important as they provided consistency of support and an opportunity to discuss the changes being experienced, which a partner may have otherwise provided.

The women in the current study had different experiences of menstruation: some of them were particularly relieved to have their monthly cycles and challenging experiences of menstruation behind them, some of the women described their menstrual cycles as an important and significant aspect of their identity as a woman, while others reported feeling indifferent or neutral towards menstruation. As a result, menstrual history did not appear to differentiate how women navigated the transition, or their perceptions of doing well.
The nature of recruitment for this study was such that women were only included if they: self-identified as doing well during the menopausal transition; were interested in participating in the study; and sought out the researcher. The recruitment is important because the participants reflected a group of women who were comfortable sharing their experiences of menopause—along with their reproductive, relational, menstrual, and sexual history—with a stranger while being audio-recorded. Other women may have also seen the recruitment advertisements and identified with the phenomenon of interest, but may not have felt comfortable talking about their experiences in this particular format. During the recruitment process, several women contacted me who did not meet the inclusion criteria because of their age or because the transition did not yet feel over for them. However, they reported reaching out because they desired to speak about their experiences of the menopausal transition and felt they had few places to do so. More participants may have been included had the recruitment criteria been broadened. These additional interviews may have provided more interpretations of the meaning and experience of doing well, depending on when the research interview occurred in the process of their transitions.

Because all of the women in the current study were born within a few years of each other in North America, all of the participants were teenagers and young adults in the 1960s and 1970s—a time when women were increasingly encouraged to critically reflect on their patriarchal social and political context, particularly as it impacted their choices for their own bodies. The findings of the current research may also reflect the views of a particular generation of women. Should a similar research study take place when the following generation is through the transition, or if a similar study had been conducted with a previous generation, the results or level of participation in the study might vary considerably.

None of the participants in the study used HRT. However, a few participants mentioned
that they might have experimented with HRT as an intervention had their symptoms been more challenging. HRT is popular among menopausal women yet, interestingly, none of the women in the study felt the need to use it, nor did many mention it at all during their interviews. Perhaps the meaning and experience of doing well differs for women who use HRT during the menopausal transition to manage their symptoms, and this may be an avenue of research worth exploring in the future.

Lastly, guidelines for phenomenological research have suggested that recruitment of at least five or six participants is recommended to help a researcher estimate the number of participants needed to reach saturation, but also state the it is up to the researcher to assess when saturation is reached (Creswell, 1998; Morse, 1994). In the current study, after conducting the analysis of the interviews of eight participants, it was determined that a thematic saturation point had been reached. However, it is possible that had more women been included in the study, from similar and more diverse demographic backgrounds, additional themes may have emerged from these interviews.

**Theoretical Implications of the Findings**

The research yielded several key findings that confirm, add to, or contradict the existing understanding of how doing well is experienced and what it means, while also contributing to a broader theoretical understanding of menopause as a developmental and biopsychosocial transition. As stated above, the findings of this study were presented in the form of five common themes: a sense of menopause as a physical non-event; the 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. These themes are presented below in light of the theoretical framework of feminist phenomenology, with emphasis placed on the ways they
support or expand upon the existing literature concerning women’s experiences of menopause (in general) and the meaning and experience of doing well during the transition.

**Sense of menopause as a physical non-event.** As the women who participated in this study reflected on their experiences of the physical aspects of menopause, they identified that in comparison to what they had seen and heard from others and had come to expect regarding menopause, the physical aspects of the transition were relatively easy and free of challenging or overwhelming symptoms. The sense of ease, contrasted with the expectations of a challenging physical experience and the presence of past or ongoing life stressors, was an important aspect of doing well for them.

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). Within feminist phenomenology, the lived body is understood to exist within a social and political context that influences a woman’s experience and interpretation of her experience (Grosz, 1994; Fisher, 2000a; Young, 2005). This theme highlights the complexity and interrelatedness of embodied experience and social context. The participants’ sense of their physicality during the transition was situated within, and could not be objectively extracted from, a context rich with others’ experiences and interpretations of menopause.

The findings from the current study confirm the existing research findings that women’s expectations and interpretations of their own experiences of menopause are shaped by what they have seen or heard from the women around them, especially family members, and that their expectations can impact their interpretations of their menopausal experiences (Ayers, Foreshaw
& Hunter, 2010; Busch et al., 2003; Mackey, 2007; Winterich & Umberson, 1999). Similar to Mackey’s (2007) findings, the women in the current study evaluated their own experiences in light of the struggles they saw other women go through during menopause. In contrast to what they witnessed around them, the participants in both the current study and Mackey’s (2007) research perceived themselves as having easy symptoms which were not seen as significant, problematic, or disruptive to their everyday lives. That is, their perspectives of the menopausal transition were shaped in relation to the experiences of others (Benner & Wrubel, 1989). Importantly, Mackey’s research focused largely on symptoms, or lack thereof, as they related to women’s experiences of well-being during the transition. However, the purpose and findings of the current research included other aspects of doing well during the biopsychosocial transition that were not related to symptoms, and the participants explicitly identified how non-physical aspects of the transition were also related to, and important in, their experiences of doing well.

In the current study the participants’ experiences of doing well were in part related to their expectations that the transition would be negative and challenging; for the most part, what they went through was much easier than they were expecting. The findings of the present study contrast the findings by Busch and colleagues (2003) that women who appraised menopause negatively before they began the transition were likely to evaluate menopause negatively following their experience of the transition. Additionally, compared to the results presented in this study, the women in the research by Busch and colleagues who identified feeling positive or neutral about menopause before it began were most likely to report fewer symptoms, while women who appraised menopause negatively were most likely to experience more symptoms. Unlike the focus of the current study, the aforementioned study (Busch et al., 2003) was designed to explore women’s attitudes towards menopause at various points during the
transition, with a specific focus on the assessment of psychological symptoms of distress. Although unable to make causal inferences regarding how expectations of any kind shape a woman’s experience, it is possible to theorize that negative expectations alone are not enough to predict a challenging experience of menopause or the presence of more symptoms.

Consistent with the research of Greenblum and colleagues (2013) that identified hot flashes as the most common menopausal symptom among North American women, the present study found that the most common symptom reported by participants was hot flashes. Research conducted by Greenblum and colleagues (2013) identified that the presence of symptoms (the frequency, intensity, and number of symptoms present) can affect a woman’s quality of life. Yet the women in the present study did not report feeling distressed, overwhelmed, or challenged by the symptoms they experienced. These findings are consistent with the results of Mackey’s (2007) research where the symptoms of menopause did not appear to disrupt quality of life for women who identified as doing well. For example, changes in sexual functioning regularly occur during the menopausal transition (Hyde et al., 2011; Nappi & Nijland, 2008; Winterich & Umberson, 1999), yet only one participant in the current study reported changes in her sexual functioning. She noted that these changes did not create distress for her and that she found helpful ways to navigate and interpret them. The relative absence of symptoms perceived as challenging or difficult to manage may be an important aspect of the meaning and experience of doing well during the menopausal transition.

The influence of broader life experiences on the women’s evaluation of their menopausal transition is an important point to mention. Similar to the findings in other studies (Lindh-Åstrand et al., 2007; Loh et al., 2005; Mackey, 2007; Smith-DiJulio, Woods, & Mitchell, 2008; Winterich & Umberson, 1999), the women in the present study perceived menopause to be a
relatively uneventful experience compared to other challenges they had been through earlier in their lives (e.g. abusive relationships, struggles with children, returning to school later in life, etc.). This study supports the literature which states that life context may well play an important role as women assess menopausal difficulties relative to other challenges in their lives—particularly when they are not feeling burdened by debilitating menopausal symptoms.

The importance of relationship and dialogue with other women. The women in the current study reported noticing a lack of dialogue and openness regarding menopause in their families, in their interactions with co-workers and some peers, and in society generally. In light of this, the participants found that doing well meant having connection and dialogue with other women that helped them gain information about menopause and reduced their sense of aloneness through the transition as a whole.

The participants in the present study reported that within their social context, menopause was not something to be spoken about—a report consistent with the literature. As was previously mentioned, the lived experiences of participants are deeply interwoven with their social, political, and relational contexts (Grosz, 1994; Fisher, 2000a, 2000b; Young, 2005). As feminist phenomenologists have identified, women’s embodied experiences are often silenced when these contexts are patriarchal; or if they are spoken about, they are often devalued and problematized (Cimons, 2008; Grosz, 1994; Fisher, 2000a; Young, 2005). Some of the participants described self-silencing their experiences of doing well. Fisher (2000a, 2000b) and Young (2005) argue that the social context women live in and the messages communicated about women’s (aging) bodies shape their interpersonal interactions (for example, what women talk about and to whom). However, to create connection, gather information, and demystify menopause, the participants in the current study drew on the connections and support they had with other women who also
understood the menopausal transition. Feminist phenomenologists have identified that sharing their experiences with other women can help women feel understood and supported without medicalizing or problematizing their normal developmental experiences (Bell, 2000; Adams & Burcher, 2014). 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, & Dempsy, 2011; Rotem et al., 2005).

The participants shared the belief that menopause was something that “just isn’t talked about” outside of certain close female relationships, and they considered this cultural and interpersonal silence and lack of dialogue problematic. This idea supports research by Durham (2009) which revealed that critical thinking and sociopolitical resistance to negative messages about menopause and aging women’s bodies can be connected to an experience of doing well. While the focus of this study was not to evaluate or explore the political beliefs and worldviews of the participants, the findings may support the idea that the participants’ critical evaluations of sociocultural discourse surrounding menopause were connected to their experiences of doing well.

An important finding from this study that adds to the literature is the extent to which the participants felt they could not openly discuss their experiences of having a relatively easy menopausal transition, particularly when compared to the more challenging experiences of some of their peers. 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. Therefore, when attempting
to understand factors that may play a role in how women negotiate the menopausal transition, it may be important to consider the role of self-silencing.

**A sense of freedom.** The participants in this study commented on freedom from menstruation, freedom with sexual activity, and freedom to be themselves without concern for the opinions of others as being important in their experiences of doing well during menopause. Doing well for women extended beyond having minimal physical symptoms to include noticing the positive changes they experienced psychosocially throughout the transition.

Fisher (2000a, 2000b, 2014) identified the importance of using phenomenological research and analysis to extend our understanding of the lived body beyond illness and decay and to centre the lived realities of women—realities which are biopsychosocial in nature and include the presentation of a range of normal and positive aspects of women’s lives. The findings of the present research support the idea that aspects of the change and development that occur within the menopausal transition contribute to a sense of freedom, and cannot be reduced to biomedical categories. These findings 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 this theme, and the focus of much feminist phenomenological writing, is that experiences are not interpreted as abstractions from the lived reality of the body (Fisher, 2000a, 2014; Grosz, 1994; Kall & Zeiler, 2014; Ussher, 2008; Young, 2005). For example, the experience of freedom, as described by the participants, was inextricable from the physiological changes of menopause. These findings support the literature that states that psychosocial experiences of menopause can neither be disembodied nor reduced to bodily processes (Ussher, 2008).

While the positive or enjoyable aspects of the menopausal transition have not been
researched as much as the symptoms, problems, or challenges of menopause, the findings of the current study support the research by Hvas (2001) and Doubova and colleagues (2012). This research revealed that experiencing a sense of freedom is an aspect of well-being for women. Like the women in the current study, when women were asked to reflect on the positive aspects of menopause, they identified the ending of the challenges and symptoms that accompany the menstrual cycle as one of the best aspects (Doubova et al., 2012; Durham, 2009; Hvas, 2001; Pearce et al., 2014). Participants in the present study described the freedom to engage in sexual activity without fear of breakthrough bleeding, periods, or risk of pregnancy, and this supports the research of Hvas (2001) and Lindh-Åstrand et al. (2007). These findings also add to the literature by suggesting that although some women experience challenges during the menopausal transition because of changes in sexual functioning, conversely, women may also experience an improvement in their sex lives. The ability to no longer worry about periods, breakthrough bleeding, or the risk of pregnancy can be an important aspect of doing well during the transition.

The women in this study reported positive changes in self-perception and the freedom to be themselves without concern for the opinions and judgments of others. This finding corroborates the research by other scholars (Busch et al., 2003; Dillaway, 2005; Durham, 2009; Lindh-Åstrand et al., 2007; Marnocha, Bergstrom, & Dempsy, 2011; Svenson, 2005; Parand Avar et al., 2014). Further, the current study supports the findings of Busch and colleagues (2003) and Lindh-Åstrand and co-authors (2007) that personal growth through the menopausal transition can be reflected in a woman’s ability to feel more confident, more self-assured, and less concerned about how others think of her.

These more positive, developmental aspects of the menopausal transition appear to be important in women’s assessment of doing well during the transition. However, this dimension
of the menopausal transition is not well represented in the academic literature overall, particularly as it concerns positive changes in self-perception such as feeling more self-confident and less concerned with others’ opinions. Thus, the findings of this study add to the literature by enhancing the theoretical understanding of menopause as a developmental transition. This transition includes how women’s self-perceptions can change for the better during this phase of life, reflecting a more positive portrayal of menopause and the potential growth-enhancing aspects of aging in general.

**A sense of transitioning to another phase of life.** The participants in this study identified that doing well meant that they viewed the ending of their menstrual cycles and menopause as a natural process. They also believed that an important aspect of doing well was their acceptance of their reproductive choices and the ending of their fertility. Through menopause, they found themselves entering a new stage of life which was characterized by the responsibility and wisdom of being an elder, as well as the awareness of moving closer to the end of life.

The findings organized in this theme also identify how women’s lived realities can enhance or correct the portrayal of women’s lives when described and interpreted subjectively (Fisher, 2014). While aging women have often been portrayed 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 participant’s 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. Feminist phenomenologists have also identified that body/self-alienation can often occur at points when identity intersects with lack of social power
(Grosz, 1994; Kall & Zeiler, 2014). With that in mind, this sample of women appeared to demonstrate a sense of acceptance towards themselves throughout the transition and identified a trust in the process of their aging bodies.

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 trust in the process of a changing body (Busch, et al., 2003; Coupland & Williams, 2002; Doubova et al., 2012). 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 as they affect their appearance (Dillaway, 2005; McKinley & Lyon, 2008; Rubinstein & Foster, 2013).

As opposed to the focus of the present study, the research by Dillaway (2005), McKinley and Lyon (2008), and Rubinstein and Foster (2013) did not look specifically at doing well during the menopausal transition but rather explored more broadly the range of experiences and evaluations women have of their changing menopausal bodies. The acceptance of the natural changes experienced through the menopausal transition reported by the women in the current study support the notion within feminist phenomenology that a woman’s perspectives and evaluations of the changes experienced in her body shape the nature of the experience itself (Young, 2005). These findings helpfully add to or expand our understanding of how women can positively experience their corporeality as they age, accepting their changing appearance, particularly within a sociocultural context that does not celebrate the aging female body (Piran & Cormier, 2005; Young, 2005).

Women who were not able to have children, or wanted to have more children, can find the ending of their fertility to be especially challenging (Daniluk, 1998; Koert, 2012; Rossi,
The women in the current study were satisfied with their reproductive choices and did not have to deal with the grief of unintentional childlessness or lack of time to have more biological children. This finding is consistent with the findings of previous research (Durham, 2009; Gracia et al., 2007; Strauss, 2011) that has indicated that feeling satisfied with one’s reproductive choices meant that menopause was not connected to a sense of grief. Although Durham (2009) and Winterich (2003) suggested that the ending of fertility may mean different things to lesbian and heterosexual women, the unifying factor among the participants in the current study was the sense of feeling content with their reproductive choices, regardless of their sexual orientation or reproductive history. Feeling satisfied with one’s reproductive choices before menopause occurs may make the experience of the menopausal transition easier and might allow a woman to focus on more positive aspects of the transition.

The participants indicated an important aspect of doing well during the transition was that menopause marked the beginning of a new phase of life in which they felt they had wisdom worth sharing with younger people, and this was accompanied by a sense of meaning and purpose. Although participants in the research by Durham (2009) reported that they felt wiser and older following menopause, they did not make reference to the presence of a new identity as was the case for women in the present study. Doubova and colleagues (2012) also found that as part of feeling empowered during the transition, women wanted to share their experiences and information with others. Among the research addressing well-being during the menopausal transition, the current study is unique in that it reports on the emergence of the sense of a new role as related to doing well during the transition. This marks 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.

The findings of this study also add to the existing literature by indicating that for the women in this study, menopause came with an awareness of the ending of life and the intention to be thoughtful about using their remaining time well. In the literature reviewed, this aspect of doing well was only noted in two studies. In Durhman’s (2009) study, following menopause, participants wanted to savour life’s experiences. The awareness of the ending of life and the importance of planning for the future was identified in a sample of women who had participated in a group psychotherapy intervention for menopausal women aimed at increasing empowerment, connection to others, and information about the transition (Doubova et al., 2012). However, these results were not discussed in depth, and further research was not found that addressed how menopause can initiate a change in one’s awareness of a sense of time nor how it can be positively associated with doing well. The findings in this study suggest that for some women, menopause can be experienced as an invitation to be more intentional about using time well and creating a meaningful life. Doing well can mean believing that enough time exists to finish the tasks that women want to accomplish and have the experiences they desire.

Menopause as metamorphosis. When the participants reflected on their experiences of doing well, they described a positive transformation in their sense of self that accompanied the transition. After years of caring for and prioritizing the needs of others, they were caring for and prioritizing themselves and their own needs and desires, and were noticing the emergence of a
new sense of self. In contrast to the dominant cultural depiction of menopause identified by the
participants of this study and reflected in the majority of the academic literature, the women in
the current study did not portray menopause as all about decay, loss, or feeling like a tired or
worthless version of their younger selves. Instead, the transition came with a sense of
transformation and renewal, poignantly described by one of the participants as feeling like a
“person who has been in a hard shell, a cocoon… and the real me is coming out… renewed,
whole.”

The experience of the participants in the current study appeared to contradict the
biomedical approach to menopause and the portrayal of menopause as a troubling or problematic
event (Coupland & Williams, 2002; Ussher, 2008). Instead, the participants described an
evolving sense of self, meaning, and priorities. For example, as discussed in the second theme,
the participants identified witnessing others struggle and hearing “horror stories” of menopause.
These findings further support the importance of exploring women’s lives as lived and
interpreted by women themselves, while adding visibility to the range of experiences lived by
women—in particular, the normative and positive experiences of women throughout the
reproductive lifespan (Coupland & Williams, 2002; Fisher, 2000a, 2014; Kall & Zeiler, 2014).

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
other women, as was the case for the participants in the current study, these changes can include
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; Svenson, 2005).
Doubova and colleagues (2012) also found that for the women in their study, well-being during
the later stages of the transition meant a renewed interest in prioritizing and caring for themselves.

In summary, findings of the current study underscore that through the menopausal transition women can experience a positively transformed sense of self. Doing well may include shifting their focus and energy towards their own interests and experiencing the emergence of a new quality, skill, or interest. The findings of this study add to the existing literature by furthering identifying the positive changes that may be experienced by women during this developmental transition and what meanings they make of them.

**Implications for the Practice of Counselling Psychology**

This study was conducted within the framework of counselling psychology, a discipline oriented towards investigating and supporting normal developmental transitions and promoting well-being across the lifespan (Sinacore-Guinn, 1995; Van Vliet, Keats, & Kinzel, 2015). More specifically, and as with other disciplines within the broad field of psychology, counselling psychology can be understood through the following four facets (American Psychological Association [APA], n.d.): specialized knowledge; problems addressed; approaches and interventions utilized; and population served. The specialized knowledge within counselling psychology is focused on human development across the lifespan and the environmental and contextual factors influencing development; the health and thriving of individuals, families, and groups; and issues of social justice and diversity. The problems, or concerns, which are addressed by counselling psychology are those which occur within the lifespan of the person, such as adjustment to changes and naturally occurring life transitions, stress management and coping with challenging life events, the development of one’s identity, improving interpersonal and emotional skills, career endings or changes, relationship and family challenges, and mental
illness. All concerns are addressed with an understanding of how lifespan development, environment, and culture shape one’s experiences. Approaches and skills used within counselling psychology are those which support human development across the lifespan, including: individual, family, or group psychotherapy; psychoeducation; creating and/or delivering programs and workshops to inform the public about mental health, well-being, and relationship issues; preventative work and treatment; consulting with organizations; and crisis intervention and trauma treatment. Lastly, the population served by counselling psychologists are individuals, couples, and families across the lifespan—from a child with behavioural challenges to adults grappling with aging and death or a couple negotiating issues in sexual functioning. The work of counselling psychologists can also include consulting with other professionals and organizations to create environments where people can grow and thrive. These four facets of counselling psychology as a discipline are used below to organize the recommendations for the practice of counselling psychology based on the findings of the current research study.

**Development, context, and thriving.** Interestingly, none of the women who participated in this study reported seeking out counselling for the purpose of navigating the menopausal transition. When women did seek support during the transition, they approached their peers and family members and found information on their own by reading books, articles, and websites. This support-seeking behaviour may indicate that women who are doing well during the transition do not need counselling support to help them with the menopausal transition. Consequently, it cannot be assumed that all women need counselling to successfully negotiate this normal developmental transition. These findings are significant in that they diverge from the idea that challenges within menopause inevitably lead to crisis, and that women require formal support to negotiate these challenges. This research could educate counsellors, menopausal
women, and society at large about the menopausal transition and the range of experiences that are normal for women during this phase of life.

A guiding ethical principle within counselling psychology is that those within the field have a responsibility to society to reflect critically on and influence social structures that inhibit the growth and thriving of individuals living within that society (CPA, 2017). This value aligns well with the aims of feminist phenomenology to increase visibility, understanding, and thus power regarding the range of experiences within women’s lives, and to de-medicalize and de-pathologize the lives and experiences of women with the hope of better understanding and promoting women’s well-being (Fisher, 2000a, 2000b; Martin, 1987; Young, 2005).

Additionally, within the mandate of counselling psychology, counsellors hold a responsibility to educate themselves on the way that sociocultural context impacts the life experiences of those in counselling. For this reason, counsellors are advised to explore the messages proliferated about menopause and menopausal women in their cultural context, both in preparation for appointments and in their direct work with clients. This awareness could help counsellors understand the discourses, both helpful and hindering, that are potentially influencing their clients’ experiences of the transition (Hall et al., 2007). Those who are teaching classes in graduate and undergraduate programs about lifespan development are reminded to include menopause in the course content as a non-pathological biopsychosocial transition in androcentric presentations of traditional theories of lifespan development (Sorrell & Montgomery, 2001).

**Addressing problems and concerns.** As stated previously, a developmental transition such as menopause, even when not experienced as a crisis, can be accompanied by both challenges and opportunities for psychosocial development. Deeper understanding is necessary
to inform counsellors how best to support women through the menopausal transition in a manner that acknowledges and normalizes the complexity of the transition, retains a non-pathologizing perspective of the change, and supports women to grow and thrive. Although not all menopausal women will need or seek counselling for the purpose of negotiating the transition, the findings from this research can inform the practice of counselling--specifically suggesting how counsellors may better support women to experience well-being during the menopausal transition. Paying attention to the concerns of the woman served, instead of making the assumption that she is in crisis because she is in menopause, is one way this could be achieved. Although the participants of the current study were not in crisis and did not seek counselling to navigate the menopausal transition, they did identify some challenging areas or experiences. Their solutions to these challenges also provide helpful insights into the manner in which counsellors can support their clients towards well-being.

The participants in this study noted a lack of dialogue and openness regarding menopause in their interactions with others and in the broader social context. They found themselves desiring to know more about what they could realistically expect during the transition. For example, one of the participants identified feeling increased anxiety when she noticed herself becoming increasingly forgetful, as she was not aware that cognitive changes could occur for some women due to the hormonal changes that accompany menopause. For counsellors who are seeing women before or during the menopausal transition, providing information about the normal changes that may occur can help support women in understanding these changes if and when they are encountered/experienced. Women may find that, as was the case for the participants in this study, having more information about what they might expect during menopause is an effective strategy to prepare for and navigate the transition. Providing accurate
information about the range of physical, psychological, and social experiences that can occur during the menopausal transition may contribute to a sense of well-being by helping women feel more prepared for what might lie ahead (Doubova et al., 2012; Huffman & Myers, 1999; Hunter & Liao, 1995; Im et al., 2008; Lemaire & Lenz, 1995; Marnocha, Bergstrom, & Dempsy, 2011; Nelson, 2008; Rotem et al., 2005).

Although women can experience changes in sexual functioning during the menopausal transition, the participants in the current study were not specifically asked to reflect on their experience of changes in sexual functioning. Only one participant reported that to be the case for her, and she was easily able to adopt strategies to make sure these changes did not interfere with her sexual activity. It has been reported that changes in sexual functioning can create more challenges to negotiate throughout the transition (Gracia et al., 2007). Women who are sexually active throughout the transition may be aware of, or challenged by, the normal changes in sexual functioning which can occur. They may need either individual or couples counselling to gain support if the changes impact the quality of their relationship or sexual activity. In order to provide normalization, psychoeducation, and appropriate interventions, counsellors are advised to be aware of the various changes which can occur for women’s sexual functioning during the transition.

The participants in the current study described how doing well meant trusting the process of menopause and viewing the transition as natural, not as something to be controlled or resisted. However, this trusting stance is not experienced by all women. Some women struggle with negotiating the changes they experience in their bodies when going through menopause, especially those impacting their appearance (Dillaway, 2005; McKinley & Lyon, 2008; Rubinstein & Foster, 2013). For women who are struggling with the nature of the changes they
are experiencing, counsellors can play an important role in normalizing the challenges while also exploring and providing support for existing concerns or values that may underlie the challenges (Huffman & Myers, 1999). Counsellors may also wish to speak with women about the social context which may influence how a woman experiences and gives meaning to the menopausal transition. To do so, counsellors may encourage women to think critically about the discourse of menopause and the body’s aging process, and aid them in developing more flexible and adaptive ideas about their own aging bodies (Durham, 2009; Huffman & Myers, 1999).

For the participants in the study, doing well included a shift in priorities; they found themselves thinking about using their time and energy in satisfying ways, reprioritizing themselves, and caring less about what others thought of them. Although the participants in this study did not seek counselling for support with any of these aspects of doing well, women who are already in counselling during the menopausal transition may benefit from having their counsellor assist them to develop a sense of authorship over their own lives. Group and individual counselling can be appropriate avenues through which women can explore what self-development means to them, and counsellors can support them in discovering positive sides to this transition (Doubova et al., 2012; Huffman & Myers, 1999).

Additionally, for the participants in the current study, doing well meant an increase in their awareness of the finiteness of life. They had interest and motivation in using their remaining time well and were confident they still had enough time left to do the things they wanted to do. Given these findings, counsellors may support women’s well-being during menopause by encouraging their exploration of what this phase of life means for them, with a particular focus on helping women identify and take steps towards their goals or interests (Degges-White & Myers, 2006). Counsellors may also need to be aware of what entering this
phase of life means for women who may believe that time restricts their ability to accomplish any remaining goals. Some women may feel a sense of grief, loss, frustration, or fear if they perceive themselves as not having enough time for their goals, so counsellors can help women to explore their feelings and encourage them to develop new or more feasible goals.

The participants in this study identified that part of doing well through the menopausal transition was the adoption of a new role as elder or wise woman in this later stage of life. These participants associated this role with meaning, purpose, and status. When working with women during the menopausal transition, counsellors can encourage women to reflect on their changing sense of self and explore how they characterize themselves at this stage of life (Degges-White & Myers, 2006). For women who identify with the role of elder and feel a sense of responsibility to mentor or give back to younger women, counsellors can help women identify opportunities or existing relationships within which to step into this new role. For women who do not identify with this role, counsellors would be well advised to help women explore the areas of their life in which they have a sense of meaning and purpose and assist them in developing those areas in this stage of life.

**Approaches used, program development, and population served.** One of the primary ways in which the women in this study sought out support during the transition was through sharing experiences and information with peers. For many of the women, these were existing peer groups that had formed before the menopausal transition began, such as walking groups, book clubs, or spiritual or personal growth groups. Support from others, particularly from those who are also going through the menopausal transition, has been shown to be helpful while navigating the complexity of this developmental transition (Doubova et al., 2012; Marnocha, Bergstrom, & Dempsy, 2011). When supporting perimenopausal experiences that facilitate well-
being, counsellors are encouraged to help women seek out conversations and support among trusted peers or to find support groups characterized by openness and a non-judgmental attitude. Therapeutic groups designed to create connection and support, while promoting the sharing of information and learning of skills, have been shown to be helpful in increasing well-being for women during the menopausal transition (Hunter & Liao, 1995; Lemaire & Lenz, 1995; Rotem et al., 2005). Counsellors could develop psychoeducational or process groups for perimenopausal women who feel isolated and may not have an existing peer group with whom they feel close, or who otherwise have difficulty sharing their experiences with other women.

As was previously reported, the women who participated in the current study began experiencing symptoms of menopause as early as their mid-30s, at which time they began thinking about the transition as a whole. Counsellors are also encouraged to be mindful that the menopausal transition can last between 10 and 15 years, and therefore women who are in their mid-to-late 30s may not be aware that they are beginning to experience symptoms of menopause, and may wish to begin contemplating the next phase of life. Because peers can be such an important source of support within the transition, it might also be challenging for women who experience symptoms of menopause earlier than their peers. It is possible that these women may need more counselling support than those who have the support and information provided by a peer group who are experiencing changes at the same time.

Counsellors are also invited to engage in advocacy work through public or private presentations about menopause that include information and non-pathologizing portrayals of the transition. Presentations could be targeted towards informing women in various stages of the transition that doing well is possible. They could also inform women that it is important to consider the influence popular media, social context, and discourse about menopause has on
on one’s experience of menopause. Counsellors may choose to conduct presentations at women’s conferences and conventions, and for women’s organizations.

**Implications for Future Research**

The purpose of this research was to explore the meaning and experience of doing well during the menopausal transition. While the findings revealed helpful insights that add to the extant literature, both the findings and the limitations of the study invite further exploration to expand the research about menopause and doing well during the menopausal transition.

**Qualitative research.** Little is still known about the meaning and experience of doing well during the menopausal transition, and further qualitative research with a different sample of participants, or with a different research question, might yield more information about how this phenomenon varies across groups of people, social contexts, or stages of development, as well as how different language is used to represented the phenomenon. The following is a presentation of how this research might occur using qualitative methods.

Historically, when discussing the menopausal transition, researchers and theorists have focused primarily on women’s bodies and neglected the exploration of the women’s psychosocial transition as lived and understood by the women themselves (Young, 2005). The current research provided a helpful addition to the existing literature by offering new interpretations and experiences of well-being during the transition. However, one way to expand the understanding of “doing well” during menopause would be to design research studies that include the voices of women with different contexts and lived experiences. Although this sample included two Indigenous women and one South Asian woman, the majority of the women who participated in this study identified as being of Caucasian, Anglo-Saxon, and British heritage. Since ethnicity and cultural context have been identified as factors that influence both the
number and intensity of menopausal symptoms, as well as the interpretation of these symptoms, an important extension of the current research would involve exploring the same research question with different cultures, specific ethnic groups, or with a sample comprising more ethnic diversity. This varied context would add to the understanding of how doing well is understood and experienced, and how it contrasts and compares across groups of women.

The women in this study were not in a committed relationship at the time of the transition; however, the relational histories within the sample varied to such an extent that disentangling their relationship status at the time of menopause from their experiences of doing well was impossible. Future research focused on exploring the experiences of women with specific relational histories (e.g. women in long-term relationships, never-partnered women, recently divorced women, etc.) would yield results that support the development of theories describing the connection between relationship status and the menopausal transition. This in turn could support counsellors in creating targeted interventions for varying groups of women. Researchers could use a research question similar to the one guiding the current study, but select a sample of women based on their specific relational experiences. Alternatively, researchers could explore in more depth the meaning and experience of being unpartnered, recently divorced, or dating through the transition; the focus of this research would be on relationship status instead of doing well.

The participants in this study were all born within a few years of each other, and there may be some cohort effects that impact the experiences and interpretations of the women included in this study. The same or a similar research question could be asked with a group of women who were born and raised in a similar context, but at a different time in history. This research might yield different results and shed more light on the role social and historical context
play in shaping the meaning and experience of doing well during the menopausal transition.

The women in this study believed they were through the menopausal transition for the most part. However, women may reflect on the menopausal transition differently based on when they are asked to share about their experiences during the transition (Brown, Bryant, & Judd, 2015; Busch et al., 2003). Accordingly, further research about the meaning and experience of doing well for women at various stages of the transition is worth exploring. For example, a researcher might seek out a sample of women who are just beginning the menopausal transition and ask what the meaning and experience of doing well is like for them at this stage. In addition, a researcher might recruit women who feel they are at the most intense phase of the transition and ask them about the meaning and experience of doing well. When compared to research using women’s retrospective reflections of the transition, qualitative research with women who feel they are at the beginning, or in the middle, of the transition may create more depth of understanding about doing well and how doing well is experienced differently at various points of the transition.

All the women in the current study spoke at some point during the interviews about their experiences of menstruation and what menstruation meant to them, although symptoms of menstruation and the meaning women ascribed to their experiences of menstruation varied widely across the participants. While some participants were more relieved than others to be through the pain and challenge of menstruation, menstrual history did not appear to shape the experiences of the women in this study. Because the women in the current study voluntarily spoke about menstruation, researchers may want to look more closely at the possible role of menstrual history in women’s experiences of the menopausal transition.

Given that all of the participants in this study reported experiencing menopause as a
physical non-event, it remains to be seen whether doing well is something that women experience even if they identify the physical aspects of menopause as challenging. Based on the findings of the present study, it is unclear to what extent the perception of doing well might be connected to the presence of physical symptoms. In-depth qualitative research is needed to better understand the role of menopausal symptoms in women’s perceptions and evaluations of their sense of doing well during this transition. A researcher might ask a sample of women who identify both with doing well and with experiencing intense symptoms of menopause what doing well means for them.

As was previously mentioned, none of the women in the current study felt the need to use HRT—a common symptom management intervention. What doing well is like and what it means for women who use HRT remains to be determined. Further research exploring the role of HRT in the experience of doing well may yield information about the impact of interventions on well-being during the transition for women who have more acute or challenging symptoms. Ample opportunity to quantitatively explore the causal or correlational link between HRT and doing well, using formal well-being measures, is evident. However, because the use of HRT is common, the need for qualitative research that explores the experiences of women who have utilized this intervention is clear. Examining the meaning and experience of doing well during the menopausal transition may be significant in understanding the experiences of women who both use HRT and identify with doing well.

A similar study could be conducted with a sample of women who, instead of using HRT, experienced a medically induced menopause but still identified with doing well during the transition. All of the participants in the current study experienced a naturally occurring menopause, but it has been identified that women who experience menopause earlier than they
were expecting, due to medical treatment or illness, face additional challenges in navigating the transition (Rocca, Grossardt, & Shuster, 2011). Research exploring doing well across a wide variety of menopause experiences, including facing the ending of fertility earlier than planned or experiencing a life-transition earlier than one’s peers, would lead to a more in-depth understanding of doing well—particularly in populations for whom the transition includes more challenges.

Only one participant in the current study noted changes in sexual functioning, and shared that she did not feel troubled by those changes. Qualitative research which explores the relationship between doing well and changes in sexual functioning would yield helpful information about how women experience changes in sexual functioning, and how they are able to negotiate or respond to those changes in a manner that allows them to still identify with doing well. Researchers might conduct research guided by a question investigating doing well while experiencing challenges in sexual functioning during the menopausal transition.

Some of the participants in the current study described self-silencing their experiences of doing well when interacting with others. Because the phenomenon of self-silencing during the menopausal transition has not been explored specifically, further qualitative research would provide more understanding about what self-silencing is like for women when it occurs in relation to the menopausal transition. A research question asking women about their experiences of self-silencing during the menopausal transition would help to expand understanding of this under-researched phenomenon, and provide more insight into the psychosocial challenges women feel they experience as a result of doing well.

Coupland and Williams (2002) identified the following three discourses about menopause based on the language used in the print media about menopause: 1) menopause is a pathology; 2)
menopause is something to be controlled or managed; and 3) menopause is a positive and significant rite of passage accompanied by the re-evaluation of life and the possibility of freedom. Hunter and O’Dea (1997) also identified through their research that the participants’ language signified different constructions of menopause as a whole and communicated differences in experiences and interpretations of navigating the transition. The language of doing well was selected for this study due to its normalcy and everyday use in non-academic dialogue, and to specifically steer the research question away from the first two discourses identified by Coupland and Williams (2002). As it pertains to recruitment materials, the language selected may convey a certain message about menopause to those viewing the materials and subsequently attract different participants because it better aligns with their meaning and experiences of the transition (Coupland & Williams, 2002). For example, terms like managing well or coping well could have attracted participants who perceived menopause as something that needed to be survived, managed, or coped with, instead of as an experience that can lead to transformation and growth (Coupland & Williams, 2002). Research using different language in recruitment advertisements, such as ‘coping well,’ ‘managing well,’ ‘doing ok,’ or ‘well-being,’ may attract different participants and further our understanding of the role of discourse in the experience of the transition (Coupland & Williams, 2002; Hunter & O’Dea, 1997).

**Quantitative research.** Although qualitative research can support the exploration of women’s lived experiences to generate new ideas and further questions, quantitative research could produce results that help us draw conclusions about the relationship between various factors explored in this research. For example, it could add to the understanding of menopause as a biopsychosocial transition by exploring how personality type, or certain beliefs or perspectives (such as identifying as a feminist or thinking critically about the media’s portrayal of aging
women’s bodies), are correlated or causally related to the experience of doing well. Following further qualitative exploration of women’s experiences of doing well, particularly with larger and broader samples, a measure of well-being during menopause could be developed to better support quantitative investigation of the relationship between doing well and other variables.

Notably, participants in the current study identified menopause as a physical non-event. While the findings of this study cannot provide a causal link between doing well and a sense of ease with symptoms of menopause, quantitative research could further elucidate the relationship between these variables. Quantitative research could be used to explore how an ease with physical symptoms is associated with doing well, as described in the current study.

The participants identified that having the sense of a new role as an elder was a meaningful aspect of doing well during the transition. Researchers could also explore in more depth the relationship between feeling like an elder and the experience of doing well during the transition, by assessing the differences in measures of well-being between samples of women who feel they have opportunities to develop their identities as elders and those who do not identify with or have opportunity to develop this new role.

The participants in the current study also articulated the belief that menopause was a natural developmental process, and hypothesized that this was connected to their experiences of doing well during the transition. To better understand how this belief about menopause shapes the experiences women have during the transition, measures of well-being during menopause could be used to identify how the experiences of women who believe that menopause is a natural process are similar to or different from those of women who believe they need to resist or control the changes they are experiencing. Research of this nature would contribute to the body of literature addressing the role of expectations in shaping the menopausal transition.
Some of the participants in the current study described self-silencing their experiences of doing well when interacting with others. Because the phenomenon of self-silencing during the menopausal transition has not specifically been explored, further quantitative research could explore how the experience of self-silencing during menopause is similar to or different from the self-silencing that occurs during other stages of life. Using assessments which measure self-silencing, quantitative research could also be used to investigate the correlation between self-silencing, well-being, and quality of life during the menopausal transition.

The women in the current study relied on social connection to navigate the menopausal transition, identifying it as an important aspect of doing well. While research findings have highlighted the positive impact of group support for women during the menopausal transition, research has not been done to explore the differences in well-being when group support is manufactured for the purpose of an intervention (in comparison to the support that naturally emerges within long-term friend groups that existed before the transition). Further quantitative research could be conducted to investigate how measures of well-being vary through comparing the peer support of existing friendships with the peer support created for the purpose of an intervention. A longitudinal quantitative randomized control group study where measures of well-being are given before, during, and after the treatment would also yield helpful evidence about the efficacy of group support during the transition.

As was previously stated, qualitative research exploring the relationship between doing well and challenges with sexual functioning would create a richer understanding of the ways women respond to changes in sexual functioning that still permit them to do well. It is possible that the experience of doing well is related to the absence of challenges arising from changes in sexual functioning. Quantitative research could also be used to further explore the relationship
between the experience of doing well and the absence of challenges with sexual functioning. Participants who identify with doing well could be asked to complete measures of sexual functioning. Similarly, it would be important to research the difference in reporting or identifying challenges with sexual functioning for women who are partnered versus those who are unpartnered. These findings might help researchers better understand the connection between relationship status, changes in sexual functioning, and doing well during the transition.

**Conclusion and Researcher Statement**

The current study was designed to explore the meaning and experience of doing well during the menopausal transition, as understood and interpreted by the participants and co-constructed and interpreted by myself as a researcher. While the findings of the research question were important to the purpose of the study, the research question and methodology were situated within the broader theoretical framework of feminist phenomenology—a framework with its own set of guiding values and principles. Consequently, the secondary purpose of the research was to explore the question in a manner that honoured the tenets of feminist phenomenology, not only in research design but also in my approach to all aspects of this project including my interactions with the participants and the selection of the phenomenon of interest. In other words, the secondary purpose of this research was to de-pathologize and increase the visibility of experiences that are both normal and meaningful in the lives of women, particularly as they are experienced and understood by the women who live them.

However, I came to discover this research had a third function midway through the project. As explained in earlier chapters, separating myself as a researcher from the project is impossible within the framework of any branch of interpretive phenomenology. While I was interested in the phenomenon before the study began, I found that interacting with the
participants, the process of analysis, the findings of the study, the credibility interviews with the participants, and the writing of the discussion all deeply and meaningfully impacted me. Before I began data collection, I was unaware that engaging in the research would have the unintended effect of providing for me what so many of the women in this study never had: the experience of hearing from other (older) women about their positive stories of menopause; the opportunity to talk with other women about menopause in general; and the ability to learn more about what menopause could be like in a manner that did not engender fear, but rather shaped my curiosity regarding what might lie ahead for me in my own life.

Importantly, feminist research emphasizes the experiences of the participants through the research process as valuable. My hope was to conduct research that not only made an important contribution to the literature, but also left the participants feeling respected and honoured for their experiences and insights. When speaking with each of the participants in the second interview, I thanked them and shared what it meant to me personally to have them involved in this study. Without knowing it, they had been like elders and wise women to me, sharing the wisdom they had gained through their lived experience. Hearing this gratitude, they then shared, to varying degrees, the meaningfulness that lay in giving to the younger generation of women—including a community of academics and clinicians that may contribute to improving the social discourse about aging women, women’s freedom and confidence, women’s relationships with their bodies, and how women relate to each other. In different ways, participating in this study also had a personal impact on them. Several women shared that reading the results made them feel less alone, like they belonged to a community of women whom they had never met. For many of them, hearing the stories of other women with similar experiences, and being asked to share their stories for the purpose of research, was validating and created a sense of confidence
and pride. After completing the first interview and reading the findings, many of the women said they felt an increased freedom to share their experiences with others and to ask other women about what they had been through, inadvertently participating in challenging the cultural silence they had previously identified as problematic.

While the research expands the understanding of the menopausal transition within the academic literature, the power of the participants’ stories, the phenomenon, and the research process has demonstrated the capacity to extend beyond the academic literature and include the impact it had on my own life, the lives of the participants, and others in their communities. As a researcher, it was important and beneficial to study a normal developmental transition that I will undoubtedly encounter in the future, and specifically the experiences of women who went through that transition, in a manner that I find helpful when thinking about my own life. It has allowed me to think about my own experiences differently and anticipate my own journey through menopause with thoughtfulness and even excitement. The impact it had on me personally also lent a sense of meaning and purpose to the research, particularly at times when I felt tired near the end of a multi-year doctoral degree. My hope is that through the sharing of the findings contained in this study, others too will experience what I did during this process, and begin to envision the menopausal transition not as problematic (as it is so often portrayed), but as a normal yet meaningful experience within the lives of women—a developmental transition that has the capacity to include freedom, connection, and transformation.
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Appendix A: Sample recruitment flyer

A STUDY ON DOING WELL DURING THE MENOPAUSAL TRANSITION

Are you through menopause?

Did you feel like you did well during the transition?

Were you unpartnered (not in a committed relationship) during most of the transition?

Are you 60 or younger?

This research study on women’s experiences of doing well during the menopausal transition is being conducted by Hillary McBride, a PhD student in Counselling Psychology at UBC, under the supervision of Dr. Judith Daniluk.

If you are interested in learning more about this study, contact:
Hillary McBride
Appendix B: Sample online recruitment post.

ARE YOU THROUGH MENOPAUSE?
WHEN YOU WENT THROUGH THE MENOPAUSAL TRANSITION, DID YOU FEEL LIKE YOU WERE DOING WELL?
WERE YOU UNPARTNERED, OR NOT IN A COMMITTED RELATIONSHIP DURING THE MENOPASUAL TRANSITION?

ARE YOU INTERESTED IN SHARING YOUR EXPERIENCES WITH A UBC RESEARCHER IN A CONFIDENTIAL INTERVIEW?

This is a study being conducted through UBC about women’s experience of doing well during the menopausal transition.
We are looking for mid-life women who experienced a non-surgically induced menopause and are currently younger than 60, and feel like they were doing well during the transition.
If this is you, and you live in Vancouver’s lower mainland, please contact:

Hillary McBride, MA, RCC
Appendix C: Screening interview questions

Thank you so much for contacting me. My name is Hillary McBride and I am a doctoral student at the University of British Columbia. This research is being conducted as part of my PhD in Counselling Psychology under the supervision of Dr. Judith Daniluk.

As you know, I am interested in the experiences of women who have been through menopause and feel like they were doing well during the transition. I’d like to ask you a series of questions to determine whether or not you are eligible to participate in this study. Then I’ll explain the purpose of this study and offer you the opportunity to ask questions.

• Would you say that you feel like you are through the menopausal transition?

• Were you unpartnered (not in a committed relationship), during the menopausal transition?

• Was your menopause naturally occurring - not cause by the surgical removal of your ovaries?

• Overall, did you consider yourself to be doing well during the menopausal transition?

If the participant answers “NO” to questions 1-4 question, I will thank them for their time and tell them that they are not eligible to participate in the study. If they answer “YES” to questions 1-4, I would continue with the following:

Now I’ll tell you a little bit about the study so that you can determine if you’d like to participate. Please feel free to ask me any questions along the way.

The purpose of this study is to explore the experiences of women who feel that overall, they did well during the menopausal transition. We know that not all women report having a positive experience of this transition, or feel that they navigate the challenges and complexities of this transition well, and that women’s experiences of menopause are quite diverse. However, very little research has look at the experiences of women who feel that they were doing well during the menopausal transition. In fact, most research to date has looked at the down sides of menopause. Consequently, we’d like to know more about what it is like for women who felt they were doing well during the menopausal transition, and what menopause means to them.

The study will require two confidential interviews. The first one will be in person, either at your home or at my counselling office and take from 60 – 120 minutes. The second interview will be several months later, after I’ve analyzed the transcripts from the interviews and come up with common themes in the experiences of women in the study. This interview will be over the phone and likely take only 30 minutes. Both interviews will be confidential, and will be tape-recorded.
The audio recordings will be kept confidential, and you will be asked to pick a pseudonym to protect your identity in any oral or written communications about the study.

After we end our conversation today, I will contact you again in two weeks to make sure you are still interested in participating in the study. At that time, I will send you a consent form for you to review, and we will pick a date, time, and place for the first interview. The first interview will give you an opportunity to talk about your experience of negotiating the menopause transition. Once this is done, I will also ask you some general questions about yourself. If you would like to stop the interviews at any time, either for a break or to discontinue your participation in this study, you will always be welcome to do so.

After a few months, I will contact you to schedule a second interview in which I will ask you to confirm your biographical sketch, and the common themes from the interviews. Before the interview, I will send you (in written form) the summary of your bio-synopsis and the common themes, and will ask you to read through this. During the second interview, I will ask you to share with me your reflections on the common themes, and the extent to which they resonate with your story. This will occur over the phone, and will also be recorded.

Your participation in this study will be entirely voluntary, and you will be allowed to change your mind about participation in this study at any point. The interviews and the audio recording will be confidential, and your identity and personal information will not be shared with anyone. I will at times consult with my research supervisor Dr. Judith Daniluk about the process of my research and preliminary findings, but will do so using your chosen pseudonym. Eventually, upon completion of my PhD, my dissertation will be made public, and I hope to publish the findings of this study in an academic research journal, and in newspaper and magazines articles. However, this will not contain any personal information, and will only use your pseudonym.

Do you have any questions about the research process or the purpose of this study? If you are still interested in participating, I will contact you in two weeks to see if you are still interested in participating.
Appendix D: Consent form

Principal Investigator:

Dr. Judith Daniluk, Professor  Department of Educational & Counselling Psychology and Special Education University of British Columbia, Vancouver, BC

Co-Investigator:

Hillary McBride, MA, RCC, PhD student  
Department of Educational & Counselling Psychology and Special Education  
University of British Columbia, Vancouver, BC

Why are we doing this study?

This research is being conducted to explore the experiences of women who identify as having doing well during the menopausal transition. This study is being conducted for Hillary McBride’s dissertation research, as part of a requirement for the completion of a PhD at UBC in Counselling Psychology. The results of the research will become public as part of the university library, and may be published in academic journals, with all identifying information removed.

What happens in this study?

If you choose to say ‘yes’ to participating in this study, the total time commitment will be between 2 to 2.5 hours of time over approximately four months, including the following:

1. The researcher will conduct the first interview at a time and place of your choosing. It will last approximately 1.5 to 2 hours. Using open-ended interview questions you will be asked to describe your experience menopause, and what doing well during the menopausal transition means to you. This interview will be tape-recorded. Once the interview is completed, I will ask you some questions about your demographics.

2. The second interview will occur either over the phone, or in person, and will last approximately 30 minutes. This interview will also be audio recorded. The researcher will provide you with a summary and description of the common themes across the participants (by mail or email) before the second interview. During the second interview you will be asked to reflect on the summary document provided.

Study results:
Once the study has been completed, this research will be made public. I also hope to publish the findings both in research journals, and in newspapers or magazines articles. However, this will not contain any personal information, and will only use your pseudonym.

**How will your privacy be maintained?**

Any personal information about your identity gathered in this research study will be kept confidential. Only Dr. Daniluk and the co-investigator, Hillary McBride, will have access to the original data. Upon signing the consent form you will be given the opportunity to select a pseudonym to ensure confidentiality and protection of your identity. All transcribed interviews will be labeled using a code number. Information will be kept in a locked filing cabinet. No names or initials will be entered into the computer or labeled on tapes or files, only your pseudonym or participant number will be used. The tape recordings of my interviews will be erased after the research has been completed. Identifying details will be altered in any resulting publications on this research.

**Are there any risks or benefits to participating in this study?**

It is possible while reflecting on life experiences, that it may at times be emotionally distressing. If this occurs during the interview, you are entitled to take a break or withdrawal from the study at any time. I will also provide you with a list of counselling resources, should you find that this would be helpful for you even after the interviews are completed. It is also possible that you may enjoy participating in this study, and find it satisfying to share your life experiences, so that more people understand menopause and how to help women do well during the menopausal transition.

**Will you be paid for your time?**

You will not be paid for participating in this study.

**Who can you contact if you have questions about the study?**

If you have any further questions or would like more information about this study, you may contact Dr. Judith Daniluk (Principal Investigator) or Hillary McBride (Co-Investigator)

Who can you contact if you have complaints or concerns?

If you have any concerns about your treatment or rights as a research participant, you can contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598, or by email at RSIL@ors.ubc.ca, or toll free at 1877.822.8598
Consent:

You understand that your participation in this study is entirely voluntary and that you may refuse to participate or withdraw from the study at any time without prejudice of any kind. You have received a copy of this consent form for your own records.

Your signature below indicates that you consent to participate in this study.

Participant Signature __________________________________________________

Printed Name of the Participant signing above ____________________________

Date _______________________________

Research Signature ____________________________________________________

Printed Name of the Researcher signing above ____________________________

Date _______________________________
Appendix E: Pre-interview script

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?

Orienting Statement:

The purpose of this study is to explore the experiences of women who feel that overall, they did well during the menopausal transition. We know that not all women report having a positive experience of this transition, or feel that they navigate the complexity of this transition well, and that women’s experiences of menopause are quite diverse. However, we have very little research about women who feel that overall, they did well during the complex and varied changes of the menopausal transition. Exploring these experience will help us know more about how to normalize the menopause transition, and better support women through this transition.

I would like to have a conversation with you today about your experience of the menopausal transition, with a particular emphasis on what doing well means for you. I am interested in any thoughts or experiences that come to mind when you reflect on the menopausal transition – what it was like physically, emotionally, socially, and what doing well during the menopausal transition means to you.

I will start by asking you to tell me about your menopausal transition, and to note the points that stand out to you, both positive and negative. Some people like to talk about their experiences like a story, with a beginning, middle and end. I may ask questions to clarify what you have told me, but you are in no way obligated to answer my questions or talk in depth about anything about which you do not feel comfortable speaking about. I want you to feel free to tell me whatever it is that is meaningful or relevant for you.

Do you have any questions? If not, please feel free to beginning wherever you like, in telling me about your menopause transition – what it was like for you and your experience of having done well during it...
Appendix F: List of sample interview questions

_Possible questions to help deepen the exploration if the topic is raised by a participant:_

What does doing well during the menopausal transition mean to you?

When did you first have a sense that you were beginning the menopause, and what was that like for you?

What kind of changes did you notice throughout the transition? How did you feel about those changes? Were any more significant or challenging for you, and if so, in what ways?

What were you expecting the menopause transition to be like? How was your experience similar to, and different from, what you expected?

Looking back now, what were the best aspects of the menopause transition for you?

What did being a menopausal woman mean to you, during the transition? What does being a post-menopausal women mean to you now?

Do you think your relationship status (or being un-partnered) factored into your experience of this transition, and if so, in what ways?

Based on your experiences of doing well through the menopause transition, if you were speaking to a woman about to begin the perimenopause, what advice would you give her?

If you could come up with a metaphor or image that you feel represents what it was like for you to go through menopause, what would that be?

What kinds of support did you receive during your transition and from whom?

It sounds like the ending of your fertility was significant for you. Can you tell me more about that?
Demographic information

Preferred Pseudonym:

Age:

Ethnicity/Cultural Identification:

Parental Status:

Occupation at the time of the menopausal transition

Current Occupation

Employment status at the time of the menopausal transition

Annual Household Income Level (range) : please circle one

0–20 000
20 000 – 30 000
30 000 – 50 000
50 000 – 75 000
75 000 – 100 000
100 000 – 150 000
150 000 – 200 000
200 000 +
Appendix G: Optional counselling resources

Brookswood Community Counselling
#107- 20103 40 Ave Belmont Centre,
Langley, BC V3A 2W3
(778) 278-3411

Burnaby Counselling Group
3701 Hastings St,
Burnaby, BC V5C 2H6
(604) 430-1303

Family Services of Greater Vancouver
Counselling Program
Various Locations across Vancouver
(604) 874- 2938

Fraser River Counselling
7600 Glover Rd, Langley, BC V2Y 1Y1
(604) 513-2113

The Adler Center
440 – 2184 W. Broadway
Vancouver, BC V6K 2E1
(604) 742-1818

24 Hour Distress Phone Line (Free)
Vancouver
(604) 872-3311
Appendix H: List of second data collection questions for second interview

Thank you for making the time to speak with me again today. I am hoping to review the summary analysis I sent you prior to this interview. After having reviewed the document I sent you:

- Do the themes I identified resonate with your experience of doing well during the menopausal transition?
- Is there anything important in your experience that seems to be missing from the findings?
- Is there anything that doesn’t particularly resonate or reflect your experiences?