World Journal of Advanced Research and Reviews

eISSN: 2581-9615 CODEN (USA): WJARAI

Cross Ref DOI: 10.30574/wjarr

Journal homepage: https://wjarr.com/

(Research Article)

The lived experience of menopause and journeying to the other side.

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World Journal of Advanced Research and Reviews, 2024, 24(02), 580–590

Publication history: Received on 16 September 2024; revised on 31 October 2024; accepted on 02 November 2024

Article DOI: https://doi.org/10.30574/wjarr.2024.24.2.3338

Abstract

This qualitative research was conducted through the lens of a reflective thematic analysis to explore the experiences of women during menopause. Historically menopause has been viewed through a medical lens, and a process women generally pass through with age. The lifespan of women living later in life after menopause is increasing significantly; and women's healthcare is receiving more attention, globally. The menopause experience in this research draws upon the narratives from interviews with five women. Key findings from the analysis were themes highlighting the profound impact menopause has on biological, psychological, and social well-being. Three themes emerged from a reflective thematic analysis of the collected data: *World turning upside down; Passing through menopause; Who am I now?* Data resulting found the menopause experience is situated within a complex intersection of biology and psychosocial phenomena. Prolonged ageing has opened a gap in research informing how to improve the quality of women's healthcare and well-being during this significant time in life. This study highlights that further research is needed to explore menopause as phenomena intersecting the disciplines of biology, psychology, and social constructs.

Keywords: Reflective Thematic Analysis; Qualitative; Menopause; Change of Life; Women's Experiences

1 Introduction

Menopause is a transition that most women go through within their lifespan. It is a complex transition with the attention of many disciplines today. The delicate biology, psychology, and social contexts it involves requires more in-depth understanding. The physical transformation of ageing and being a woman (with an intact uterus), includes a menopausal transition as their endocrinology shifts, causing life changes, loss, stress, and shame. It is estimated the population of postmenopausal women, over 50, is 26 percent globally and women's lifespan is expected to increase significantly in the next 10 years [1]. Menopause is a developmental transition in a lifespan of women where there is a gradual cessation of oestrogen production, and generally occurs between 45-55 years of age [1, 3, 13]. It can also be caused by other biological changes such as a hysterectomy, chemotherapy, radiation, or malnutrition [1, 2]. The decline in oestrogen production can impact women's emotional, social, mental and physical quality of life.

1.1 Biological Changes during Menopause

The transition of ageing is chronologically and gynecologically interwoven [14]. These physical changes influence the menopause process, whist also complicating the diagnosis [14]. Menopause has always been related, medically, with the end of fertility [2]. At the turn of the century, life expectancy for women was 48 years, whereas today women are expected to live until 80 years of age [15]. There is a long life to live after fertility, and further knowledge about risks related to how physical changes impact women's health is required. Santoro and colleagues [14] examined 758 Medline-indexed English journal publications searching epidemiologic and reproductive physiology looking at the pathophysiology of menopause and clinic management with hormone therapy. Their review identified factors related to characteristics of menopause transition which included race, smoking, and obesity and signs related to changes in the central nervous system. By linking the hypothalamic-pituitary on the ovarian-uterine changes over a lifespan they

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showed that this can occur naturally or circumstantially with biological changes like menopause [16, 22, 14]. They also found vasomotor symptoms, hot flushes, vaginal dryness, urinary incontinence, and osteoporosis all of which could be relieved by oestrogen replacement. Other under treated and overlooked symptoms include Genitourinary (GU) symptoms which could cause a variety of physical experiences in menopause including pelvic pain, urinary trouble, painful sexual intercourse and genital irritation [21, 13, 48]. Additionally, mood changes with depression, anxiety, cognitive shifts, sleep, loss of libido, and bone density were found to commonly occur. A menopause transition physically takes place with ageing, however, other conditions such as primary ovarian insufficiency, could also induce menopause.

Age, menopause, or stress can cause sleep problems. Elevated cortisol levels due to these stresses, limits a certainty on what influences the menopause experience [16]. Lower oestrogen has been evidenced to lead to low bone density, decreased cardiovascular health, and sleep disturbance contributing to heighten these changes that also result of ageing [14, 12, 19]. Physiological changes, mood, and cognitive abilities start to decline biologically at mid-life adding complexity and uniqueness to each women's symptoms [30, 26, 31]. Developing empirical and theoretical analysis to combine ageing and menopause studies could help better understand women's lived experiences. The menopause transition is complex with researchers still investigating how oestrogen depletion can impact mental health. Comments in a SKY online news article [53], on the NICE draft update, stated a need to address long-term health risks due to low hormones, as there is emerging quality evidence about the benefits of hormone replacement therapy (HRT). For example, research supported a link between menopause, depression, and dementia [23, 25, 37]. Other research has showed that lower oestrogen levels result in higher norepinephrine, and depleting serotonin production, leading to low moods [49, 16, 22, 37]. These studies indicate a link between the biological changes from menopause and the simultaneous impact on psychological health.

1.2 Psychological Changes during Menopause

Physical symptoms of menopause are more easily diagnosed and identified medically than psychologically [16]. Reluctance to share, or conscious awareness, of the physical changes experienced in the menopause could have an impact on mental wellness. Women, more than men, develop dementia, focusing researchers to investigate the role of oestrogen with this increased risk [40, 39, 44, 12]. Literature shows there may be a link with cognitive function and dementia as a result of declining oestrogen levels, however, these preliminary results require further support from longitudinal studies [24, 25, 39].

The aetiology of cognitive or mood changes with menopause are more difficult to understand. Liao and colleagues [60] investigated the mental wellbeing of women in menopause before 40 years of age. Findings indicated that providing psychological care should be a discipline included in treatment of the menopause. A longitudinal study by Bromberger and colleagues [23] explored the link between menopause and depressive symptoms. Their aim was to evidence that depressive mood could be associated with menopause. Results showed an increase with depressive symptoms independent of other confounding variables. Although a large sample was used, depressive mood was measured through a self-evaluation rather than a diagnosis.

Psychological symptoms associated with menopause are unique to each woman and occur around a time in life where the body loses fertility [3, 12]. Women may be too ashamed to bring attention to their experiences. Loss of sexuality, fertility, and femininity are signs of transitioning from what might have been a life of vitality. The transformation of women's bodies could impact the sense of self, cognition, mood and social identity. Menopause and age for women explained by Greer [33] claimed medicalisation of the menopause degenerates women's bodies, supporting ageist gendering, and commoditising this time of a woman's life. Women attempt to readjust within the process of ageing, and menopause. This shifting sense of self reorients women in their lives and positions them into a new experience of living [32, 18, 19].

1.3 Social Changes during Menopause

A systemic review of qualitative evidence by Hoga and colleagues [26] explored the experience of women in menopause within sociocultural values. This review was an attempt to determine if a universal experience of menopause exists. The authors of this study concluded that menopause was a transitional stage in life, involving role changes within social, work and family, suggesting healthcare provided needs to encompass women's individual and sociocultural values. Hickey and colleagues [28] found similar results in their review and claimed that medicalisation of menopause fuels a narrative of decline. Stigma of menopause and ageing could be interwoven, making it difficult to identify specific social impacts. Qualitative studies like these have looked at cultural or gender influences on the understanding of menopause, both indicating knowledge gained could help develop women's healthcare [42, 41, 48]. Although these studies identified social values influencing the menopause, none of which offered insight into what or how this gender-based ageism impacts women's experience.

It would be optimal to offer healthcare evaluating the biology, psychology, and social aspects of women's experiences. For example, knowledge about all the risk factors for menopause symptoms to help with quality care, or dealing with more acute symptoms [14]. Treatment for menopause could be considered as part of women's medical history as a whole, rather than component ailments. Perimenopausal, menopausal and postmenopausal changes are disruptive to personal, work, and social lives. With current media attention more realistic, qualitative data could inform approaches to dissipate challenges for ageing women, and the menopause transition.

In-depth qualitative research on the experience of menopause is emerging with publications assessing health ailments, lifestyle adjustments, positive transitions, and the complexities involved [58, 62, 20, 21, 55, 27]. These qualitative studies show that menopause is a complex time for women, and is complicated by health, work, family, culture, and socioeconomic backgrounds. By conducting participatory, qualitative research, a descriptive understanding of women's lived, menopausal experience can be better understood. Findings from these studies show that biological changes happen during a stressful time in a woman's life, involving many complex psychosocial circumstances [58, 62, 55, 18]. However, there are many contexts to consider when approaching research on the menopause transition. Menopause impacts relationships, emotions, self-control, identity, and sexuality. Studies reviewed have explored cultural or gender influences on the understanding of menopause and indicate how the knowledge gained could help develop women's healthcare [20, 29, 41, 48, 27].

Aims of the current study

The aim of this research was to identify the kinds of experiences women have during menopause. Menopause has recently gained more attention worldwide. Regardless of the social construction developing around this transitional period in women's lifespan, the research question aims to conceptually understand what women live through during menopause. A more balanced perspective and voice to treating the uniqueness of women's bodies could be informed by a deeper understanding of what kinds of experiences women have day to day. Ageing, and the menopause, involve physical and emotional changes along with a loss of fertility, femininity, and sexual vitality. The overarching question addressed in this qualitative study was: *What kind of experiences do women go through during menopause?*

2 Material and methods

2.1 Design

Thematic analysis (TA) is not tied to one theoretical approach. The theoretical status of a theme is something the researcher needs to determine; it is not something that the method itself prescribes. As such, the researcher must establish what the themes identified represent the experiences of menopause transition. In qualitative research, particularly, thematic analysis, the researcher's epistemological stance has a strong influence on the interpretation of the data [5, 56]. A phenomenological focus in the exploration of women's menopause experience should account for the complexity along with this researcher's reflexivity during the analysis.

Reflective Thematic Analysis (RTA) was chosen as a flexible research methodology. Braun and Clarke [6] proposed an approach to conducting thematic analysis, emphasizing the importance of rigor and transparency within qualitative research. Research with RTA offers an interpretation of data to clarify and contextualise qualitative investigations offering an experiential perspective [7]. An experiential focus in RTA research focuses on how participant's think, feel and behave, with which an interpretation of the data a perspective develops of their lived reality. The data analysed would reflect a lived reality rather than researching a critical orientation or dominant quantitative pattern [8]. The flexible approach RTA offers provided an organic opportunity for this study to determine a theoretical base through an inductive analytical process. Positioning this research in a phenomenological framework would allow for and an in-depth analysis of both the researcher and participant's experiences of menopause. The aim was to collect rich contextual data on the menopause through an objective lens.

A process of engaging with the data, coding, generating themes, organising themes, and determining patterns of meaning within the data could provide a deep context of the kinds of experiences women have in menopause [9, 6, 7, 10]. Inductive coding generated stronger or weaker themes, without a specific deductive, or anticipated analytic outcome. The interviewer presented her own social position as a 56-year-old cis-woman in menopause, a theoretical lens, which could add subjectivity in this bottom-up analysis. The researcher's subjectivity was an integral part of the analysis, including one's conceptual frameworks, disciplinary knowledge and personal experience or research skills.

2.2 Participants

This research recruited six participants until data saturation had been reached. Purposive and convenience sampling methods were utilised. Purposive sampling involved selecting participants known to be in the menopause transition, while convenience sampling selected participants who were made available to the researcher. Contacts were made, and online menopause charity platforms posted for recruitment. Participants were required to be at least 45 years old in order to represent the experiences of the topic amongst older individuals. Additionally, they were required to be in perimenopause or menopause classified by the occurrence of an absence of menstruation for at least 12 months. A woman was defined for this study as still having a physiological intact uterus. Participants were first asked to report specific demographic information such as, age, gender, ethnicity, and frequency of menopausal symptoms presenting. A total of seven interviews were conducted. One participant explained she had her uterus removed during the start of her menopause transition due to medical complications and so data were removed from the dataset.

2.3 Data Collection and Ethical Considerations

The code of conduct by the British Psychological Society [11] was followed. The data collection process only began after gaining ethical approval from the University Psychology Research Ethics Committee. Any information shared in the interview sessions remained confidential. Participants had the right to withdraw at any point during their participation and for up to two weeks afterwards without penalty and without having to give a reason.

2.4 Data Analysis

To choose the appropriate qualitative approach, the following were considered: how to gather in-depth data on the kinds of experiences women have in the menopause transition; and the type of data required, collected, and interpreted [5,6]. During the analytic process, the researcher moved back and forth between six-steps to engage in new interpretations of the dataset [7]. The six-step approach consists of firstly familiarisation with the data. During this phase, the researcher wrote process notes in a reflective journal while transcribing the data. Once the transcription was completed, the interviews were read and re-read to facilitate the familiarisation phase. Afterwards, the initial codes were generated to highlight the descriptive and interpretative nature of the data. Once the initial coding was completed, the process of searching for themes was conducted and the dataset was systematically organised. Meaningful chunks and emerging codes were highlighted. The next step involved reviewing emerging themes through a recursive process. Afterwards, the emergent themes were screened for overlaps and themes were defined to make sure that representative names highlighted the essence of the data. Lastly, the result and discussion report were produced with the aid of the reflexive journal and any additional informal notes which highlighted my experience of conducting the research throughout the analytic process.

3. Results and Discussion

Through RTA, the data was first engaged with by familiarisation, followed by an inductive process to produce codes and themes. Themes identified were captured from the participant's experience of menopause. The process of coding and identifying themes included a process of reflecting on the researcher's own experiences and subjectivity throughout the analysis [7,8,10]. Throughout the process of generating themes, participants' voices and narratives were taken into consideration to make sure their genuine lived experiences are represented. Three main themes were generated and presented in this paper to describe the kinds of experiences that women had during their menopause. The three themes identified were: *(1) World turning upside-down, (2) Passing through Menopause, (3) Who am I now?* (see table 1).

Table 1 Emergent Themes

Theme	Sub-Theme	Illustrative Quote
World Turning Upside-down	Physical changes	*"a lot of confusion in I think because there's so much emotional change that occurred with it and the emotions are sort of hard to explain".*
	Feeling unsupported and confused	*"Job wise it wasn't working, so I don't know again whether it was because of my lifestyle....The big change that I was going through or whether it was related to pre menopause, but I remember....I was very stressed and angry and fed up....highly stressed.*

Passing Through Menopause	Menopause out of the blue	*"I thought put it that way. I had got away with the menopause fairly lightly to be honest.....I was quite cross you know that I felt that I'd got away with it and then actually it really happened and in symptoms that I didn't know about……. .Then now having problems, it quite annoying…… distressing…… That I haven't really had a lot of support because….I went privately originally because waiting list to come and see a gynecologist are so long".*
	Impact on mental health	*"I don't want to use the word debilitating, but the most the biggest symptom for me during menopause was irrational emotional responses to things".*
	Disruption to social relationships	*"I probably was less assertive then I then I should have been in certain areas of my life, right, whether it's relationships or like friendships, anything you know?"*
Who am I Now?	Questioning my Identity	*".....through the menopause to sort of the more clear head and that's looking back on the reflecting.....I definitely will say that there was a change of my personality because of the experiences"*
	Coming to terms with the new me	*"this is sort of going to the whole change in personality and it might. What did that have to do with menopause or what did that have to do with just growing up and accepting a new chapter in your life?".*

3.1. World turning upside down

The onset of menopause is the sudden awareness of physical changes due to oestrogen depletion [1, 12, 13]. This theme focused on the period the participant's reflection on the kinds of experiences of loss they had which was primarily physical changes with menopause; unsupported and confused.

3.1.1 The Physical Changes.

Menopause is defined as the biological loss of fertility [1,2, 14]. The primary physical change is when menstruation ends which marks the end of fertility. The participants had all entered menopause more than five years ago. Each woman could clearly share their reflections of a time in their lives by relating it to moments where they were aware their blood flow was going to stop. For instance, menstrual flow became irregular at times identifying the emphasis on the disappearance of the menstrual cycle. Participants also reflected on when they recognised the end of their menstruation thinking they were through menopause, when the bleeding "*just disappeared".*

Interestingly, other symptoms and implications women experienced regarding menopause were not as clearly recognised in the first instance. A common narrative amongst the participants was that the more subtle changes related to menopause were only identified or acknowledged, when they felt overwhelmed with *"emotional change"* in the context of *'confusion"* in their lives. It was confusing to them about where to turn for help and some felt they could gain insight if they could engage or share stories with other women on the same journey. Their menopause experiences were more commonly talked about amongst friends, although with the uncertainty of what was going on, most kept it to themselves. The time of entering menopause highlighted a significant experience where everything felt *"turned upside down*". Expressions such as "*midlife crisis*" highlights the sudden drastic changes women go through during menopause. They recounted an awareness that menopause meant they physically no longer menstruated, however not much else was talked or thought about. Women have kept silent about the menopause phase of life, it has generally been tightly linked with the physiology of growing old [15, 17]. Losing sleep, unclear thinking, wrinkling skin, sexuality, control of body temperature, and experiencing spontaneous hot flashes, also occur with ageing [12, 14, 16]. Although participants recognised these symptoms as part of menopause, they associated all of them as a part of growing old.

3.1.2 Feeling Unsupported and Confused.

Along with the obvious physical changes, participants described being misinformed, dismissed, disengaged, distressed, not really understanding what is happening and not knowing where to turn for support. On reflections it was unclear if physical signs meant menopause or a sign of extreme stress. The voices heard were women distressed, lost and confused about what was happening. The lack of understanding women have about menopause was confusing as to whether it related all the changes experienced due to "*environment and life"*. The stories expressed significant confusion. Feelings of disengagement, distress, and even dismissive of their 'selves' and experience at that time. A chaotic time of life was experienced dealing with childrens' and partners' needs and at the same time waves of intense erratic emotion. Stresses

were accentuated with circumstances going on in the family along with losing a sense of emotional control. On reflection, there was a similarity of confusion felt. The contexts were different, yet their experience of feeling confused was notably similar. Physical changes along with life stress, adds confusion to the cause of erratic moods [16]. Along with confusion, a lack support was experienced when they realised, they were dealing with menopause amidst the chaos of their lives. They were able reach out to medical doctors, but also thought they would be able to cope with menopause and carry on with life stresses.

Some women felt support within the family, or among female friends. Some participants recalled feeling "*alone"* with their symptoms. Medical treatment for a prolapsed and irritated vagina was confusing and shameful to deal with. Feeling distraught in menopause experience, not knowing where to turn for help, wondering who could understand and offer help. Importantly, a lack of support left women feeling like they had to deal with menopause changes mostly on their own. Day to day life stresses with work, maintaining homes, dealing with families, along with facing their own body changes during menopause led to feeling a loss of agency, confusion, and a lack of confidence. Ultimately, it was a time of their lives where they felt a tremendous amount of stress and menopause was not really talked about, they just dealt with it [15, 17, 45]. There was no clear understanding about what was happening. Silence and uncertainty perpetuated the confusion.

3.2. Passing through menopause

A common narrative generated in shared experiences was of a changing sense of themselves, that it was not just the physical changes felt, but more emotionally and socially complex feelings. As such, this supports the significance of viewing menopause through a psychosocial lens [18,19, 20, 45]. This theme focused on the participants experiences once they realised they were in menopause and became aware of how it impacted different aspects of their lives. The theme highlights the complex contexts associated with the realisation that suddenly they were in menopause, the impact on their mental health, and disruption to social relationships.

3.2.1. Menopause Out of the Blue

Historically, women entered menopause and died soon after [4] when lifespan was much shorter. Nowadays, women are living longer postmenopausal years [1, 13, 47]. The women in this study recalled vaguely what may have been recognised as symptoms experienced during the menopause and felt like it was part of a transformation to an 'other' part of their lives. Some had a narrative reflecting on other symptoms of menopause experience were only realised once they started taking hormone replacement therapy. Only then, was there a conscious acknowledgment of *"what was happening".* Reflections were as if they were looking back at an 'other' woman by *"observing"* the experience. While fulfilling busy career, and/or a family life, the understanding was that menopause would just happen.

Some participants shared their sense of discovering they were in menopause as feeling surprised. A surprise was experienced as "*taking away the predictability"* of life. There was a significant sense within the narratives that the experience of menopause was unexpectedly happening to them. Recounting menopause hot flushes "*crept"* up on, and then *"suddenly"* dealing with constant yeast infections. Similarly, another participant recollected menopause being uneventful for the first few years, until more recently. Suddenly, there was a development of a prolapsed vagina and vaginal irritation with dryness, this started causing severe discomfort and life tension. Severe vaginal discomfort can be a symptom of a lack of oestrogen [21, 22, 48]. There was not an understanding to link this to menopause because the understanding was the menopause transition had already occurred and now living in post-menopausal years on the "*other side".* An onset of menopause generally occurs between 45-55 years of age, when life is busy. The narration these women described was the experience of a sudden arrival of menopause, leading to confusion, anger, and stresses associated with a lack of awareness about the changes they faced.

3.2.2. Impact on Mental Health

A common experience thread through these women's stories, as they realised they were in menopause, was their lives were turning *"upside down"* influencing shifts in their mood. A link between depressive or erratic moods, low oestrogen, and menopause has been reported in the literature [23, 24, 25, 49, 50]. Throughout and after menopause the participants shared how they felt low, lost vibrancy for work, life and family. They felt changes, some related were *"becoming grey"* confused about what was going on with them mentally. Some recalled feeling *"unusual"* or being a *"mess"* and sometimes more *"angry"* when not usually being a confrontational or erratic person. The narratives indicated they felt they were going to lose the ability to cope. There was some awareness of medical help available, maybe replacing hormones, but the research for them at that time claimed it was linked to heart trouble and breast cancer. This was a significant risk recounted that was understood to be associated to hormone replacement.

3.2.3. Disruption to Social Relationships

The menopause transition seems to coincide with a time in the participant's lives when there were increased social stresses in their relationships [19, 26, 27]. There is limited literature examining the importance of psychosocial perspectives in menopause experience, and as such, a lack in understanding the impact of menopause on women's mental health. Reflecting on the experiences shared by these women dealing with menopause, it also involved caring for their elderly parent's, dealing with troubled marriages and teens, and/or managing work responsibilities. They were overwhelmed. Their stories recalled feeling that menopause was a period of shifting, some participants chose to keep living without seeking help and to keep living within the contexts of their changes with menopause. The shifts were disruptions in their relationships, either by bringing clarity or further stress. For some, it was an experience of becoming more *"certain"* and "*definit*e" by learning to take care of themselves first, by becoming more assertive and understanding their lives better after menopause. For others, menopause impacted work relations, and brought shame for not being able to feel the same confidence at work. The topic of sex was not talked about unless prompted, or when medically necessary as with a prolapsed vagina and irritation. This led to reflection on how it impacted sex *"it was too painful"* or what caused tension in the sexual relationship. The common voice heard was that they felt they were becoming a different person. The 'other woman' was described as more assertive, or irritated, less confident, or disengaged. Regardless of a content marriage, work, or social life, menopause was described as a transitional time in which each participant experienced loss, highlighting the importance of experiencing losses in terms of social life and relationships during menopause [27].

3.3. Who am I am now?

This theme identified the experiences of discovering "who I was and who am I now?" as a stage of life where the menopause experiences were transformative. They experienced questioning their identity and coming to terms with changes in their life by accepting menopause. Qualitative studies have found that there is a significant influence from psychosocial contexts of menopause, adding to complex lived experiences of women [20, 28, 29, 30, 31].

3.3.1. Questioning my Identity

Changes experienced by women in this study were unique to each woman's life context, involving feelings of not knowing who they were, how they experienced relationships, work, or viewed their lives. Through listening to these women's stories, the predominate narrative was that regardless of the unique experiences each woman felt, there was a common sense of loss that led each to seek support or to accept and adapt to changes happening in their lives. Resolve was found by convincing their selves that what was happening to them was a normal part of *"age".* These women went through menopause at around 50 years of age, through natural biological hormone depletion, while there were also other natural health changes associated with ageing beginning to surface [30, 31, 51]. Now, all over 60 years old, the women reflected on how they first felt confused, shocked, and disturbed with the changes and wondered what to do. Within each unique experience, menopause brought on a significant change in sense of 'self'. Some found help and decided to try HRT, only after realising how much had changed and reflected on *"where that self"* went. Women reorient themselves in new social positions, with new experiences of living [32, 52]. The stigma of growing old intertwined with the psychosocial complexities of menopause make it a challenging transition.

3.3.2. Coming to Terms with the New Me

Findings suggest that there is a problem to overcome or solve. The problems experienced by these participants were feelings of a lack of agency and confusion. Enveloped within the shame that Nosek and colleagues [17, 29] associated with menopause, it was easier to just *"get on with it".* Or eventually, by gaining some understanding, it offered an opportunity to resolve and rebuild the parts of themselves and their lives that they felt they had lost. They could no longer recognise who they had become. For one woman, when advised by a psychologist to consider trying HRT, there was shock and surprise that this may be an option for help. Others experienced menopause as a change with age. There was a difficult engagement with healthcare, where consultants were not able to offer relief or able to find a solution for vaginal discomfort. An acceptance to seek help for her was found instead by talking to other women, realising others had the same experience. This gave the confidence to go and seek other healthcare options for her symptoms. Some women felt they had to get on with it, finding their new selves were more assertive and self-assured. For some, starting HRT provided more personal physical comfort, however, there was still reluctance to share their experiences at work. Feelings of shame and the stigma associated with menopause impacted how they might carry on and experience work. The common narrative of these women who recalled their menopause experience, was a need for support and knowledge to help them cope with the experience of *"midlife"* and *"coming through"* it. Participants felt their experiences of going through menopause was meant to be to cope and accept the changes. Overall, the common narration amongst these women was a need for acceptance and understanding, finding strength to re-engage in their lives within the limitations and changes their menopause brought to them. These women evolved through relating their narratives, by

gaining recognition and understanding of what their experiences of menopause meant to them. Most of the participants recounted finding support finding the courage to break the silence to share with other women. Some of the women sought medical help, and some chose to continue on with life in silence. An acceptance was found once they knew they had support and could gain an understanding of what was going on to them. Ultimately, there was an experience of passing through, and rebuilding.

4. General Discussion

The aim of this research was to understand the lived experiences of women during and after menopause. Specifically, with the increased attention menopause has had in the UK media, [13, 53], this study was conducted to gain an in-depth perspective on the kinds of experiences women have during this period of their lives. Menopausal phenomena have historically focused on biomedical research, neglecting the experiential contexts women go through [30, 31, 33]. With women living now longer in postmenopausal years, the understanding of biological implications is currently still being discovered. This qualitative study was conducted to hear the voices of menopausal women to gain understanding of the kinds of experiences that occur, which could help inform better quality healthcare. The key findings generated three themes, within which seven sub-themes emerged from the participants' narratives. These results compliment and extend current understanding of the kinds of experiences women could have in menopause by the layered in-depth data produced. Furthermore, the study found that these changes magnified women's psychosocial experiences causing work, relationship, and family stress. The narratives the women shared reflected their unique experiences in menopause. This qualitative thematic analysis highlighted themes that emerged from their stories while keeping researcher's subjectivity and positionality as an integral part of the analysis. The three themes generated aligned with the literature review with biological, psychological, and social changes associated in their experiences of menopause.

These women's voices can potentially help to inform healthcare providers about the complexity of the menopause transitions. Women are beginning to seek counselling support and initiatives are suggesting a form of talking therapy or CBT should be offered to menopausal women [53]. However, a concern is the limited research available and the current media attention caution that menopause treatment and healthcare protocol could become overly medicalised and commoditised. There is a current gap in the literature on understanding menopause and the impact it has on mental health and wellness. Further research is necessary to corroborate the current findings .

5. Conclusion

This qualitative research gathered data through the voices of women to gain a deeper understanding of the kinds of experience they have in menopause. Engaging in a reflective thematic analysis the women's narratives highlighted emerged three emerging themes and seven sub-themes. Within these themes, the overarching experience women had was that menopause was a confusing and complex phenomenon they lived through, with a lack of understanding of what was happening to them and the implications it had on their lives. Literature predominantly supports a biomedical perspective with advances in researching on the longer-term effects of living with low oestrogen. The most obvious sign of low oestrogen is the end of menstruation by women however, it was other physical and emotional symptoms that were voiced as a surprise throughout this research. The emotional, and psychological experiences were linked to the stresses and changes experienced in this phase of life. Literature supported physical shifts due to oestrogen depletion, as well as a cause of depressive moods. Women in this study were overwhelmed with the life changes associated with their menopause, thus highlighting a need for more research to understand the psychosocial impact. The intersectional nature of menopause with age, complicated the participants experience in the transition, how it impacted relationships, family dynamics, and self-identity. Qualitative literature suggests that women's health is intricate, and complex, as did the findings of this study, which supports that menopause is biological process requiring a psychosocial perspective to help improve women's healthcare model. The voices from this research highlighted women's experiences of menopause were enveloped within the intersections of biology, psychology and social perspectives. Holistic care addressing the complex intersection of menopause requires further research. This study contributes to the current literature of women's experiences along with the acknowledgment of the NICE chief medical officer, emphasising the need for additional research supporting the impact menopause has on women's quality of life and the need for advances in quality healthcare.

Compliance with ethical standards

Acknowledgments

The authors would like to thank those who took part in this study.

Disclosure of conflict of interest

The authors declare that there is no conflict of interest.

Statement of ethical approval

Ethical approval was obtained from the Research Ethics Committee at Regent's University London.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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