

WOMEN, MENOPAUSE AND MENOPAUSE LEARNING:

A CRITICAL FEMINIST ANALYSIS

THESIS

SUBMITTED IN PARTIAL FULFILMENT

OF THE REQUIREMENTS FOR THE DEGREE

MASTER OF ADULT EDUCATION

BY

ALYSSA BLAIS

APPROVED BY:

ADVISOR: Dr. Maureen Coady

DEPARTMENTAL READER: Dr. Carole Roy

EXTERNAL EXAMINER: Dr. Darlene Clover

EXAMINER'S INSTITUTION: University of
Victoria

St. FRANCIS XAVIER UNIVERSITY

ANTIGONISH, NOVA SCOTIA

OCTOBER 2024

Abstract

Menopause, a significant biological event, has historically been medicalized and often associated with negative societal perceptions. The research study aimed to explore the lived experiences and understanding of menopause among women through a qualitative narrative inquiry approach, investigating how women learn about menopause and the influences that shape their learning. I was particularly interested in how and whether women's narratives align with or challenge socially constructed perceptions of menopause. The research was guided by an interpretive/social constructivist theoretical framework and critical feminism, which recognizes women's narratives and the body as sources of knowledge. The study, conducted in Canada, involved seven Canadian women aged 53 to 74. Purposive sampling was used to select information-rich cases. Data was collected through semi-structured interviews, and narrative analysis techniques were employed to identify themes and patterns in the participants' stories. The study's findings reveal that women's perspectives on menopause are often shaped by patriarchal influences and societal perceptions of women. This can lead to a devaluation of their experiences.

Overall, the women's narratives shed light on the transformational experiences of menopause, thereby emphasizing the impact of societal conceptions, which result in stigmatization and a lack of open dialogue about this life stage. This research highlights the importance of women's narratives in understanding their lived experiences, promoting positive conceptualizations of menopause and advancing a women-centred approach to supporting health and well-being. By acknowledging women's stories and physicality as valuable sources of knowledge, we can gain a more nuanced and comprehensive understanding of their unique needs.

Keywords: Menopause, ways of knowing, women's experiences, transformative learning, feminist pedagogy

Dedication

This work is dedicated to all the incredible women who have navigated through the journey of menopause, those presently about to enter this transition, and those who have embraced the changes and found renewed strength and wisdom. Your unique experiences and stories illuminated the diversity and significance of this transformative life stage.

Acknowledgements

I am grateful to the individuals who helped me complete this research and thesis. Their support was essential.

To the women who participated in this study, I want to express my sincere gratitude to each of you for generously sharing your experiences and insights. The wisdom, vulnerability, and knowledge, which you have imparted during our discussions, have been invaluable. Your stories have not only enriched my research but have also had a profound impact on my personal journey. It has been a privilege to learn from your experiences.

I am deeply indebted to my supervisor, Professor Dr. Maureen Coady for her expert advice and unwavering belief in my abilities. I wish to express my sincere gratitude for her invaluable support throughout this process.

To Cassandra, my daughter, I want to convey my heartfelt appreciation for your presence, attentive ear, and encouragement during my moments of frustration. Your support has been a guiding light. Thank you for being my rock and my greatest source of inspiration.

Table of Contents

Abstract.....	i
Dedication.....	iii
Acknowledgements.....	iv
Table of Contents.....	v
Chapter One: Introduction	1
Background and Research Context.....	3
Purpose of the Study	5
Theoretical Frameworks	6
Positionality Statement	8
Thesis Overview	9
Definition of Terms.....	10
Delimitations and Limitations.....	11
Statement of the Research Problem	13
Chapter Two: Literature Review	15
Critical Feminist Theory and Pedagogy	16
Critical Reflection and Transformative Learning Theory	20
Embodied Learning.....	23
Women and Menopause.....	26
Medical Model of Menopause	27
Feminist Model of Menopause	30
Sociocultural Model of Menopause	32
Women’s Knowledge of Menopause.....	35
Chapter Three: Methodology.....	39
Research Methodology	39
Sampling and Recruitment of Research Participants.....	39
Research Methods.....	40
Protocol Change.....	42
Data Analysis	43
Participant Profiles.....	45
Janet	45
Kim	46
Anne.....	46
Patricia	46
Lisa.....	47
Cheryl.....	47
Roberta.....	47
Trustworthiness.....	48

Research Ethics	49
Chapter Four: Findings	52
Physical and Emotional Experiences	53
Physical Experiences	53
Emotional Experiences	54
Social Support and Menopause Dialogues	56
Role of Support Networks	56
Silence and Shame	59
Learning about Menopause and Information Gaps.....	60
Seeking Information and Sources (Healthcare, Online, Books).....	61
Lack of Reliable and Consistent Information	64
Attitudes and Beliefs about Menopause	66
Shifting Perceptions	66
Societal Perceptions and Devaluation.....	69
Impact on Self.....	72
Summary of Findings.....	76
Chapter Five: Discussion of Findings.....	79
Menopause Experience	80
Diversity of Experiences.....	80
Impact of Menopause.....	82
Role of Social Support	85
Learning and Transformation	87
Reflections on Personal Growth	90
Attitudes and Beliefs about Menopause	91
Changing Perceptions	91
Invisible and Undervalued	93
Social Construction of Menopause	94
Influence of Medical Model.....	94
Sociocultural Perspectives	97
Chapter Six: Conclusion	100
Implications and Recommendations for Adult Education Practice	102
Recommendations for Further Research.....	106
References.....	110
Appendices.....	124
Appendix A: Recruitment Poster	124
Appendix B: Research Ethics Approval	125
Appendix C: Research Ethics Protocol Change Approval	127
Appendix D: Invitation to Participate	128

Appendix E: Participant Consent Form 130
Appendix F: Sample Participant Interview Questions..... 131

Chapter One: Introduction

Menopause marks the stage in a woman's life when her menstrual period has ceased for 12 consecutive months due to a natural decline in hormone levels and the cessation of ovary function as women age (Canadian Menopause Society, n.d.). There is a consensus that menopause onset is clinically defined as the final menses, confirmed after one year without menstruation (Takahashi et al., 2017, p. 1). Most women experience menopause at some point between 40 and 58 years of age, with an average age of approximately 51 (North American Menopause Society, n.d.). Once in menopause, the ovaries stop making hormones, and women lose their ability to become pregnant. Given the average life span of women today is 73 years (World Health Organization, 2019), the number of menopausal women, globally, is expected to reach 1.2 billion by 2030 (Namazi et al., 2019).

Although menopause is a biological event, it has historically been perceived differently from one culture to another. In Western European cultures, according to Voicu (2018), there are several conceptual models of menopause. The medical model focuses on physiological changes, whereas the feminist model emphasizes experience and empowerment. The sociocultural model considers the broader cultural and societal influence on menopause experiences. Historically, the medical model has viewed menopause as a disease, leading to its medicalization. Terms like "fertility failure" and "ovarian failure" describe menopause, implying it requires treatment rather than recognizing it as a natural phase in a woman's life. Treatments based on this medical perspective began in the late 1800s (Amacost, 2004). By the mid-twentieth century, menopause was commonly treated as a medical disease, a shift significantly influenced by the development of synthetic estrogen (Voicu, 2018). This medical approach gained momentum in 1963 due to an advocacy campaign led by a Brooklyn gynecologist, Robert A. Wilson, and his wife Thelma.

They argued that untreated menopause led to various health issues and emotional disturbances (Houck, 2002). Their message gained traction through popular media and advertising campaigns by drug companies. This campaign substantially increased estrogen sales between 1962 and 1975 (Houck, 2002).

Later in the 20th century, in the United States, the perspective on menopause began to shift from a purely medical model to include social and cultural dimensions. As the understanding of menopause evolved, it became evident that the medicalization of menopause paid little attention to a woman's personal experience of menopause or understanding of menopause. The emphasis on physiological changes failed to consider the emotional, psychological, and cultural factors which influenced women's menopausal life stage. According to feminist research, societal and cultural contexts highly influenced the understanding of menopausal symptoms. (Voicu, 2018). Under this interpretation, menopause was not a uniform experience but rather a social construct that mirrored societal attitudes toward aging and the female body (Voicu, 2018).

It is crucial to explore different conceptual models that offered a more holistic perspective. The feminist model of menopause challenged the medicalized view by focusing on women's experiential stories and promoting a holistic perspective that included the body, mind, and spirit. This model advocated for the inclusion of women's voices and experiences in the discourse, fostering a more inclusive and empowering understanding of menopause. Similarly, the sociocultural model considered the broader cultural and societal influences on menopause experiences. It acknowledged that societal norms, cultural beliefs, and social structures played a significant role in shaping how women perceive and experience menopause. This model helped

to contextualize menopause within the larger framework of societal expectations and pressures, providing a more nuanced understanding of this life stage.

Background and Research Context

Women's narratives are imperative to understanding the nature of women's experience with menopause and the impact this transition has on their lives. Women's voices in this study specifically highlighted the lived experiences of cisgender women, exploring how their understandings were learned and shaped, and how their attitudes and knowledge affected their experiences. While this study primarily centered on cisgender, mostly white, middle-class women in North America, it is crucial to recognize that menopause is experienced differently across diverse gender identities, including transgender individuals and cultural backgrounds. By adopting a critical feminist lens to highlight the role of personal narratives and embodied learning, the goals were to provide a basis for a deeper understanding of women's menopause experiences, how they accessed information, and their learning about menopause.

To lay the groundwork for future research on women's experiences with menopause, it is important to understand adult learning theories and how they provided insights into the learning process. According to Mezirow's transformative learning theory (1978), adults learned by transforming the assumptions through which they viewed and understood life experiences, known as their frames of reference. The focus of transformative learning moved from acquiring and expanding knowledge, to learning that fundamentally altered how adults interpreted and perceived the world (Groen & Kawalilak, 2020). On the other hand, embodied learning considered the body as a legitimate source of knowledge (Tobin & Tisdell, 2015), and challenged the dominant culture's claims to knowledge, which were primarily based on reason. Feminist pedagogy reframed menopause by incorporating women's experiences, which was

crucial in recognizing their empowering role in significant life transitions like menopause. This pedagogical approach involved engaging with feminism and women's experiences, integrating theory and practice to challenge oppressive structures, and promoting empowerment. For instance, feminist educators could incorporate storytelling workshops where women share their experiences with menopause, or they might integrate literature and research on menopause that emphasized women's voices and perspectives.

After acknowledging the significance of recognizing the body as a source of knowledge, it was critical to explore integrated ways of knowing. Adult educators were encouraged to deepen and expand their understanding and pedagogy due to cultural and environmental complexities, connecting foundational adult learning theories to the larger picture of human learning (Groen & Kawalilak, 2020). Integrative ways of knowing are one way that involved the body, emotions, and spirit. Lipson Lawrence (2012) described these as "the intersections of body, mind, heart, and spirit and their relationship to intuition" (p. 6); the researcher introduced an intuitive model of learning linking these dimensions. Dance, art, play, and music, among other activities, were used to provide opportunities to demonstrate the holistic nature of learning.

Menopause affects all biological females worldwide. However, there were complex interconnections among biological, social, and cultural factors that influenced how women understood and experienced menopause (Cooper, 2018). It was evident from the literature that menopause was complex and veiled in secrecy. Despite its significance, there was still a reluctance to discuss menopause openly. Societal and cultural stigmas, particularly in Western cultures, where menopause was often associated with aging and a loss of vitality, reinforced this silence. The social experience of menopause varied widely and was influenced by sociocultural factors from the biomedical, reductionist model to the feminist model, which empowered women

by reshaping the conversation. Women's stories, understanding the body as a learning site, and dissecting conceptual theories of menopause uncovered the menopause story and shift the paradigm. New perspectives brought attention to the diverse ways in which women perceived their experiences with menopause. While some saw it as a time of personal development and empowerment, others concentrated on navigating the challenges of physical and mental symptoms. These evolving narratives presented a chance to change societal perceptions of menopausal women, moving away from stigma and encouraging a sense of dignity (Hvas, 2023). Menopause has been historically medicalized and stigmatized despite being a natural biological process and has led to the marginalization of women's experiences. There were significant knowledge gaps in understanding women's experiences and how the social construction of menopause influenced learning and self-perception. This research addressed gaps by examining how women learn about menopause from a feminist perspective and emphasized the significance of personal narratives and lived experiences. The primary research questions guiding this study were: How do women learn about menopause, and how do their personal and societal contexts shape their understanding and encounters with this phase of life?

Purpose of the Study

The research explored women's lived experiences and learning of menopause through a qualitative narrative inquiry. It sought to comprehend the impact of menopause and the transition through their personal stories, aiming to amplify women's voices, and shift the focus toward a broader understanding of menopause. The goal was to gain insights that would guide educational approaches and promote women's empowerment during menopause, fostering a more inclusive and supportive approach. By focusing on women's narratives, the study sought to contribute to the existing knowledge of menopause experiences, how women learned about menopause, and

how they accessed information. Moreover, this research also aimed to understand the learning processes and attitudes women have towards menopause, as well as the socio-cultural factors that influenced and shaped their understanding of this transition. Ultimately, the research strived to foster empowerment, education, and transformation among menopausal women, enabling them to challenge societal norms and stereotypes surrounding menopause and take ownership of their experiences.

Theoretical Frameworks

This study examined how women's experiences were shaped, interpreted and potentially transformed. It drew on critical feminist theory, an interpretive/social constructivist approach and transformative learning theory to examine the complexities of menopause and its wider societal implications. The critical feminist lens aimed to analyze and question social standards, power dynamics, and gender roles to understand how they impacted women's experiences and identities (Griffin, n.d.). This approach challenged cultural stereotypes and misunderstandings about menopause, advocating for education and transformation among women. Viewing menopause through this perspective was vital as it shed light on the multifaceted nature of menopause experiences and how societal norms and gender roles had historically influenced these experiences. The critical feminist perspective highlighted the significance of giving women thorough knowledge about menopause so that they could make informed choices about their health (Tariq et al., 2023).

The interpretive/social constructivist approach, a common type of qualitative research, assumed that knowledge was socially constructed with numerous perspectives of a single event (Merriam & Tisdell, 2015). My personal experience of menopause, clouded by a culture that valued women primarily for their reproductive capacity, highlighted the importance of exploring

how women assigned meaning to their menopausal experience and how this meaning was socially and culturally influenced. Interpretivism made the most sense as it was essential to explore women's learning of menopause and what shaped their understanding. How do women assign meaning to their menopausal experience, and how was this meaning influenced socially and culturally?

In addition, transformative learning theory, conceptualized by Jack Mezirow (1978), offered a valuable perspective for understanding women's experiences and knowledge of menopause. This theory posited that adults could fundamentally shift their viewpoints when faced with new, challenging experiences. This process, known as "perspective transformation," involved critical reflection, deep self-examination, and questioning of existing beliefs (Mezirow, 1990). These transformative experiences often arose from "disorienting dilemmas" that disrupted one's understanding of the world. Rooted in constructivism, this theory viewed learning as a process of reconstructing one's meaning schemes through interactions with the world (Mezirow, 1978; Merriam & Baumgartner, 2020). Critical reflection was particularly important in this context because it was linked to personal narratives and the reflection on lived experiences, which provided a foundation for learning. Mezirow (1990) stressed the significance of becoming critically aware of one's presuppositions and examining their validity as a crucial component of transformative learning. This process could significantly influence one's understanding and adaptation to new life stages, such as menopause. Linked with transformative learning theory, the foundation of embodied learning focused on what our bodies were experiencing and what meaning we might make of that experience (Merriam & Baumgartner, 2020). This perspective aligned with feminist pedagogy by valuing women's embodied experiences and recognizing their role in shaping understanding and identity. By identifying the body as a place for learning, this

study pointed out the significance of personal narratives and lived experiences in shaping knowledge about menopause.

Overall, this research integrated these theoretical perspectives to explore how women's experiences of menopause were shaped and learned. Through a critical feminist perspective, the study examined how societal norms and gender constructs had historically shaped women's experiences. In addition to the critical feminist lens, the research investigated whether women's lived experiences of menopause led to profound transformation, seeking to understand and utilize this potential using the lens of transformative learning theory. By integrating these theoretical perspectives, this study aimed to gain a thorough understanding of how women experienced and learned about menopause as a significant life transition, challenging existing stereotypes and promoting empowerment and education among women.

Positionality Statement

How women learn about menopause was of great interest to me because of my lived experience and socially constructed knowledge. I was keenly aware of the connections between menopause, aging, and the substantial value placed on youth. Western societies prioritized youthfulness, so menopause was often associated with aging and a decline in sexual attractiveness, leading to negative perceptions about it (Namazi et al., 2019). I am situated—physically, hormonally, emotionally—in my changing body. As a female with ovaries, I went through natural menopause at 45, accompanied by vasomotor symptoms, night sweats, and anxiety. The words and images, which kept coming up during my menopause transition described menopause as being impaired and marked by decline and shame. It seemed to me that phrases like “being deficient,” “in decline,” “dried up,” and “devoid of vitality” were particularly damaging to our sense of self and disempowering for women.

I am a heterosexual, cisgender female living in Nova Scotia. I grew up in a large English-speaking suburb west of Montreal, Quebec. The binary definition of gender of that time has shaped my understanding of menopause as a learning process influenced by cultural narratives and societal attitudes. My menopause came on fast and furious. When I reached out for help, I was dismissed by my friends, family and the medical community, which further deepened my awareness of the social stigmas attached to menopause and aging. I was curious to learn if the framing of menopause as a problematic medical condition might have affected a phase of women's lives that could otherwise be perceived as a significant life change or a fresh start. My curiosity was rooted in a feminist perspective, and my personal experience with menopause as a biological female informed my research interests and approach.

Thesis Overview

This thesis, titled *Women, Menopause and Menopause Learning: A Critical Feminist Analysis*, gives a comprehensive analysis of the menopausal experience and learning through a methodology of narrative inquiry. The thesis starts with an abstract that provides a brief overview of the study design, aims and key findings. The introduction section sets the stage by providing pertinent background information about menopause, introducing the research question and purposes, and describing the definitions of keywords used in the study. The theoretical framework provides insights on theories used to make meaning of the women's lived experience. Following the introduction, a review of the literature on adult learning perspectives, critical feminist pedagogy, transformative learning theory, embodied learning, and conceptual models of menopause will establish a theoretical foundation for understanding women's experiences during menopause; it will then explore how they acquire knowledge during this phase of life.

Next, the research methodology section explains the research design and methods used in the study. It describes the recruitment strategy, participant selection and details of the research methods for data collection and protocol change used during the project. The section also discusses the data analysis process, highlighting the efforts required to ensure reliable findings. The ethical considerations of this study are also discussed. Following this, a presentation of data and findings section focuses on the emergent themes from the data analysis. These include the menopause experience, the ways in which women learn about menopause, and the social construction of menopause. Additionally, it explores whether transformational learning occurred, and whether there were knowledge gaps and problems in addressing menopause, such as misinformation, lack of accessible resources, and inadequate support from healthcare providers. The discussion of findings provides an in-depth analysis and interpretation of the research results. It establishes connections between the findings and contribution to the field and current literature while weaving together multiple strands of knowledge to expand our understanding of women's experiences during the transformative phase of menopause. The thesis finishes with a section focused on the research's overall significance, highlighting its impact, and offering conclusions and possible recommendations for future research efforts.

Definition of Terms

Natural Menopause: Natural menopause is a natural biological process that marks the end of a woman's reproductive years. It is defined as the permanent cessation of menstruation and fertility, typically occurring between the ages of 45 and 55 (Mayo Clinic Staff, 2021).

Perimenopause: Perimenopause refers to the transitional phase that precedes menopause, characterized by hormonal fluctuations and changes in the menstrual cycle. It typically starts

several years before menopause and is marked by irregular periods and symptoms such as hot flashes and mood changes (Mayo Clinic Staff, 2021).

Postmenopause: Postmenopause refers to a hormonal state in which the individual is not using hormonal contraception to induce amenorrhoea and has not had a menstrual period for 12 consecutive months (Gatenby & Simpson, 2024).

Vasomotor Symptoms: Vasomotor symptoms (VMS), or hot flashes and night sweats, are often considered the cardinal symptoms of menopause. VMS are episodes of profuse heat accompanied by sweating and flushing, experienced predominantly around the head, neck, chest, and upper back. VMS are experienced by the majority of women during the menopausal transition (Marnocha et al., 2011).

Gender-Inclusive Language: It is important to acknowledge that individuals experiencing menopausal symptoms encompass a range of gender identities. However, for the purpose of this research, it is essential to note that all participants self-identified as women, and I will be using the pronouns “she” and “her” within the context of discussing menopause.

Lived Experiences: The concept of lived experience is explored in qualitative research, which involves representing and understanding an individual’s human experiences, decisions, and possibilities. It investigates how these factors influence one’s understanding of knowledge (Given, 2008).

Delimitations and Limitations

The study used purposive sampling to investigate information-rich cases, focusing on individual experiences through a qualitative narrative inquiry approach. While the shared stories represented the participants’ experiences, they may not have provided a complete understanding of collective menopausal experiences. Refaei et al. (2022) highlighted that qualitative research

often faced challenges related to transferability and generalizability despite measures to provide detailed, accurate descriptions and thorough documentation of all research stages. Additionally, this approach limited the ability to quantify or apply findings to larger populations. Merriam and Tisdell (2015) emphasized that qualitative research does not aim for statistical generalization but instead focused on understanding specific cases in depth. The participants in this study were primarily from middle to upper-class backgrounds and predominantly white, which may have limited the representation of women from diverse socioeconomic and ethnic backgrounds, which is a challenge in achieving generalizability in qualitative research.

Intersectionality was crucial in understanding the limitations related to menopause. Women from diverse cultural backgrounds, as well as those who identified as part of the LGBTQ+ community, may have experienced menopause differently. Race, socioeconomic status, and environmental conditions significantly influenced menopause experiences and outcomes (Cortés & Marginean, 2022). Research indicated that women experiencing higher levels of chronic stress and trauma or living in less green environments may have faced earlier menopause and more severe symptoms. Additionally, racism and discrimination were linked to more intense menopausal symptoms and adverse health outcomes (Cortés & Marginean, 2022). Instead of generalizability, Merriam and Tisdell (2015) suggested the concept of transferability, where the responsibility for applying findings to other contexts lay with the reader, provided the researcher offered sufficient descriptive data. Therefore, it was essential to consider these limitations when interpreting the findings, including the restricted applicability to a larger sample and the need for a broader understanding of collective experiences. Future research could have considered incorporating group discussions or broader surveys to explore these aspects and, used

mixed methods to balance depth and breadth of understanding, particularly in relation to the intersectional factors affecting menopause experiences.

Finally, as the researcher, as a cisgender, white woman, I may have my own biases and preconceptions, which influenced the interpretation of the data and identification of the themes. I wanted to acknowledge the possible influence and ensure steps were taken to minimize bias. I developed a standard coding framework and applied it throughout the data analysis process to ensure a systematic approach to identifying themes and patterns. I also kept a reflexive journal to self-reflect and document personal thoughts, reactions, and potential biases that might influence data interpretation. Lastly, participant data was de-identified. All identifying information was removed, and pseudonyms were used to protect participants' identity.

Statement of the Research Problem

Menopause is a multifaceted biopsychosocial event that is shaped by a wide range of influences. It is a part of the lived experience that must be understood as a natural aspect of life rather than a unique biological event (de Salis et al., 2018). Women's understanding of menopause is influenced by societal perceptions surrounding it. De Salis et al., (2018) pointed out that Western women had a complex relationship with their changing bodies. Negative cultural stereotypes idealizing youthful sexual attractiveness while stigmatizing aging contributed to their ambivalence. Researchers shared that the societal devaluation of aging promoted the medicalization of menopause, perpetuating negative perceptions of bodily changes and fostering silence around the topic. Despite these cultural influences, there is limited research on how women acquired accurate and timely information about menopause and whether this information adequately supported their transition (Cooper, 2018). Furthermore, younger and premenopausal women often possessed less knowledge about menopause, which contributed to

negative attitudes and misperceptions about this life stage (Pope, 2017). The existing literature does not explore how women learned about menopause and highlighted the need for research that investigates women's lived experiences and examines potential educational strategies for women during menopause.

The purpose of this qualitative research was to explore women's lived experiences and understanding of menopause and how these experiences were learned and shaped. Exploring the connections between the physiological, sociological, and cultural factors of menopause provided valuable insights into women's experiences and understanding of this life stage. This knowledge could assist adult educators in creating health literacy strategies. Such strategies could help women view menopause as a period of personal growth and empowerment, rather than being limited by societal stereotypes and cultural prejudices. Additionally, this research aimed to challenge societal norms and stereotypes, fostering a more inclusive and supportive understanding of menopause. To achieve this, I explored several research questions related to women and menopause. The main questions included how women learned about menopause, the influence of personal and societal contexts on women's understanding and experiences of menopause, and how post-menopausal women's experiences challenged or aligned with socially constructed understandings of menopause. These questions guided my investigation into the psychological, social, and educational aspects of menopause, to gain a deeper understanding of this life stage for women.

Chapter Two: Literature Review

Starting in the 1960s, adult educators began exploring adult learning, resulting in several paradigms and perspectives that explained how adults differed from children. Much was known about adult learners, specifically how context and non-cognitive elements influenced adult learning (Merriam, 2017). In recent years, there have been greater recognition of the importance of various modes of learning and knowing (Groen & Kawalilak, 2020). A review of the literature suggested that adult learning cannot be explained by a single concept, paradigm, or theory; instead, there was a collection of ideas and explanations that made up an ever-changing knowledge base of adult learning (Merriam, 2017). Adult learning was impacted by a variety of circumstances in every social situation, and scholars had long understood that learning was experienced in myriad ways. This realization influenced the evolution of learning theories, and several different fields played their part as well (Groen & Kawalilak, 2020). This literature review then examined critical feminist pedagogy and transformative learning theory while emphasizing the importance of experience in learning and understanding. Critical feminist pedagogy and transformative learning theory offered complementary perspectives to explore adult education, which was especially important for understanding women's experiences and empowerment. Critical feminist pedagogy challenged traditional power dynamics to promote inclusivity and social justice (English & Irving, 2015). Incorporating women's voices and experiences into the learning process was necessary. Additionally, Mezirow's transformative learning theory emphasized individuals' ability to critically analyze their assumptions and beliefs (Mezirow, 1981). This framework has the potential to bring about significant personal and societal change.

The review then shifted to explore the conceptual models of menopause as well as how women learners acquired knowledge of menopause during this stage of midlife. The literature revealed that menopause was a complex issue often veiled in secrecy, accompanied by a general reluctance to discuss menopause openly. According to the report “The Silence and the Stigma: Menopause in Canada” by Menopause Foundation of Canada (2022), more than half of women believed that menopause remained a taboo topic. It also highlighted that societal silence contributed to a lack of knowledge and understanding about the menopausal experience. Additionally, physical changes, combined with changing life stages and responsibilities, created a transition that, while shared by all women, varies significantly from woman to woman (Pope, 2017).

Critical Feminist Theory and Pedagogy

Critical feminist theory aimed to understand and analyze gender disparities, often in connection with other forms of inequality, such as socioeconomic status and ethnicity. As highlighted by United Nations Women (2020), intersectional feminism provided a framework for examining how overlapping identities created compounding experiences of discrimination and inequality. This theoretical framework was crucial for understanding how patriarchal systems shaped women’s experiences and opportunities (Griffin, n.d.). In contrast, critical feminist pedagogy applied these theories to educational practices by incorporating feminist principles that fostered a learning environment that promoted social analysis and critical thinking and supported women’s empowerment (English & Irving, 2015). Integrating critical feminist theory and pedagogy was essential to effectively address and dismantle various forms of social inequality through education. Feminist pedagogy, as highlighted by English and Irving (2015), explored how education and learning could be practiced in higher education or the community, using

informal, nonformal, and formal approaches. While not limited to physical locations, the socio-political backdrop influenced the learning that occurred. Feminist pedagogy could be defined in a variety of ways in adult education. These include community-based activities encouraging women to advocate for their rights; in formal education, as an approach for studying feminist theory, or educational methods that inspire critical thinking about issues that impact gendered experiences (English & Irving, 2015). Nicholas et al. (2015) emphasized that feminist scholars developed innovative ways of teaching and learning that placed issues of social inequality and difference at the centre of the curriculum. These inclusive approaches to teaching engaged learners in the process of constructing knowledge. (p. 4). Critical feminist education aimed for societal transformation alongside personal development and inclusivity (English & Irving, 2015).

Women played a major part in adult education, as professors and students, yet there was a notable lack of female voices in the early adult education literature (English & Mayo, 2012). Irving and English (2015) wrote that, “there is an increasing gap in the literature on women and learning, especially from a critical, political and engaged perspective. ... Much of women’s learning is done collectively and often informally” (pp. 1-8). English and Mayo (2012) pointed out that, even with the efforts to improve ways of women’s learning into action, there were significant gaps in attention paid to gender, race and class, and other intersectionality concerns. They also observed that interest in women and education did not peak until the 1980s despite the rise of radical feminism in the 1960s. This lack of attention to women’s educational needs and contributions hindered the advancement of inclusive and representative educational approaches, potentially limiting women’s accomplishments and recognition in academia.

Feminist pedagogy was not just a niche approach; it encompassed applicable pedagogy universally. It brought the power of questioning, the use of inclusive teaching approaches that

provoked, and the teaching's reach to have a societal influence and change. At its core, it highlighted the impact of policies, beliefs, and practices on women as a whole (English & Irving, 2015). With feminist pedagogy, the hierarchy of ways of knowing was questioned, traditionally received wisdom was challenged and a learner's past experiences were valued and respected. Feminist education also emphasized the need for self-reflection in learning and research (Nicholas et al., 2015). Self-reflection was critical because it prompted learners and researchers to analyze their experiences, biases, and viewpoints carefully. This process facilitated a more profound comprehension and nurtured personal development. Additionally, it assisted in uncovering and addressing implicit biases and power dynamics, making educational practices more inclusive and fairer.

Moreover, feminist adult educators offered critical perspectives that extended beyond formal classroom learning and personal experiences (English & Irving, 2015). In their book, *Feminism in Community: Adult Education for Transformation*, English and Irving (2015) discussed how a woman's body was a place of learning for women, reflecting feminism's integrated approach to understanding many ways of knowing. The feminist pedagogical space served as a safe environment for women to challenge authority, gain gendered understandings, and learn to work together to effect change. For effective implementation, feminist pedagogy required a continuous dialogue with our colleagues, learners, and with ideas about what we need to achieve and how we can do it (English & Irving, 2015). Incorporating women's experiences into critical feminist pedagogy was crucial in recognizing their empowering role in significant life transitions like menopause. This pedagogical approach involved engaging with feminism and women's experiences, integrating theory and practice to challenge oppressive structures, and promoting empowerment. It stressed a deep understanding of women's oppression, advocating

for social justice, and creating safe and inclusive learning environments. As English and Irving (2015) noted, learning about women's oppression and the path toward social justice led to new perspectives on the issues and the learning process. Acknowledging and addressing women's oppression and promoting social justice were vital. This highlighted the importance of raising awareness regarding women's issues and working towards their empowerment. (English & Irving, 2015).

Educators who embraced feminist principles fostered critical thinking skills and equipped women to navigate life's transitions confidently. Illustrated by the experiences of women in Arica, Chile, (during the Pinochet administration), feminist activism demonstrated a transformative impact (English & Irving, 2015). Through their collective organization, they not only fought against the regime's abuses but also reshaped their roles in society, fostering community and solidarity among women. Furthermore, critical feminist pedagogy emphasized the importance of inclusive learning spaces that validated women's experiences (English & Irving, 2015). Educators such as Shauna Butterwick (2005) and Elizabeth Tisdell (2005) advocated for a holistic strategy that addressed power and politics in teaching practices. They encouraged women to voice their concerns and actively engaged in their learning journey by providing safe spaces for dialogue and reflection. By emphasizing women's experiences and amplifying their voices, educators could create transformative learning environments that challenged systemic inequalities and promote social justice. Critical feminist pedagogy and feminism shared a commitment to empowerment, inclusivity, and equity, emphasizing their interconnectedness. Engaging with feminism in pedagogy enabled educators to dismantle oppressive structures and foster learning environments that prioritized the well-being and empowerment of all learners. Drawing from feminist critical theory provided valuable insights

and enhanced the field of adult education. Additionally, transformative learning theory was a useful approach for educators, focusing on personal and collective transformation in adult learners. This theory complemented other pedagogical frameworks, helping to create more inclusive learning environments. Feminist pedagogy integrated women's experiences and encouraged critical thinking. This established the foundation for transformative learning, which dove further into how adults experience significant shifts in their perspectives and awareness.

Critical Reflection and Transformative Learning Theory

Adults often found themselves repeatedly telling the same stories in their minds. Occasionally, an epiphany occurred that changed how they viewed those stories, and this reflection transformed their meaning. In the world of adult learning, this type of dramatic change was studied by Mezirow (1978). He sought to formulate a theory of adult learning that captured the process of how adults learn, focusing on the process of using past understanding to interpret and create new meanings from experiences, which then guided future actions. In 1978, Mezirow launched his seminal theory of adult learning 'perspective transformation' to the world, which was inspired, in part, by his wife's transformative experience during her return to academic studies in mid-life. Mezirow's transformative learning theory has significantly contributed to adult education by viewing learning as more than simply acquiring knowledge. It involved fundamental shifts in how adults interpret and perceive the world (Groen & Kawalilak, 2020), often arising from "disorienting dilemmas" that disrupted one's understanding of the world. Rooted in constructivism, this theory viewed learning as reconstructing one's meaning schemes through active engagement with the world (Merriam & Baumgartner, 2020; Mezirow, 1978). Mezirow's original theory was not a one-size fits all approach. As Taylor and Snyder (2012) expressed, other scholars in the field of adult education were asked to explore alternative

approaches to transformative learning (p. 38). While Mezirow's definition of transformative learning provided a clear framework, scholars have continued to expand and refine his theory allowing the concept of transformative learning to evolve (Cranton & Taylor, 2011, p. 194). Contributions from various viewpoints have considerably enriched transformative learning theory over the years (Cranton, 2016).

Mezirow provided "a valuable contribution to the field and to our understanding of the transformational potential of learning" (Hoggan, 2016 p. 72), However, there was a need for more research to explore and refine the theory further. Taylor and Cranton (2013) found that "much of the research is redundant with a deterministic emphasis while overlooking the need for more in-depth theoretical analysis" (p. 33). They emphasized that "there are many innovative and interesting methodologies that could be applied to research in our field: arts-based research, narrative inquiry, action research, and participatory action research" (Taylor & Cranton, 2013, p. 44). Recognizing the dialectical nature of experience and context was essential for future research on transformative learning, acknowledging the reciprocal process of the sociocultural and historical setting, social recognition, relationships and the personal interpretation of change (Taylor & Cranton, 2013). Despite the theory's multiple approaches and diverse perspectives, Mezirow's work remained foundational in showing that adult learning theory goes beyond knowledge acquisition; "it transforms action and in turn transforms the community in which learning takes place" (Calleja, 2014, p. 133). Mezirow's work continued to inspire and shape our understanding of adult learning and its impact on communities. A significant influencer on Mezirow's theory was Paulo Freire, who agreed with Mezirow that critical reflection was essential in the transformational learning process, especially in contexts of poverty and oppression. Freire's (1970) concept of conscientization, which involved developing,

strengthening, and changing consciousness, has contributed to the theoretical paradigm of transformational learning (Merriam & Baumgartner, 2020). Another influencer, Habermas, introduced the domains of learning: technical, practical, and emancipatory, which contributed to a broader understanding of adult learning and educational functions (Mezirow, 1981).

Critical reflection was a core component of Mezirow's transformative learning theory. It involved questioning deeply held assumptions and beliefs, which led to profound personal change. Mezirow emphasized that through critical reflection, individuals became aware of the frames of reference that shaped their perceptions and actions (Mezirow, 1990). Reflection was vital for understanding past events and shaping future behaviour (Gouthro & Holloway, 2017). Practicing critical reflection led to significant change beyond typical day-to-day situations and intellectual responses to inquiries (Bolton & Delderfield, 2018). The importance of context, in critical reflection, was also crucial. It affected what and how an individual reflected on prior experience in a previous setting. When shared with others, their common perspectives can identify previously held assumptions, often taking precedence over re-examining long-held beliefs (Taylor, 2017). This process involved painfully confronting assumptions and ideas, determining what would be better and what would be more aligned with stated ideals, theories, and concepts. Applying a critical reflective perspective required individuals to step back from themselves and their culture (Bolton & Delderfield, 2018).

In exploring the applications of transformative learning, it became clear that its significance extended beyond traditional frameworks and encompassed the perspectives of marginalized groups and gendered dimensions. Transformative learning was a beneficial lens for viewing women and adult learning experiences; however as English and Irving (2012) noted, "insufficient attention has been paid to the gendered dimensions of transformative learning" (p.

245). Furthermore, English and Irving (2012) highlighted that aspects such as race, disability, and class are increasingly being considered, yet women are disproportionately affected by these intersecting factors. Understanding women's experiences of transformative learning required acknowledging the impact of intersectionality. Lived realities were shaped by various social factors, such as gender, race, and socioeconomic status, leading to both privilege and oppression in different contexts (Hankivsky, 2014). In the case of women, these intertwining factors often exacerbated inequality, creating barriers to participation and access in adult learning environments. Facilitating transformative learning experiences in women required acknowledging the importance of relationships, the body, emotion, race and class, creativity, and the arts (English & Irving 2012). Addressing these interconnected issues and focusing on women's transformative learning help bridged the "healing between individually oriented and social justice oriented transformative learning" (Irving & English, 2011, p. 309). This approach established feminism's position in the conversation and ensured a more comprehensive understanding of transformative learning (Irving & English, 2011).

Embodied Learning

Since the turn of the century, there was also a significant discussion in adult education concerning the body as a place of learning (Tobin & Tisdell, 2015). While Eastern philosophy considered the body as a legitimate source of knowledge, this concept was relatively new in Western educational theory. English and Irving (2015) examined women's bodies as a location of learning and that honours emotion, feeling, intuition, and the body in valuing women as subjects of their knowing. They also identified gaps in the literature between theory and women's learning, particularly in how educational frameworks often failed to integrate or fully address women's embodied experiences. In education, embodied learning meant getting to know

oneself and one's surroundings better, not as an abstract object or an instrument, but as a living body subject that perceived and did the experiencing in a meaningful way (Stolz, 2014). The foundation of embodied learning focused on what our bodies were experiencing and what meaning we might have made of that experience (Merriam & Baumgartner, 2020). Hrach (2021) added that our affective state, which reflected our body's ecosystem, determined how we processed new information to a large extent. The significance of the human body in adult learning theory was only considered in the last few decades of the twentieth century. Reclaiming the body in learning added to a more significant learning paradigm that acknowledged the body as a source of knowledge. This recognition called into question the dominant culture's claims to knowledge, which were mostly founded on logic (Merriam & Baumgartner, 2020).

The Western world has traditionally valued the mind more than the body, and the body was greatly overlooked as a learning site. This cognitive detachment may have stemmed from a preference for cognitive knowledge and a subconscious attempt to distance humans from their mortality (Merriam & Baumgartner, 2020). However, according to Merriam and Baumgartner (2020), "we live in our bodies, and we learn about ourselves, about who we are, through what our bodies can and cannot do and how we experience sexuality and other bodily function" (p. 235). According to Stoltz (2015), if individuals did not engage with the world as beings in the world, they struggled to understand our embodiment. Recent research such as Hrach's (2021) work shed light on the relationship between bodily movements and cognitive processes. Embodied cognition drawing from phenomenology and brain science, explored how the body shapes human perception and thought processes (Hrach, 2021). Just as our bodies are in constant motion, our cognitive processes were shaped by the dynamic interrelations within our bodily

ecosystem. This perspective challenged educators to create learning environments that prioritize physical movement and sensory engagement.

As Tobin and Tisdell (2015) observed, “Since the new millennium, there has been growing discussion in adult education regarding the body as a site of learning” (p. 215). Embodied learning involved getting to know oneself and one’s surroundings better, not as an abstract object or an instrument, but as a living body subject that perceived and did the experiencing in a meaningful way (Stolz, 2014, p. 483). It was intrinsically experiential, focusing on bodily experiences and their meanings (Lawrence, 2012; Merriam & Baumgartner, 2020). Mindfulness also played a crucial role in cultivating self-awareness of the body and emotions. As defined by Kabat-Zinn (2013), mindfulness encouraged non-judgmental awareness of the present moment, including bodily sensations and emotional states. According to Kabat-Zinn (2013), cultivating mindfulness allowed individuals to develop a deeper connection with their bodies and emotions, which supported a thorough approach to learning and personal growth. While Western philosophical thought was influenced by mind/body dualism, Eastern philosophy accepted the body as a genuine source of knowledge. Engaging in relaxation and reflection brought unconscious thoughts and feelings to light (Bhukhanwala et al., 2016). An embodied pedagogy often involved pushing past barriers and questioning prevailing beliefs and ways of knowing that suggested our minds were the primary sources of learning (Lipson Lawrence, 2012). Recognizing the body in learning broadened the understanding of knowledge acquisition and challenged reason-based dominant culture’s claims. While Mezirow (1978) noted that critical reflection following a disorienting dilemma was crucial for transformative learning, it was important to recognize that these dilemmas were not purely cognitive. As Lipson Lawrence (2012) emphasized, these dilemmas also carried emotional and physical dimensions that demand

to be addressed, at least to some extent, through embodied experiences. Ultimately, embodied knowing was deeply connected to adult learning, helping individuals make sense of their lives. (Merriam & Baumgartner, 2020).

Women and Menopause

The review now shifted to examine the conceptual models of menopause as well as how women learners acquired knowledge of menopause during this phase of life. While there was a lot of information about the experience, it was also disorganized and incomplete. The focus was primarily on symptoms and hormone depletion, with minimal mention of women's personal experiences with menopause (Arthur, 2016). This gap in understanding reflected the historical context in which the concept of menopause was developed. The term menopause was invented by male French physician Charles de Gardanne in the early 1800s while studying the symptoms experienced by women as they aged. Although de Gardanne may have been the first to give menopause some serious medical attention, he was also guilty of attributing a negative attitude toward a natural biological process. Indeed, since the end of menstruation was blamed for an astonishing plethora of physical and emotional ailments, it led to a long history of misinterpretation and medicalization of menopause as a pathological condition (Gunter, 2021; Marti, 2017). Medical interest in menopause in the mid-19th century "gradually came into wide circulation in medical circles in Europe and North America" (Lock & Kaufert, 2001, p. 2). The way menopause was viewed and addressed changed significantly due to this development. It transformed from being a taboo and poorly understood stage of life to a medical condition that needed treatment. However, this medical approach also perpetuated negative stereotypes and categorized a natural process as a problem, impacting women's self-image and societal views on aging and women's health.

El Khoudary et al. (2019) described menopause as a significant health milestone for women, with an impact extending beyond reproduction. It was clinically defined as the final menses, confirmed after one year without menstruation (Takahashi et al., 2017). There were, however, complex interconnections among biological, social, and cultural factors that constructed how women understood and experienced menopause (Cooper, 2018). As Lock and Kaufert (2001) explained, “although researchers are becoming more aware of differences in the subjective experience of individual women, the changes are attributed to variations in psychological, social, and cultural factors, layered over an invariant biological base” (p. 2). There was compelling cross-cultural research suggesting that menopause was culturally construed, and the experience of menopause varied both across and within geographical, sociocultural, and temporal contexts (Lock & Kaufert, 2001). While changes associated with this stage of life were not universal, the onset of menopause was worldwide for all biological females and the global population of menopausal women was anticipated to reach 1.2 billion by 2030 (Namazi et al., 2019). Women’s understanding of menopause was shaped by how these perceptions are formed in society. A study by Ussher et al. (2019) explored how women experienced and negotiated menopause and found that education and health information can help women feel more positive about their menopause. Gebretatyos et al. (2020) also examined how the effect of educational training could help women adjust to this stage of life. Menopause was part of a women’s lived experience that had to be understood as a part of life rather than a discrete biological event or a negative social construction.

Medical Model of Menopause

The predominant model of menopause in Western societies was a medical model that “views menopause as a deficiency disease requiring treatment” (Cooper, 2018, p. 14).

According to Barile (1997), this model suggested when ovarian function diminished, the hormones estrogen, androgen, and progesterone became deficient, and that this diagnosis was clinical. This conception of menopause as a disease created an environment for the medicalization of menopause and treatments based on this medical model began in the late 1800s (Armacost, 2004). In addition to this medical model, Armacost (2004) explained that menopause was treated as a mental health disorder until science developed estrogen replacement pills. Traditional concepts of menopause frequently characterized it as a period of mental instability and physical decline, which perpetuated stereotypes. According to Graham (2020), the medicalization of menopause reinforced patriarchal control over women's bodies, affecting their experiences and social identities. Menopause was portrayed as a physical crisis by physicians, who pathologized it and perpetuated negative biases about ageing women. This medicalization intertwined with broader cultural conversations about gender, sexuality, and power, shaped social attitudes and sustained gendered power dynamics. The biomedical discourse considered menopause as a medical condition that affected women, emphasizing the continued medicalization and stigma surrounding this phase in Western societies. This perspective had an impact on how menopausal women were perceived by society and amplified gender biases in medical literature.

Research revealed that the medicalization of menopause perpetuated negative stereotypes and biases. This approach marginalized other forms of knowledge and turned women's bodies into battlegrounds for prevailing biomedical narratives. For example, de Salis et al. (2018), criticized the dominant biomedical narrative that viewed menopause as a uniform process of decline and loss. Their research highlighted that Western women had a complex relationship with their changing bodies. Negative cultural stereotypes idealizing youthful sexual

attractiveness while stigmatizing aging contributed to their ambivalence. They shared that the societal devaluation of aging contributed to the medicalization of menopause, perpetuating negative perceptions of bodily changes and fostering silence around the topic. Furthermore, the authors explored the complex nature of menopause by highlighting its connection with social, cultural, and personal contexts.

Ciolfi Felice et al. (2021) challenged the medicalized narrative of menopause and advocated for a holistic approach. The authors argued that menopause was a socially constructed phenomenon that marginalized individuals based on their age and gender. This medicalization reduced menopause to a list of symptoms, reinforcing gender-based stereotypes and discrimination while placing the burden of symptom management solely on the individual. Similarly, Krajewski (2018) shed light on how menopause was portrayed in Western societies as an illness that needed treatment. This portrayal could make women feel anxious and fragile, perpetuating the idea that menopause was a condition that needed to be treated. According to Krajewski (2018), the pharmaceutical industry also marketed products that aimed to alleviate menopausal symptoms, reinforcing the medicalization narrative. Advertisements focused on specific aspects of menopause, diagnosed underlying causes, and proposed remedies, such as Wallace Laboratories' 1959 promotion of the tranquilizer Miltown and equine estrogens in the form of Milprem (Wallace Laboratories, 1959). In response to these issues, Ciolfi Felice et al. (2021) proposed a holistic approach to menopause through design, highlighting the social construction of menopause and its impact on gender-based discrimination. They promoted a model that valued diverse experiences and incorporated social, emotional, and physical aspects into the understanding of menopause. Furthermore, de Salis et al. (2018) criticized the dominant biomedical narrative, emphasizing the diversity and complexity of women's experiences. Their

research emphasized the need to recognize the varied and nuanced ways in which women experienced menopause, challenging the one-size-fits-all approach of biomedical models. These research contributions promoted a feminist model of menopause, which deconstructed traditional conceptualizations and empowered women by acknowledging the social, cultural, and personal dimensions of this life transition.

Feminist Model of Menopause

The feminist model of menopause proposed that it was a natural developmental process and an aspect of life that had to be regarded as part of a continuous cycle. It included a holistic view that was rooted in women's bodies, minds, and spirits (Harris, 2013). This model was developed in the middle-twentieth century as an immediate reaction to the medicalized conceptualization of menopause in the middle-twentieth century (Cooper, 2018). It emerged from postmenopausal women's experiential stories and ideas, which had validity in challenging the prevailing perspective (Harris, 2013). This model rejected the objectification of women in middle age and viewed menopause as an inevitable life transition. This construct enabled women to begin taking charge of their lives by becoming active participants in their health. The feminist model empowered women by reframing the discourse to focus on the whole woman; menopause is not a disease or a disorder (Barile, 1997). As Harris (2013) emphasized, menopause was inherently a women's issue, and approaching it from a woman-centred, feminist perspective was not only appropriate but essential to understanding and addressing the internal changes that women genuinely experienced.

Feminist researchers such as Ussher et al. (2015) interpreted menopause as a natural phase of life and resisted its medicalization. Rather than viewing menopause as a pathological condition, such feminist approaches advocated for holistic methods that promoted acceptance

and overall well-being. They drew attention to the significance of recognizing embodied change during menopause and its impact on sexuality. According to aforementioned researchers (2015),

Recognizing embodied change during menopause, as well as the impact of such change on sexuality, does not inevitably lead to a medicalized solution for those who wish to ameliorate women's distress There is a growing body of self-help literature which normalizes and provides holistic advice about menopausal change. (p. 463)

According to Gambaudo (2017), who examined the negativity that surrounds menopause theories, there were two main causes for this negative perception. Firstly, it stemmed from the biased perspective of heterosexuality that was used to measure sexual and gender satisfaction. This traditional narrative of menopause was plagued with negativity, particularly when it reinforced patriarchal norms that prioritized male experience and defined women primarily in terms of reproduction. Such frameworks failed to acknowledge the multifaceted nature of women and their experiences. Secondly, this negativity was a result of associating menopausal incidents with disgust. This connection further contributed to the stigmatization and marginalization of menopausal women, disregarding their diverse and complex experiences.

Voicu (2018) provided valuable insights into the feminist conceptual model of menopause. Criticizing the medicalization of menopause, she highlighted those feminist writers, who analyzed the role of medicine during the late 19th and early 20th centuries, pointed out that medicine at that time promoted the idea that women were inferior versions of men. Women's physical experiences such as menstruation, pregnancy, childbirth, and menopause were seen as abnormal and treated as such. The medical literature on menopause was often written by men, leading to a lack of female perspectives and voices in discussions about menopause.

Additionally, Voicu (2018) noted the significance of stressful life events in shaping women's

experiences of menopause. Apart from physiological symptoms, events like job loss, children leaving home, or health issues shaped women's perceptions of this life stage. The literature suggested a marginalization and silencing of women's experiences related to menopause, which highlighted the need for a feminist perspective. Within feminist frameworks, intersectionality had to be considered. As Beck et al. (2018) pointed out, menopause experiences were not uniform and were influenced by intersecting identities such as gender identity, sexual orientation, race, ethnicity, socioeconomic status, and other social structures. Therefore, it was essential to advocate for a holistic understanding of menopause that considered the diverse experiences of individuals across different social contexts. The feminist construction of menopause offered a framework for understanding this life change beyond physiological changes. Feminist perspectives empowered women to reclaim agency over their experiences by challenging the medicalization of menopause and deconstructing outdated narratives. This approach proposed a holistic approach to menopause that considered all aspects, including social, cultural, and personal dimensions. It acknowledged the different experiences and intersecting identities and shed light on the tendency to marginalize and silence women's experiences during menopause.

Sociocultural Model of Menopause

The sociocultural model indicated that the experience of menopause was a culturally situated experience and that women from a variety of cultures coped with menopause differently. This approach combined the biological and feminist models, by focusing on the body's lived experience. It was not possible to include all non-Western cultures in this literature review; however, Cooper (2018) explained that the ways women were perceived in Western culture as a whole was one of the factors that contribute to the socio-historical model of menopause. As a result, not only was menopause regarded as a social construct, but cultural views of women in

general - gender, sexuality, and ageing - were also regarded as social constructs. Based on how these cultural views were constructed in society, women would have developed their meaning of menopause enmeshed in cultural ideals. Moreover, societal perceptions, gendered power dynamics, and cultural discourses surrounding aging sexuality, and gender roles played a significant role in shaping women's experiences during the menopause transition within the sociocultural model framework. According to the study by Refaie et al. (2022), women's experiences during the transition to menopause varied and were shaped by broader sociocultural contexts. Various factors, such as societal beliefs on aging, rules defining women's roles and sexuality, and the power dynamics in relationships and communities, all intersected creating a diverse range of perspectives and coping strategies among women experiencing menopause.

Building on this understanding, Hickey et al. (2022) emphasized that menopause, whether positive or negative, varied depending on the societal context and cultural expectations and the experience of menopause was influenced by social values. They wrote, "Women's experience of menopause is strongly influenced by social values around reproduction and ageing, with positive or negative ramifications" (p. 2). Social norms were crucial in shaping women's perceptions of menopause and their experiences during this transition. Cultural and social attitudes significantly impacted women's experiences of menopause. In cultures that valued women's multifaceted roles and contributions, menopause was often seen as a natural stage of life. This perspective led to more positive attitudes and experiences regarding menopause (Hickey et al., 2022). To elaborate further on the impact of sociocultural factors on menopause health, Cortés and Marginean (2022) summarized the importance of addressing social determinants of health, such as discrimination, socioeconomic status, and healthcare access in menopause health. Their analysis revealed that menopause was not solely a biological

phenomenon but was deeply intertwined with social, cultural, and environmental factors. They posited that sociocultural factors played a central role in menopause health disparities.

In addition to scholarly contributions, Gambaudo's (2017) article provided an insightful analysis of the various theoretical perspectives on menopause. Through her research, the author traced the evolution of menopause's conceptualization from ancient times to contemporary understandings. Gambaudo (2017) examined how menopause has been theorized in different cultural and historical contexts, thereby highlighting its significance in shaping gender identity and societal norms. Her work suggested that menopause theory reflected broader gender norms and ideologies; menopause could be seen as a site of resistance against dominant gender narratives. Furthermore, Gambaudo highlighted that menopause was perceived differently in various time periods, indicating the era's social and cultural significance. Furthermore, Koyuncu et al. (2018) provided valuable insights into the sociocultural aspects of menopause. Their findings indicated that women's perceptions of menopause, whether as a natural process or an illness, were also influenced by their cultural and ethnic backgrounds. As per Koyuncu et al. (2018), "Cultural and ethnic characteristics of the society are important factors that influence women's attitudes toward menopause and the meaning of being middle aged" (p. 8). The article by de Salis et al. (2018), who explored menopause experiences and perspectives of 48 UK mothers through qualitative, in-depth interviews, shed light on how women experienced menopause. These authors emphasized the interconnectedness between biological changes, cultural norms, and life events. They argued that menopause was a part of the lived experience and had to be understood as an integral aspect of life, influenced by sociocultural factors and personal stories. Also, these authors enriched the understanding of menopause as a sociocultural phenomenon. They noted the importance of considering diverse perspectives and experiences to

address the needs of women undergoing this transition. How menopause was perceived could vary depending on an individual's expectations, beliefs, life circumstances, and societal norms. For some, it could be viewed as a positive change, while for others, it could be seen as negative or simply neutral. Diverse interpretations largely depended on one's perspective shaped by the broader cultural context in which it occurred. The socio-cultural context played a pivotal role in shaping the experience and perspective of menopause.

Women's Knowledge of Menopause

The menopause transition involved an interplay of psychological, sociological, and lifestyle factors, in addition to hormonal changes, contributing to its multifaceted nature. However, there have been very little research to show how women got the information they need, whether or not that information was accurate and credible or if they were getting it in enough time to play an important role in their menopausal transition (Cooper, 2018). "Younger and premenopausal women may have more negative attitudes because they have less knowledge of the menopausal transition," according to Pope (2017, p. 9). Understandably, women who had not gone through the transition saw the stereotypical portrayal of menopausal woman as crazy coupled with the silence and secrecy surrounding menopause (Pope, 2017). In a case study by Cronin-Bermingham (2020) which explored how women understood, experienced, and negotiated menopause, a respondent post menopause reflected on the experience and openly shared what she knew at the time. The research specifically examined the role of the Midlife Women Rock Café in Waterford City, Ireland, as a supportive space that contributed to women's understanding of menopause and self. The respondent remarked,

I knew nothing about menopause, nothing! All I knew was it happened for women in their 50's or 60's all I knew from my mother and from women growing up is that women

used to stand at the door at night times and that cooled them down from a hot flush and sometimes from years ago they used to say from my grandmothers and my aunts generation they went a little bit mad or crazy or odd during the change and that's what they called it back then was the change. It was never the menopause it was the change and everything was hushed under the carpet, and I thought I was thinking a little bit of hot flushes I would go out stand at the door for 5 minutes and that would be it (laughter).
(as cited in Cronin-Bermingham, 2020, p. 76)

The respondent reflected the widespread lack of knowledge and silence surrounding menopause in previous generations. It was often referred to as “the change” and shrouded in secrecy, leaving many women unprepared for the physical and emotional challenges they would face.

Women sought information on menopause from physicians, peers, the media and the internet. Women's narratives were imperative to the knowledge of this change of life event. Knowing the definition of menopause, the age when it occurred, and the various symptoms of menopause could help women adjust to this stage of life (Gebretatyos et al., 2020). According to Harris (2013), menopause was cloaked in silence and stigma, and the phenomenon of menopause was limited by a reductionist paradigm - that is, the belief that human behaviour could be explained by breaking it down into simpler component parts. As empowerment was central to feminist healthcare practice, information was critical in empowering women to participate in their own health care (Harris, 2013). To improve the quality of life of ageing women, a paradigm that included women's narratives and experiences, a social model that underpinned the social determinants of health coupled with the biomedical model would elevate the status of ageing women and extend knowledge of the phenomenon of menopause (Harris, 2013). Harris (2013) highlighted an extensive paradigm to guide the education of women of all ages. To increase

women's awareness of, and adaptation to, menopause education programs through support groups were shown to be effective in reducing the early symptoms of menopause (Yazdkhasti et al., 2015). Despite widespread access to online media and information, women found it difficult to make educated decisions regarding menopause and how to manage it (Stute et al., 2016). Accurate information about menopause could help women have realistic expectations about menopause and empower them to get support.

According to Tariq et al. (2023), who conducted two surveys to ask women their knowledge and attitudes toward menopause, there was a considerable lack of knowledge and education about menopause among women. Many reporting feeling uninformed, particularly before the age of 40. Tariq et al. (2023) wrote, "Most women had limited knowledge and negative attitudes towards the menopause, leaving them unprepared to cope with the physical and psychological changes associated with this stage of life" (p. 1). These authors' research revealed that women obtained information about menopause from various sources, including non-medical sources like magazines, television, friends, and online platforms. They stated, "The European Menopause Survey showed that women obtained information mainly from non-medical sources such as magazines and television, which may not always be correct" (p. 2). This highlighted the challenge of obtaining accurate information about menopause and emphasized the importance of reliable educational materials.

Health education played an important role for changing the perceived severity of menopausal symptoms, along with improving menopausal knowledge and attitudes (Koyuncu et al., 2018). The Koyuncu et al. (2018) study showed that "to cope with the symptoms seen in the menopausal period, the attitude toward menopause needs to be taken into consideration" (p. 11). They found that a health education program effectively decreased the severity of somatic and

psychological symptoms and improved overall knowledge and attitudes toward menopause. This increased understanding achieved through health education had the potential to “make a positive impact on a woman’s menopause experience” (Cooper, 2018, p. 77) and helped women better manage the transition. Almost without exception, across age, race, and education boundaries, when women discussed their attitudes about the health care community (i.e., clinicians), they expressed frustration. They felt that there was a lack of knowledge in the medical community, and they believed they received a lack of support from their healthcare professionals. This underlined the potential for a medicalized view to influence their thinking. In Chalouhi’s (2017) view,

we should not consider a menopausal woman a chronic patient and liability but instead, with all their wisdom and knowledge gained through lifetime experiences, and hopefully transferred to future generations, embrace them and acknowledge them as a unique asset to our society. (p. 130)

Breaking the silence through dialogue and education, both by service providers and healthcare professionals, as well as offering appropriate support for women who experienced distress during menopause helped to confront negative discourse as well as facilitated empowering cultural constructs of menopausal embodiment (Ussher et al., 2019).

Chapter Three: Methodology

In this chapter, I explain why I chose a qualitative approach for this research study, focusing on using in-depth interviews as the primary data collection method. I also describe how I recruited participants, conducted the interviews, and analyzed the data. Additionally, I discuss the ethical considerations I considered during the study, including confidentiality, informed consent, and my role as a researcher.

Research Methodology

This study employed narrative inquiry, a qualitative research methodology focusing on understanding experiences through storytelling (Merriam & Tisdell, 2015). Narrative inquiry examines significant life events while providing holistic perspectives, offering unique insights into situations (Webster & Mertova, 2019). It allows researchers to explore how individuals interpret their world through their stories (Webster & Mertova, 2019), making it particularly effective for uncovering the complexity and richness of the menopausal experience. I hoped to better understand the narrative's structure and its relationship to the social context through this research. Additionally, I also aimed to identify whether one or more common themes can help us understand a woman's menopause narrative.

Sampling and Recruitment of Research Participants

The study focused on women who had experienced natural menopause and were at least 45 years old, providing a range of insights into their experiences during this transition. Participants were recruited through different channels, including social media platforms, previous employment connections, and community-based women's centres in Nova Scotia, Canada. Some participants were acquaintances who showed interest in the study, while others were recruited through a poster (See Appendix A) placed in community-based women's centres

and on websites. Participants also entered the study through referrals and word-of-mouth (See Appendix D). The study included a total of seven participants from a variety of backgrounds, including a wide range of ages, spanning from 53 to 74 years old, and from different provinces, socioeconomic backgrounds, and family situations. They were selected using a non-probability purposive sampling method to identify information-rich cases (Merriam & Tisdell, 2015), which is reflected in their diverse bios. Participants were chosen based on their interest in the research topic and willingness to participate. The selection criteria consisted of women, specifically Canadian women who met the following inclusion criteria: (1) women with ovaries; (2) experienced natural menopause; and (3) above the age of 45 years old. Above the age of 45 was selected as the sampling criteria because the average age of natural menopause is around 51. By focusing on this age group, I aimed to capture experiences more directly related to natural menopause while minimizing variability from earlier reproductive changes that may not be relevant. This approach ensured a more focused and accurate data set. Exclusion criteria included (1) women who had undergone surgical menopause; and (2) women currently undergoing hormone replacement therapy to ensure that the study captures the natural menopausal experience without the influence of hormone replacement therapy.

Research Methods

Data collection methods involved conducting one-to-one individual semi-structured in-depth interviews. When the research aims to learn how a person understands their environment or obtain information on what already happened, interviews are the most practical way of gathering data (Merriam & Tisdell, 2015). The interview guide provided a consistent framework for the semi-structured interviews. It included open-ended questions that allowed participants to explore the complex meaning of menopause (See Appendix F). Three virtual individual

interviews were conducted using this approach. Each took approximately 10-20 minutes and used open-ended questions. Interviews were conducted on ZOOM with audio and video and recorded with the participant's permission. To ensure the privacy and security of participants, the ZOOM sessions utilized a waiting room feature and were password-protected. These measures were implemented to prevent unauthorized access and maintain the confidentiality of the participants.

Based on the results from the three early interviews, it became clear to me that, despite meeting the basic criteria, the interview guide used in the research study did not evoke critical reflections on women's menopausal experiences. Upon further reflection, I realized that the brevity of these interviews, lasting only 10-20 minutes, likely made establishing a rapport with participants difficult. In retrospect, I may have relied too heavily on the list of interview questions rather than fostering an open, comfortable environment for participants to share their experiences more deeply. I discussed this with my Academic Supervisor, Dr. Maureen Coady, to explore potential reasons for this. We hypothesized that this was not only due to the sensitivity of the topic but also to the possibility that women may not previously given much thought to their menopause experience. Participants' beliefs and attitudes may have influenced their willingness to engage in open conversations about a sensitive and often stigmatized phase of life (Krajewski, 2018; Nosek et al., 2010). Furthermore, it is important to acknowledge my role as the researcher: I was not personally known to the women, and I may not have established a rapport to make them comfortable sharing such personal reflections. The power dynamics at play, combined with the topic's sensitive nature, likely contributed to the limited depth of responses. Therefore, the data collected from these early interviews was not utilized in the final analysis, recognizing that I had not yet provided the conditions necessary for participants to engage fully with the subject

matter. It became clear that there was a need to encourage women to participate in a more in-depth level of contemplation to foster deeper introspection and acknowledge the potential sensitivity of the subject matter. As a result, a protocol change was required to improve the quality of data collected and to establish trust throughout the study.

Protocol Change

To enhance the participants' critically reflective thinking during the research study, a brief orientation was added. This orientation aimed to provide participants with additional context and perspectives to help them reflect on their individual menopause journey. It was anticipated that participants would have a more informed perspective during the interviews, thereby increasing the depth and quality of the data acquired. The St. Francis Xavier Research Ethics Board reviewed and approved this change to ensure the research's integrity. Participants received a pre-interview education orientation via a private YouTube channel. I created the videos for the research project and used my iPhone and CANVA to record myself speaking on these topics and compiled the content into video format. The videos were then uploaded to YouTube, making them readily accessible to the study participants. They were asked to watch four short videos, each ranging between 4-5 minutes. These orientation videos covered various aspects of menopause, including an introduction to the research project, the historical context of menopause from the 1700s to the present day, the stigma surrounding it, and different conceptual models of menopause. The videos' content was grounded on evidence-based research, combining scientific findings with perspectives from social science, education, cultural studies, and historical contexts. Although participants watched educational orientation videos, the content was created to give a balanced and unbiased overview of menopause, based on solid research evidence. By incorporating a wide range of sources, including Gunter (2021), Hickey (2022),

Mosconi (2021), and Houck (2002), as well as the North American Menopause Society and Canadian Menopause Society, I aimed to provide participants with an understanding of the topic to enrich their reflections and input for the study without steering them toward any specific conclusions.

After conducting the interviews, it became clear that the adjustment enhanced the depth of the conversations. I also developed a better rapport with the participants, which encouraged more meaningful and reflective discussions about their experiences with menopause, allowing for a richer exploration of their journeys. Noticeably, the menopause education had prompted deep critical reflection on their experience of menopause. Seven participants were interviewed in-depth, each session lasting approximately 60 minutes on average, maintaining consistent depth and engagement. Each Zoom interview was done virtually, in a private room, allowing participants to express their experiences freely. As before, participants were provided with the password to enter the Zoom room to ensure secure access. The audio and visual recordings provided a basis for transcript development and gave participants and the researcher geographical autonomy and convenience. The questions were crafted to invite participants to look deeply into their menopausal experience, beliefs, and attitudes.

Data Analysis

Throughout the data collection process, I kept an electronic spreadsheet to record my ideas and hypotheses, as this step was essential in preparing the data for analysis. I personally transcribed the interviews verbatim to ensure accuracy and maintain a close connection to the data. This initial step set the stage for the subsequent analysis, where I organized the data in the same spreadsheet and categorized it based on the identified themes. In narrative analysis, texts are examined from a wide range of angles within their social, cultural, and historical context

(Hunter, 2010). I endeavored to dissect the data to uncover the text's underlying social and cultural meanings, being mindful of the context as this is vital in narrative inquiry. A detailed cleaning process involved listening to the audio recordings and correcting errors to ensure accuracy. This approach allowed for the preservation of subtle nuances, such as pauses, vocal changes, and expressions like laughter or sighs. The data from the interviews were examined to identify the participants' stories by analyzing and restructuring them into a basic framework, a process known as re-storying (Creswell & Poth, 2018). This involved examining the raw data, finding key components, structuring and sequencing these components, and then presenting a narrative that details an individual's experiences with menopause (Creswell & Poth, 2018). Themes pertinent to the personal experience of menopause were identified. During this process, I strived to "interpret meanings through an analysis of plotlines, thematic structures, and social and cultural referents" (Kim, 2016, p. 190). I was also conscious of the theoretical framework that guided my research project.

First, I reviewed all the transcripts, assigning codes to capture important themes and recurring ideas. This thorough review of each transcript and assigning codes was a foundational step to breaking down all the data into manageable components. A list of codes was developed with loosely defined definitions aligned with the research findings. I reviewed the codes frequently to seek emerging patterns and categorized according to the identified themes. This categorization facilitated further exploration and analysis, with each theme undergoing a synthesis process to establish potential trends and connections to the broader research questions. Each theme pieced together related codes. I integrated participant narratives by selecting excerpts from the transcripts and pulling out experiences and text that illustrated the concepts I explored.

Finally, I conducted a critical analysis drawing on feminist literature, transformative learning theory, and existing studies on menopause to evaluate various perspectives, and drew connections between the findings, participant narratives, and the existing literature. The research was framed using a critical feminist lens and a transformative learning framework. This integration provided a thorough understanding of the intricate interplay between individual experiences and broader societal influences (Namazi et al., 2019). I refined and aligned the themes with the research objectives, through a rigorous process, ensuring that they were relevant and deeply connected to the participants' experiences. This approach enriched the analysis and situated my research findings within a meaningful theoretical context.

Participant Profiles

To gain a better understanding of how these themes appear in real-life experiences, the next section presents profiles of the participants. It is important to note that all participants self-identified as cis-gendered women, and one participant was a woman of colour. Individual participants were assigned a unique fictitious name, and they are presented below to understand their experiences with natural menopause. These profiles offer distinctive perspectives into various points of view and challenges that women face at this stage of life.

Janet

Janet, a 56-year-old educated professional living in the suburbs near a major city, identifies as a woman with no children. Her menopause experience started at age 54; Janet remembers first hearing about perimenopause in her 40s, noticing sleep disturbances and achy joints during that time. She experienced hot flashes during her late 40s. She also went through menstrual changes, with heavy bleeding and irregular periods, before her periods finally stopped. Janet started taking hormone replacement therapy, progesterone and estrogen a couple of years

ago to help with sleep and mood issues. Janet also shared her struggle with brain fog during menopause but found improvement over time.

Kim

Kim, a 57-year-old educated professional who lives in the suburbs near a small city, identifies as female and mother of two adult children. She is divorced living with a new partner. Kim went through menopause between the ages of 50 and 52. She had heavy periods during her menopause transition but was determined to keep moving forward without complaining or seeking help. Despite this transitional time, Kim stayed focused on various pursuits, never letting menopause constrain her. When she became post-menopause, she celebrated the end of her fertility, seeing it as the start of a new chapter in her life.

Anne

Anne is a 57-year-old woman of colour, who is married and an educated professional. She experienced menopause starting around the age of 50. She had limited background information about menopause from her family and was taken by surprise by the symptoms. As a woman of colour, she recognizes how the cultural concepts of aging, gender, and race intertwine. Anne experienced hot flashes, vaginal dryness, and significant hair loss. Anne believes that menopause adds an increased burden to women in society that may not wholly appreciate the hardships that women face during this stage of life.

Patricia

Patricia, a 74-year-old educated widow living in a rural community, identifies as a woman with no children. Her menopause experience began at 39 years of age which was a shock as she did not know much about it then. Patricia started hormone replacement therapy around her

mid-40s to manage hot flashes and other symptoms for seven years. She felt a sense of relief and freedom from the absence of periods and no chance of pregnancy after menopause.

Lisa

Lisa is an educated 55-year-old professional who lives in a city. She identifies as female and is married with two adult children. She experienced menopause around the age of 51 and experienced night sweats, low libido, vaginal dryness, and mood changes. Lisa struggles with the cultural ideals regarding appearance and aging, specifically the pressure to stay slim and youthful. Lisa faced considerable resistance from her doctor concerning hormone replacement therapy and sought hormones from a naturopath.

Cheryl

Cheryl, a 53-year-old married woman without children, began her menopausal journey at around 51. An educated professional, she is well-informed about menopause and its potential symptoms and faced significant health challenges. Post-menopause, Cheryl grappled with severe symptoms like fluctuations in concentration and verbal comprehension, intense hot flashes, and overwhelming fatigue. Presently, she finds herself grieving the loss of her former self and striving to adapt to the changes of her reality.

Roberta

Roberta is a 54-year-old woman who identifies as female. She has been married for 29 years with two children. Her periods stopped, after undergoing an endometrial ablation (a procedure to remove thin layer of tissue that lines the uterus) at the age of 42; however, symptoms associated with menopause, such as mood swings, irritability, and other changes, were present in her early 50s. Her life experience has led her to witness the impact of menopause on other women's mental health. She struggled with mood changes, lethargy and weight gain and

opted for hormone replacement therapy. She feels there is a stigma surrounding menopause but embraces the freedom that comes with this life stage.

Trustworthiness

I employed several measures to ensure the accuracy, transferability, and reliability of the findings. One of these measures was member checking, which involved allowing participants to review their transcripts and provide feedback on the accuracy and representation of their experiences. This approach also fostered participant engagement and collaboration in the research process. I also used a randomized process to assign pseudonyms to each narrative to protect all participants' confidentiality. In addition to these methods, I remained mindful of my own positionality as a researcher. As a heterosexual, cisgender female who has personally experienced menopause, I recognized the potential influence of my biases on the research process. To address this, I engaged in critical self-evaluation and self-awareness. I kept a journal to document my methodological reflections, personal insights, biases, and evolving perspectives. This ongoing reflexivity helped me foster a deeper understanding of the research process and any subjectivity that may be present. By regularly questioning my role and assumptions, I aimed to produce a more robust and trustworthy research outcome. This reflexivity was necessary because my own experiences with menopause, such as feeling ignored by friends, family, and the medical community, could have influenced how I interpreted participants' narratives.

To make the research more transferable, I documented the research process in detail. This included descriptions of the research design, participant selection criteria, data collection techniques, and methods of analysis. By providing this information, readers can evaluate the applicability of the findings to different populations or settings. In order to provide a holistic understanding of the research findings, I incorporated direct quotes from participants. These

quotes serve as contextual examples and allow readers to evaluate the findings' credibility and potential transferability in various settings independently. By seamlessly integrating these passages into the research narrative, the qualitative data was enriched, and the overall analysis was strengthened. While acknowledging the limitations of the sample size, these efforts contributed to a more detailed analysis within the context of this study.

Research Ethics

The Research Ethics Board reviewed and initially approved the research protocol and subsequently approved the protocol change, ensuring the research's integrity and adherence to ethical guidelines. Throughout the research process, particular emphasis was placed on maintaining participant confidentiality, acknowledging the importance of addressing vulnerability. To further protect confidentiality, all digital data was stored on a password-protected computer, and any hard copies of data were kept under lock and key in my home office. No personal information has been included in this thesis, nor will it be included in any future documents resulting from this study unless participants have given explicit written consent.

Before participating in the research, all potential participants were given detailed information about the study's purpose, procedures, time commitment, confidentiality measures, voluntary participation, potential benefits and harms, and contact information for the researcher and supervisor to ensure complete transparency. The Invitation to Participate (See Appendix D) clearly explained the purpose, procedures, risks and benefits of the study and encouraged participants to ask questions and seek clarification before signing an informed consent form (See Appendix E). This commitment to transparency also applied to the recruitment and selection process, which was conducted without any pressure or undue influence. To ensure that

participation is entirely voluntary, potential participants were explicitly informed of their right to refuse to answer any questions and to withdraw from the study at any time without facing any negative consequences. Additionally, inclusion and exclusion criteria were clearly defined in the Invitation to Participate to ensure that participants were fully aware of the study's relevance to their lived experiences, voluntary participation, and ethics. Participants were advised that they had could request that the recording be stopped or refuse to answer any questions without terminating their involvement. Probing questions were used to ensure an accurate interpretation of participant responses. To further empower participants, prior to finalizing the thesis, they were given the opportunity to review a near-complete draft and ensure the accuracy of the data interpretation. By actively engaging in the research process, participants were able to provide feedback and contribute to the accurate representation of their experiences. This approach ensured that their voices were heard, and their perspectives were considered, enhancing the overall quality of the research findings. It fostered a sense of trust and cooperation between myself and the participants, leading to more meaningful results. Notably, no participant requested to stop the recording or refused to answer questions during data collection.

As a researcher, I recognized that discussing personal experiences might trigger emotional responses in some participants, so proactive steps were taken to minimize discomfort and distress throughout the research process. As interviews took place virtually, I recommended that each participant had a family member or friend they could speak to after the interview for a debrief. After the interviews, participants were also offered a debriefing session where they were informed about available resources should they require additional support or experience emotional distress. The resource recommended was Wellness Together Canada, which provides high-quality, accessible, confidential resources for all Canadians and is a portal that points

Canadians toward the best mental health resources available. Wellness Together Canada services range from basic wellness information to one-on-one sessions with a counsellor, to participating in a community of support. Funded by the Government of Canada, Wellness Together Canada prioritized participants' well-being and provided them with the necessary support throughout the research process. At the time of this study in 2023, Wellness Together Canada was offering free mental health and substance use support to people of all ages across every province and territory, 24/7, with no appointment or referral necessary (Wellness Together Canada, 2023).

Chapter Four: Findings

Menopause was an intricate event involving biological, psychological, and social factors that impacted women's health and overall well-being. It was a transition that affects a woman's body and mind. My own lived experience of menopause guided this research inquiry exploring women's lived experience and understanding of menopause and how this experience was learned and shaped. What influences shaped their experience, and how did this intersect with the broader social construct? Understanding the experiences and knowledge of this life transition could greatly benefit adult educators aiming to develop health literacy education. The findings informed the integration of critical pedagogy approaches, and the perspectives shared in menopausal narratives. The findings of the research have been organized into four distinct sections, each highlighting a unique aspect of the menopause journey. The *physical and emotional experiences* section explored the nuanced relationship between physical and emotional changes throughout menopause and how they overlapped to shape women's experiences. The next section focused on *social support and menopause dialogues*, and I examined how social interactions and support networks shaped women's experiences. I investigated the effect of relationships on the menopause narrative, from silence and lack of support to the comfort of shared relationships. I further explored how women sought knowledge about menopause from various sources in the *learning about menopause and information gaps* section. From healthcare professionals to books and online resources, women encountered limitations in their search for understanding. Finally, in the *attitudes and beliefs about menopause* section, I took a closer look at the various societal views and concepts that impacted women's perceptions of menopause. By exploring the influence of social constructions, from negative stereotypes to the transformative power of redefining this period, I aimed to offer insights into menopause. The emerging themes

provided a rich tapestry of insights into this life stage. The stories, personal experiences and insights were shared by participants willing to be vulnerable and who showed generosity in revealing their narratives. I hoped to enlighten us in this journey of discovery and empathy towards menopause and reach a new level of understanding.

Physical and Emotional Experiences

Menopause was a natural stage in many women's lives that brought about a range of physical symptoms and emotional changes (Guérin, Goldfield, & Prud'homme, 2017). This segment explored the connection between the physical and emotional experience of menopause and how they can influence one another. These symptoms included hot flashes, night sweats, changes in menstrual cycle, weight gain and vaginal changes, brain fog, memory issues, anxiety, and mood swings. Some participants found this transition challenging as they wrestled with hot flashes, night sweats, and hormonal fluctuations, which impacted their daily routines and overall well-being. In addition, anxiety, mood swings, and shifts in self-image, often accompanied these physical changes, leaving some participants feeling vulnerable and uncertain about the future.

Physical Experiences

Participants typically reported changes in sleep habits, hot flashes, and changes in their vaginal area. These symptoms were frequently described as impacting daily living and well-being, individual experiences may vary. Additionally, some participants indicated that their menopause transition caused alterations in their menstrual cycle and noticed a decrease in the frequency of their periods with some periods of heavy bleeding. Alongside these changes, a few participants experienced vaginal dryness, which caused pain during sexual intercourse. Anne mentioned several difficulties associated with menopause including the discomfort she felt. She expressed:

yeah, hot flashes in the workplace can be funny, but it's also not comfortable. No, it's not comfortable to be sitting in meetings and feeling like you just want to peel off your clothes and you're trying to be taken seriously in that environment. You're being cooked from the inside out. You don't know what it is unless you have gone through it. It's very unique it's not like an experience of being hot somewhere.

The sensation of being "cooked from the inside out" highlighted the unique and often intense experience of hot flashes. Patricia reflected on her own experience of menopause, emphasized the unexpected nature of hot flashes, stated, "I experienced hot flashes and I wasn't prepared for how they would feel." Night sweats appeared as another defining symptom of menopause. Lisa recalled:

I guess the first symptoms I saw in what I would call menopause would be night sweats. So I had night sweats a few times. I do remember the first time I ever had night sweats. I thought, wow, it's kind of cool in a way that your body can sweat this much when you're just sleeping. Sweats just like a fountain just pouring out of me.

She also found that the transition had an unpleasant side effect - weight gain. "The worst symptom was, other than the vaginal dryness, was the weight gain," she stated with frankness, noting that this physical transformation impacted her well-being. The combination of weight gain and night sweats served as a tangible reminder for some women of how menopause shaped their bodies and self-perception.

Emotional Experiences

The physical symptoms of menopause were often not perceived as isolated experiences but also interconnected with emotional and psychological aspects, which played a significant role in some participants' experiences of menopause. For example, some participants reported

brain fog and memory issues, further intensifying the challenges of managing and understanding the physical symptoms. Cheryl shared a story of a friend who experienced significant brain fog despite possessing an eidetic memory:

She had such enormous brain fog, and she was a person with an eidetic memory....

Anyway, so all of this suddenly turned off for her. And it wasn't just that her superpower was gone. It was that the brain fog meant she couldn't, you know, process things. She was bursting into tears. Everything was overwhelming. And all of this and life was miserable for her and she said, 'tell them that I had zero preparation for this, zero help for this', and that she still finds that ... the mood will suddenly drop, very suddenly ... and she'll crumple up into a ball and cry ... because emotionally things are overwhelming and she was never that kind of person who lost it, and was always very much you know, in control and not bothered by things.

Cheryl pointed out how her friend was unprepared and unsupported for this sudden change in her mental state. Evidently, the emotional toll of menopause was extended to encompass feelings of anxiety, mood swings, and shifts in self-perception. Several individuals voiced frustration with their lack of control at this phase. Furthermore, there were also concerns regarding osteoporosis and bone health, which led to feelings of discomfort, surprise, and the urge to care for oneself. The interplay of hormonal changes and physical discomfort experienced during menopause significantly influenced several participants' emotional well-being. as demonstrated by Roberta's account:

Okay, well, how do you navigate this? There doesn't seem to be a whole lot of, you know, manuals around that When you get pregnant, ... people give you books, like, this is how you're gonna feel and this is what you can do to, but there's not as much.

Roberta's opinions emphasized the absence of widely available materials for navigating the challenges of menopause, leaving her to grapple with these changes on her own.

While menopause was a natural phase in a woman's life, it often presented significant challenges. This transitional period could introduce a host of physical symptoms and emotional shifts that impacted daily life and overall well-being. The array of experiences encompassed physical disruptions like hot flashes, night sweats, and hormonal fluctuations, which could interrupt established routines. Concurrently, participants reported emotional struggles surrounding anxiety, mood swings, and shifts in self-perception, which contributed to feelings of vulnerability about the future. The interviews revealed an interplay between physical and emotional experiences of the participants, contributing to the intricate and individualized narrative of menopause in this study.

Social Support and Menopause Dialogues

This theme highlighted the role that social interactions and support networks had in shaping the participants' experiences of menopause. Throughout this transition, women found solace and empathy through their connections with other women and how having a group of friends who were willing to listen could make a difference. However, the unwillingness that came from minimal family discussions about this natural phase cast a shadow. Moreover, this section also shed light on the influence of family and friends on the participants' perceptions of menopause, revealing attitudes ranging from openness to experiencing silence and shame.

Role of Support Networks

Social interactions and support in women's experiences of menopause were recurring themes. Participants emphasized the beneficial role of a network of women who provided understanding and comfort during the menopause experience. However, some participants

expressed shame due to minimal family discussions about menopause. While healthcare providers were mentioned, candid conversations with friends and shared experiences with others played a considerable role in providing support during this transition. Lisa mentioned:

Yeah, I didn't talk with my mom, but I feel like since I was in my 20s, I've talked about it with women. We knew it was coming. When I was waitressing in my twenties, I remember there was an older woman, she wasn't even that much older. She wasn't very nice, and we used to call her menopausal. I think that was actually when I learned the word because someone told me, 'oh, that menopausal, bitch. What's that? What does that even mean? So I looked it up, so I knew it was coming.' And then because these friends I have that are two decades older than me, it's been around for a long time. I've been friends with them for about 20 years, so I went through it sort of with them when I was in my 30s, they were in their 50s, so I'm really fortunate, actually, to have that, because nothing was a surprise.

Lisa's narrative illustrated the value of a supportive community of friends who shared their menopausal experiences. She further said, "I think the connection with other women has really made the whole thing very normal, very bearable." Her narrative also touched on the negative connotations and misconceptions of menopause in the broader society. Patricia noted the significance of connecting with other women who have experienced menopause, and stated, "And you sort of joined a club of women, you know, who've been through menopause." Janet reflected on the support she received from her friends, particularly women friends, when navigating menopause. Sharing past experiences allowed Janet to learn from their journeys, helping her feel more informed. She noted:

And then maybe in my late 40s, and I started to get symptoms, which from people around me, like my friends going through much earlier than me. So I had the benefit of their experience and complaining about hot flashes, in particular and but there wasn't really very much on the internet about it. There wasn't. It was hard to get any kind of information.

The connection with other women going through similar experiences was viewed as a source of support, normalized the difficulties, and made the menopause experience a little easier.

Family and friends' conversations, or lack thereof, also influenced the participants' experiences at this stage of life. This impact was shown through Patricia's experience. Her conversations had exposed her to a range of perspectives and attitudes towards menopause, from a lack of open dialogue to a broader understanding of menopause as a natural stage of life. Anne's journey into menopause was marked by surprise, and she was taken aback when she entered menopause and did not realize the signs. She felt ill-equipped to manage the physical and emotional shifts and did not have much background information about menopause in her family history. She mentioned:

I didn't do anything about it for a very long time. I think probably it has something to do with just the fact that a lot of these kinds of things I never talked about it growing up with my family. So we just kind of keep these things to ourselves... But yeah, I just sort of feel like I'm stumbling along I wish I had a lot more awareness earlier on to kind of go into it much more prepared. I just feel like things are happening and I'm just taken by surprise a little bit, and then I go with my approach of almost like, toughing it out and not talking about it. Although with girlfriends, with one or two girlfriends, we laugh about

various things just to kind of [share]; that's how we handle it. Just talking about this and that happening with it, and we joke about it a little bit, that kind of thing.

Through my research, it became evident that family and friends greatly shaped a woman's perception of menopause. Unfortunately, the lack of transparency and knowledge about this part of life frequently left participants feeling unprepared and alone. Conversations with friends later in life, on the other hand, facilitated a sense of camaraderie and shared experiences, ultimately helping women accept menopause as a natural and normal part of life.

Silence and Shame

Unfortunately, many women commonly experienced minimal discussions about menopause with their family members and friends. This lack of candid talks and support led to feelings of shame associated with menopause. Patricia stated, "My mother never sat down and talked to me about it. As far as my mother was concerned, she never went through it." Anne shared her experience, saying, "So I didn't really have a lot of background information It was not something even though my mother was a nurse, and so there were certain kinds of things we talked about." Lisa stated, "I did not discuss it with my partner at all I never told him what it is." When discussing menopause with her family, Kim remembered when it seemed like no one wanted to broach the subject, as if it should not be discussed, and revealed an environment where the topic was prohibited. Kim expressed her frustration and remarked:

I just said to her, you know, something at one point. I don't remember exactly when that was she was in university, you know, during those earlier times, and just starting university. So she was not home every day. But yeah, I did tell her at some point. I made a comment actually, just a couple of weeks ago when I saw her and how nice it was not to have my period anymore. And how this is like freedom. And cuz she was talking about

her period. But even then, no follow up questions. So, yeah, there was definitely a certain amount of not supposed to talk about this kind of thing. It was like nursing, breastfeeding, you know, back in the day wasn't supposed to really talk about that either. And certainly, don't show everybody you're doing it. Same with menopause. I just didn't get that feeling like this was a conversation, chit chat conversation with any not my friends. Not anything ... You know, my mother was like that, right? She was just, you know, life isn't always easy.

Kim's reflections brought to light the impact of family pressures that have kept menopause shrouded in secrecy, making it difficult to discuss openly. Finally, the pervasive silence surrounding menopause, and the consequent feelings of shame, underscored the need for more open conversations about menopause, both within families and in broader social circles.

Participants highlighted the comfort they derived from their connections with other women who had experienced menopause. However, when discussions about menopause were hindered or unsafe, feelings of isolation and shame can arise. A support system, whether from family, friends, or healthcare professionals, can be a determinant of well-being during this phase.

Learning about Menopause and Information Gaps

The theme of obtaining information and sources during the menopause journey underlined how women engaged in informal self-directed learning, sought understanding through many channels, such as encounters with healthcare practitioners, online platforms, articles, and books. Participants were keenly taking responsibility of their learning by taking an active role in seeking out information and resources to help them navigate this phase of their lives.

Engagement with healthcare professionals to acquire information about menopause could have significantly influence women's understanding and management of this phase. Furthermore,

when trying to get information, participants faced many challenges accessing reliable and consistent information about menopause. Kim stated, “I never talked about it with anyone. There is a shame, or I don’t know what, you don’t talk about it. That’s kind of my socialization to it. I just kind of endured it.” This was an example of the lack of open discussion surrounding menopause. It highlighted how societal norms made it challenging for participants to seek information or share their experiences. The narratives showed a need for improved access to information before and during the menopausal journey.

Seeking Information and Sources (Healthcare, Online, Books)

Throughout their menopause transition, participants sought information from an array of sources, including healthcare professionals, books, and online resources. This diverse range of information avenues enabled them to gain a deeper understanding of menopause. As Patricia went through menopause, she gained insights from Christian Northrup’s book, “The Wisdom of Menopause: Creating Physical and Emotional Health During the Change.” Northrup was a well-known former obstetrics and gynecology physician and Patricia’s experience during this time brought these insights to light. She mentioned, “I bought Christian Northrup’s book, and Oprah Winfrey was doing a lot about it on television Christian Northrup really opened the doors for me.” Participants mentioned looking at material from other countries, including the United Kingdom. Janet discussed her efforts to acquire knowledge and educated herself on menopause in her reflection on her menopause journey. She reflected:

And then more recently, in the last couple of years, I’ve read the Menopause Bible. And I’ve found stuff online, and particularly in the UK, they seem to be doing a lot of great stuff around policies. And so I’m like, yeah, why couldn’t we have chocolate? Sometimes

it's hard to go to work if you don't feel focused on and your mood isn't good. And yeah, so in terms of information, there wasn't much.

Roberta sought information online, and stated:

I didn't know a lot about it. So all I knew is kind of whatever you saw in the media, whatever I stumbled across when I was online looking up Why am I sweating? So horribly, that type of thing. You know, just sort of that awareness that this is this change of life is coming because I was in my 40s. But nothing, you know, nothing like you get when you're growing up and people are like, 'well, this is how your body is gonna change. And this is what's this is like, well, this is gonna happen to you'.

Six out of the seven participants actively sought information related to menopause from their healthcare professionals.

Janet had mixed experiences seeking menopause-related information from healthcare professionals. While her normal GP was on maternity leave, she went to another doctor, who recommended her to a women's health specialist. She recalled:

Last year, my GP was on mat leave. So her replacement didn't feel comfortable. She was [a] new doctor, she just said, 'I'm gonna send you to this women's health doctor'. So she's one that prescribed me some meds, but I didn't find it a great experience. And I decided not to go back. And then my regular doctor came back, and she's great. She's really good.

Janet did not find the overall experience very positive, however, things improved when her regular doctor returned. Lisa's challenges during menopause led her to seek medical assistance for her emotional and physical struggles. Lisa was disappointed when the doctor refused her request for hormone replacement therapy (HRT). After her doctor refused to prescribe HRT, Lisa

sought an alternate treatment from a naturopath who prescribed estrogen and progesterone. Lisa chose oral progesterone over vaginal progesterone after hearing about other women's experiences. When she returned to her regular doctor to advocate for an HRT prescription, Lisa was disappointed when her doctor rejected the idea a second time and suggested antidepressants instead.

Patricia's menopausal experience started suddenly at the age of 39 when she became prematurely menopausal. She was living overseas then, and when she returned to Canada, she sought medical advice. Patricia was surprised by her diagnosis, and her initial encounter with the doctor left her without any support, as she recalled, "Nothing, just you're prematurely menopausal, off you go, you're fine." Patricia's experience reflected an approach where menopause was primarily viewed from a medical perspective. While the doctor's comment may have unintentionally conveyed a clinical stance, it could also be perceived as dismissive, as Patricia received a diagnosis without the guidance and support required to navigate the emotional and psychological challenges of menopause. A few years later, Patricia found a compassionate female doctor and shared:

She was wonderful. Anyway ... she put me on hormones, which completely obliterated the mood swings and the heat waves, the hot flashes. I [had] hot flashes. And it was very uncomfortable. And at night I'd wake up just drenched, but the mood swings were really bad. I thought, this isn't me. Like I'm up and down anyhow. Taking these hormones just leveled things out for me. And I was on them for about seven years and then came off them ... And I came off them and I was fine.

Patricia's story demonstrated the influence of supportive, compassionate medical care during her phase of menopause. Participants learned about menopause using various sources, including

healthcare providers, books, and online resources. Each source of knowledge had different degrees of influence on their understanding of menopause. Patricia's connection with Christian Northrup's book and Janet's search for knowledge from local and international sources demonstrated women's proactive efforts to learn about their experiences. It was also worth noting that six out of seven participants sought guidance from their doctors.

Lack of Reliable and Consistent Information

Navigating the challenging transitional period of menopause, women frequently sought trustworthy resources to make informed decisions about their health and well-being. Unfortunately, many of the participants struggled to find reliable information about menopause, leading to information gaps and confusion. For example, some participants encountered challenges when seeking support from healthcare professionals who sometimes minimized their menopausal symptoms, leading to misunderstandings and uncertainty. Additionally, another healthcare provider prioritized weight loss over addressing their menopausal issues. The lack of reliable information only worsened things, leaving many confused and unsure. This added another layer of complexity to their difficult experiences with healthcare providers during menopause. For example, Cheryl's narrative provided a comprehensive overview of how menopause affected her cognitive abilities and the difficulties she encountered while seeking information and assistance from healthcare professionals and those in her social circle. In her story, Cheryl noted a significant decline in her short-term memory recall, which affected her ability to remember people's names and take in new information. She also had trouble retaining sequences of numbers and completing tasks that required decision-making, indicating a loss of cognitive sharpness. She felt incredibly let down by the lack of reliable information and guidance on managing her menopause, with no clear path forward. She said:

It happened like I said, just for a few months. And my doctor said, you know, menopause might be hard for you because you don't have kids. And you have you had thyroid disease early inherited. And so those were two of the three markers that [the doctor] said could lead to menopause being a problem. So he diagnosed me with chronic fatigue from menopause, but my chronic fatigue isn't physical, it's mental.

Her doctor downplayed her experience of hot flashes, and implied that menopause would be difficult for her due to factors such as not having children and a history of thyroid problems. Cheryl's story illustrated a few challenges she faced while seeking information and support from medical professionals and how medical professionals may unintentionally contribute to the stigmatization of menopause based on individual health histories and choices.

Janet's experience with menopause illustrated the difficulties she encountered when interacting with healthcare providers. Her journey was filled with difficulties, and she encountered numerous barriers. Her engagement with one female healthcare provider, in particular, concentrated mainly on her weight, leaving Janet unhappy. Despite these challenges, Janet advocated for herself and her health. She stated:

I found that the doctor, fat phobic, talked a lot about me losing weight, which I didn't think was relevant. I'm like, 'why are we talking about that?' Sometimes doctors want to talk about that with me, even if I'm coming in for a different role. Yeah. I'm like, 'why are you talking about that?' Yeah, I just wouldn't go back to her. Like, just the whole suddenly there's a focus. And you know, 'next time you come, we should talk about how you're going to lose weight'. Are you fucking kidding me?

This quote communicated dissatisfaction with Janet's healthcare provider's focus on weight loss rather than addressing menopausal concerns. The lack of reliable information further

complicated navigating the healthcare system during menopause. These challenges emphasized the need for healthcare providers to consider the broader social determinants of health when supporting women through menopause. The healthcare provider's lack of understanding became a notable barrier to effective communication and support during this journey. Cheryl's and Janet's stories shed light on the lack of information and unhelpful healthcare available during menopause. Cheryl experienced inadequate guidance and an inability to obtain trustworthy resources for managing her menopausal symptoms. Her story reflected the frustration of many women who were unaware of the decline in their cognitive abilities following menopause. Janet's narrative spotlighted the barriers she encountered while seeking medical support, particularly the heavy emphasis on losing weight instead of addressing her legitimate menopausal concerns. Both demonstrated the types of uncompassionate care that some women faced during this challenging time.

Attitudes and Beliefs about Menopause

Menopause was frequently perceived in an unfavorable light by society, and this perception could profoundly affect how women perceived their self-esteem and visibility (Hoga et al., 2015). Women who had gone through menopause might have felt they were no longer necessary or valued, which could be highly damaging to their self-esteem and overall well-being. Participants reported a range of experiences, with some women confronting negative stereotypes linked with menopause and others feeling empowered through redefining this stage of life. Changes in self-perception and body image were frequently noted, and societal pressures connected to aging and menopause deepened the emotional obstacles of the menopause journey, impacting individuals' experiences.

Shifting Perceptions

It was interesting that several participants in the study experienced a significant transformation in their attitudes and perceptions towards menopause. Initially, they held negative attitudes and erroneous beliefs about this stage in life. However, through their learning and research, they gained a broader understanding of menopause, which resulted in a profound shift in their perspectives. As a result, many of them came to embrace menopause as a natural and empowering phase of existence. Through education and self-discovery, personal growth and perspective change occurred. This journey embodied the essence of transformative learning theory, highlighting the dynamic process that underpinned their transformation. As Roberta shared her menopause journey, a theme of shifting perceptions of menopause grew. She recalled, “I probably came sort of aware ... in my late 40s.” Roberta’s experience working in mental health provided her with valuable insight into the connection between menopause and mental health. This acknowledgment brought to the forefront the need to understand and tackle this frequently underestimated issue – the influence of menopause on an individual’s overall well-being. There was a pressing need to recognize and address the connection between menopause and mental health, emphasizing the necessity for increased awareness and support in this area to ensure the holistic well-being of those experiencing menopause. Roberta’s journey was also characterized by numerous conversations with peers and self-discovery. She became interested in hormone replacement therapy (HRT) as a means of managing the symptoms of menopause. Her evolving awareness of the complexities and challenges of menopause underlined the importance of informed decision-making and access to supportive healthcare options for women who navigated this stage of life.

Anne realized her lack of awareness and preparedness for menopause and became concerned about bone health and osteoporosis. She said:

After I started reading about it in the last year, I became quite concerned about the whole potential for the calcium depletion and osteoporosis because my mother had osteoporosis. And so then I tried to go on HRT, and then that was kind of a disaster for me. I seemed to not be a good candidate for HRT, and I was mainly going on HRT for one reason to try to do something about this potential for the osteoporosis, like just using it as a protective means against the osteoporosis.

Anne expressed her sentiments, “I’d like to sort of know about it and be able to expect some of what is going to come towards me.” She highlighted the significance of being prepared by having some knowledge beforehand. She also shared her frustration with society’s added pressure on women during this transition. “So, yeah, I feel like the whole menopause thing is an additional burden that we have to carry within society, the way society is set up,” she remarked. Anne referred to societal expectations, such as the emphasis on youth, productivity, and appearance, that placed added burdens on women during menopause, making it harder for them to navigate this transition with ease and acceptance. Anne firmly believed that education and understanding played a critical role in navigating menopause with confidence. Moreover, her concerns about societal expectations revealed the added burden that women often faced during menopause. Anne’s message was clear: Women needed a more supportive and informed approach to navigate the transition successfully and confidently.

Within this subtheme, many participants experienced a change in their attitudes towards menopause after learning more about it from peers, self-directed learning, online resources, and books. Initially, they held misconceptions and negative attitudes towards menopause (e.g., skepticism, burdensome transition, misunderstanding of symptoms), but their perspectives shifted as they educated themselves on the topic. Roberta’s path reflected this shift, as her

background in mental health led to a better understanding of the complexities of menopause. Anne's experience about her unpreparedness and proactive quest for knowledge demonstrated the role of education and learning in navigating the challenges presented by menopause. Both participants came to embrace menopause as an empowering phase of life, dispelling the negative stereotypes and misbeliefs they once held. Overall, these narratives illustrated a profound shift in attitudes and perceptions towards menopause, changing the way menopause was viewed and moving from a negative and misunderstood experience to a positive and empowering one. This shift was driven by education and self-discovery, exemplifying the transformative learning theory and the dynamic process of personal growth and change.

Societal Perceptions and Devaluation

The participants' accounts revealed that their negative perception of menopause, which supported claims in the literature, was seen similarly in the larger society and was mainly related to cultural beliefs and an absence of accurate information regarding this life stage. Some participants faced negative stereotypes and stigma surrounding menopause from colleagues and friends, while others found empowerment through cultural redefinition. Patricia asserted, "Society's impression of menopause and women, menopausal women, I think is very negative. I'm walking across the campus, and I would have been about 49 now, and nobody sees me. I'm invisible." She further expressed:

I would love to think that more women could view it as this freeing experience. And I wish we could reclaim our power because as we age, we become so much wiser and we have so much to offer. Older women are fascinating to me. Older men ... they're glued to the lazy boy that I'm sitting in right now with this in their hand (remote control) and maybe a beer in the other one, and they're duds. And older women, to me, I guess for a

lot of them, especially with families, the families have grown up. It's me time now. And they're out there doing things and experiencing things, and they're so much more interesting. I far rather talk to a woman any day than a man. They're still living back with their careers that they had 30 years ago, you know. And women are doing new things.

Many participants pointed out the prevalent negativity surrounding menopause and the significant devaluation of women during this life stage. Patricia noted, "I think there's a lot of negativity around it still ... when women reach menopause, they're devalued hugely." Patricia's observations delved into the specific ways in which society dismissed menopausal women, often perpetuating stereotypes that labeled them as 'past their prime,' 'irrelevant,' or 'finished.' These assumptions led to both implicit and explicit devaluation, ultimately impacting participant's experiences in profound ways. Patricia's experience of feeling invisible while walking across campus at the age of 49 highlighted the consequences of devaluation and showed how menopausal women were marginalized. She emphasized that society failed to recognize and appreciate women for their contributions, especially those of a certain age.

Some participants also remarked that there was a double standard, and society did not subject men or younger individuals to a similar devaluation. This double standard accentuated a societal bias against women during the menopausal stage, leading them to wrestle with the challenge of asserting their worth despite not receiving the same recognition or respect as others. They shared their challenges to conform to certain ideals and society values. Anne reflected:

It's not like we're at the pinnacle of society and people are going, 'wow, we really think you're amazing'. Society does not seem to think that. I feel like we're always pushing up against and trying to assert ourselves in a societal space because society doesn't give you any bonus points for being of a particular age, for being a woman, for being a racialized

woman, none of those things. So you're always kind of like fighting against that to assert yourself as being a vital member of society and not a joke.

The participant's narratives revealed a complex relationship between society's views on aging and menopause. The range of views included the perception that women were seen as unimportant or useless after they went through menopause and that there was no longer any value or purpose for them in society. There was a notable sense of frustration that emerged when discussing the way women were portrayed during this phase of life. "We focus way too much on this, you know, 'oh, women are now done, women are now finished, there's no use for them now'," Kim observed. Many felt that the prevailing depiction was unfair and highlighted a larger societal bias that needed to be examined and addressed.

Kim further revealed this damaging view of menopause and post menopause women and stated:

I'm a little angry ... how women are portrayed in this space. And I wanted to share with you actually. Funny that we're talking about this today. Just a couple days ago ... I was watching a US news feed; they had a little Docu series on menopause. And it was with, what's her name? Oprah Winfrey has like a sidekick...Gayle King, she was leading this, and she had a little group of women...and one of them was Drew Barrymore. And so, Gayle has gone through menopause, Drew is like, perimenopause. And this other woman I didn't know, had gone through menopause. And they were just talking about it. And the tagline for the event was the end of fertility, wow! And I just thought to myself, oh, my goodness, women, why are we talking about this in such dire the end of fertility? You know, I hate that. I want to think about this as the beginning of something, not the end...So that part of it is bothering me, I will admit.

Kim voiced her concerns regarding the portrayal of menopause in a series led by Gayle King. She felt that the tagline “the end of fertility” used to promote the event was harmful and did not accurately represent the experience of menopause. She thought that women would prefer to see menopause as a new beginning rather than an end. The loss of value was also a concern for some participants. Kim noted:

I think that’s what I’m still struggling with as an aging issue. Like I don’t want to retire. Really. I think that word is another word that I really find distasteful. And this idea of going out to pasture and having no value anymore. And see there, I think about it that way, which is probably wrong. But I am stuck there. I’m stuck in this.

Through the stories shared by the participants, it became clear that societal stereotypes, devaluation, and the experiences of menopausal women were all deeply intertwined. As the participants went through menopause, they often grappled with various intertwined issues that impacted their sense of self-worth and overall experience during this life stage. These issues included physical changes, emotional ups and downs, and societal expectations, making navigating menopause difficult for some. Through the stories shared by the participants, it was important to recognize that the participants had diverse experiences, and there was no one-size-fits-all approach. Each participant’s journey was unique and influenced by several factors, underscoring the significance of respecting individual experiences.

Impact on Self

This subtheme examined how societal expectations and cultural ideas influenced participants’ self-image and body image. In particular, the experience of menopause triggered psychological and emotional effects, and participants felt pressure to conform to a certain beauty standard even as their bodies underwent transformative change. Participants openly expressed

their personal stories, revealed how menopause affected their views on sexuality and self-identity. Patricia described an awareness of a shifting sexual identity: “all of a sudden, I thought, Holy mackerel, I’m asexual.” Janet expressed her disapproval of her perception of stereotypes to maintain a youthful appearance through cosmetic treatments and the unrealistic beauty standards that celebrities adhered to. The societal expectations she felt were placed on her centered around stereotypes and limiting narratives, and took an emotional toll, highlighted by her frustration and anger, stated:

It’s this total obsession with youth. It’s social media. Right? Like there’s all this fascination with plastic. Now it’s so cool to get Botox and fillers and you’re looking at Nicole Kidman, who’s like, almost same age as me and she looks 35. I guess just these are our role models. Okay, Madonna looks weird, though. She looks mean. Jennifer Lopez, she looks amazing for 50. But she’s Jennifer Lopez. So she’s got a lot of money. Don’t tell me she’s not having procedures done on her face? Because it’s just not natural. Yeah, it’s invalidating and just depressing. Yeah. And it’s aimed to make you feel bad about yourself, so that you buy products to make yourself look [good], it’s all centered around capitalism, and it’s just bullshit.

Her frustration stemmed from society’s emphasis on youth, and further intensified by the conflicting images of celebrities like Nicole Kidman and Jennifer Lopez, which Janet believed contributed to perpetuating unrealistic beauty standards. As menopause could have an impact on a person’s sense of self, Patricia’s experience showed that her evolving sexual identity emphasized the complex relationship between cultural expectations and the emotional aspects of menopause. Our society must have a more nuanced and inclusive conversation about menopause. These stories exhibited that we need to recognize the diverse experiences of women and

challenge the damaging norms that contributed to negative self-perception and emotional distress during this life transition.

Over time, Janet came to understand that the menopausal experience was not as dire as she had initially imagined. She expressed:

I learned it's not so bad. When you get there, it's fine. That's perfectly fine. Like, it's all this big, like, 'Oh my God. It's terrible'. But it's actually the perimenopause. That is the hard part, in my opinion. Later on, I know I've got to look after my bones... So, you know, that's part of getting older.

Janet's evolving perspective brought her to the realization that menopause was more manageable than her initial concerns suggested. This transformation in her understanding reflected a shift in how she viewed the challenges associated with menopause. Mainly, she had focused on the difficulties of the perimenopausal phase. At first, Janet had an unfavourable perception of menopause due to societal expectations and fears about aging. She was overwhelmed by the prospect of menopause and worried about potential devaluation, considering it a dreadful stage. However, over time, her perspective evolved. She understood that the real challenge was not menopause but the perimenopausal phase leading up to it. This shift in focus revealed a more refined understanding of the menopausal transition. Janet recognized that while there were changes to navigate, it was not as dire as she had initially thought. Her perspective also involved a more accepting attitude towards the aging process. She acknowledged that caring for her health, particularly her bones, was essential as she aged, signifying a transition from resisting aging to accepting it as a natural part of life.

Through her postmenopausal phase, Kim's journey became one of self-reflection and apprehension, accentuated by concerns about her future. She was facing a period of uncertainty

regarding her place in society and her professional identity. She questioned how relevant and accepted she was at this stage of her life and recognized the need to redefine herself in a culture that often prioritized youthfulness. She said:

You know, I don't present myself in that way. I'm even on social [media], you know, when I asked you can I talk about this [the research on menopause]? ... in my mind, right now, I'm thinking, do I want to, and I will, but there's a hesitancy because it's going to change people's view of me [being post menopause]. And I've been really thinking about that lately. And am I going to own this [my age], damn it or not? And, you know, so I'm moving through this journey of, of kind of being okay with where I am even telling people how old I am ... How long am I going to still be relevant doing this [my job]? You know, all that kind of thing. So much of that is going through my head and I think what is my next gig going to be? If I don't keep up with my profession, you know, what will I continue to do? So that's really where I am postmenopausal is really looking at how am I going to define this next period of time, and I have a lot of energy and really want to do many things. It's figuring that out but also just be more comfortable being my age, I'm not comfortable right now. And I think that bothers me.

Kim's narrative shed light on her struggle to rediscover her identity and purpose post-menopause, where the societal emphasis on youthfulness and productivity created a difficult backdrop. Navigating the complexities of postmenopausal life, Kim found herself at a crossroads, caught between societal expectations and her personal aspirations. This internal conflict prompted deep reflection about her changing identity and her purpose for this new phase.

The participants' accounts demonstrated that they felt pressure to conform to strict beauty standards, and in their collective view, this was still prevalent in our culture. Participants expressed concern about one's body image, particularly weight gain, as they were going through menopause, which led to anxiety. Lisa expressed her desire to change this mindset: "It would be great if I hadn't grown up thinking that the ultimate goal is to be slim." She highlighted, saying, "But my girls ... say it's a generational thing, that their generation doesn't strive to be skinny and they want to be strong." Lisa's story was a prime example of how these pressures and concerns about body image and prioritizing slimness continued to be prevalent in today's culture. It highlighted the difficulty of reconciling changing physical attributes during menopause with societal expectations of beauty and body image. The emphasis on appearance and thinness could complicate the overall experience of menopause, as weight gain conflicted with societal beauty norms. Lisa shared, "I think the idea of menopause didn't bother me, but the idea of weight gain really bothered me." Participants acknowledged the need for a more inclusive and accepting society that prioritized health over appearance.

Summary of Findings

Menopause was a multifaceted transition impacting women both physically and emotionally. Participants reported a range of physical symptoms, including hot flashes, night sweats, changes in menstrual cycles, vaginal dryness, and sleep disturbances. These symptoms often disrupted daily routines and affected overall well-being. Additionally, many women experienced cognitive changes such as brain fog and memory issues, which compounded the physical challenges. Emotionally, menopause brought about anxiety, mood swings, and shifts in self-image. Participants expressed feelings of vulnerability and uncertainty about the future, highlighting the profound impact of menopause on mental health. Personal accounts revealed

that the intertwining of physical and emotional symptoms created a complex and often overwhelming experience for many participants. Social support emerged as a critical element in navigating menopause. Supportive networks, including friends, family, and peers who had experienced menopause, provided comfort and understanding. Participants valued these connections as they normalized the menopausal experience and offered practical advice and emotional support. However, the lack of open conversations about menopause within families and broader social circles contributed to feelings of shame and isolation. Many participants felt unsupported by their immediate social environment, underscoring the need for more open and inclusive discussions about menopause to mitigate these negative feelings.

Access to reliable information and supportive healthcare was a significant concern for participants. Women sought information from various sources, including healthcare professionals, books, and online resources. While some had positive experiences with medical professionals, others faced challenges such as dismissive attitudes and a focus on unrelated issues like weight loss. The inconsistent quality of information and support from healthcare providers stressed the need for more extensive and empathetic medical care tailored to menopausal women. Societal attitudes towards menopause and aging significantly influenced women's self-esteem and well-being. Negative societal perceptions often led to feelings of devaluation and frustration. Participants shared experiences of being undervalued due to cultural beliefs and a lack of accurate information about menopause. The narratives revealed a double standard and societal bias against menopausal women, emphasizing the need to redefine cultural views and attitudes about this life stage. Education and personal growth were crucial in shifting participants' perspectives towards menopause. Many women initially held misconceptions and negative attitudes about menopause, which evolved into more positive and empowering

understandings through education and self-discovery. This shift was essential in helping women navigate menopause with greater confidence and self-assurance.

The influence of societal expectations and cultural ideas on self-image and body image during menopause was a recurrent theme. Participants felt pressured to conform to specific beauty standards, which often exacerbated the emotional challenges of menopause. The emphasis on youth and unrealistic beauty ideals perpetuated by media and celebrity culture contributed to negative self-perception and emotional distress. Stories of women grappling with these pressures underscored the need for a more inclusive and supportive conversation about menopause. Recognizing women's diverse experiences and challenging damaging norms were seen as critical steps in fostering a healthier and more positive view of menopause. Overall, this study's findings highlighted the complex and intertwined nature of physical, emotional, and social experiences during menopause. The importance of social support, reliable information, and empathetic healthcare could not be overstated.

Chapter Five: Discussion of Findings

Menopause includes a range of experiences that are often overlooked in medical, social, and cultural discourse. The combination of physical symptoms, emotional changes, societal attitudes, and the importance of social support creates a unique and varied journey for each person. This research affirms the active participation of individuals experiencing menopause in acquiring knowledge and navigating life changes, demonstrating the interplay between formal and informal learning concepts. Personal narratives illustrate how knowledge and self-reflection empowered participants to change their perspectives about menopause. It also reveals a transformative learning process that leads to significant personal growth and self-understanding. The study also dives into the societal attitudes and stereotypes surrounding menopause and aging. It underscores the need of challenging outdated norms to offer improved support and information for menopausal women. Additionally, it highlights the role of support networks in assisting women during the menopause transition, emphasizing the vital function of emotional understanding, validation, and practical advice in enhancing the menopause experience. The societal understanding of menopause is complex and influenced by both medical and sociocultural viewpoints. In Western cultures, menopause has typically been considered a hormonal deficiency condition requiring medical treatment (Cooper, 2018). In contrast, feminist perspectives regarded menopause as a natural part of aging, free from associations with disease (Ussher et al., 2015). This divide affected how women perceive and experience menopause, with many seeking medical assistance due to the historical medicalization of this life stage. This research explores the interaction between women's physical experiences and medical discussions and examines the sociocultural influences on menopause. Understanding these varied

perspectives is essential for enhancing support and research for women navigating this significant life transition.

Menopause Experience

Menopause is a complex biological, psychological, and social event that is influenced by a wide range of factors and varies significantly from woman to woman (Pope, 2017). While there is a lot of information about the experience, including in peer-reviewed journals, books, online platforms, and social media, it is also disorganized and incomplete. The focus is primarily on symptoms and hormone depletion, with minimal mention of women's personal experiences with menopause (Arthur, 2016). Menopause represents a significant milestone for women which requires further study and evidence-based resources.

Diversity of Experiences

Menopause can be a major life experience, unique to each woman and impacting aspects of their lives beyond reproduction. The personal narratives demonstrate that menopause is not a one-size-fits-all occurrence. Instead, it is shaped by several intersecting physical, emotional, and psychological aspects. This diversity highlights the uniqueness that makes menopause such a transformative process. The interviews reveal the different and challenging physical experiences women go through during menopause. Despite having common symptoms like changes in sleep patterns, hot flashes, and menstrual cycle changes, each woman had described unique intricacies in her experience. For instance, Anne's description of dealing with the discomfort of hot flashes emphasizes the personal nature of this sensation. Her comparison of feeling as though the heat was radiating intensely from within distinguishes her experience from simply feeling hot in other situations. In addition to impacting the physical body, menopause can also affect emotions and mental health. Participants share a diverse range of emotional responses to menopause. Cheryl

offered a touching story about her friend's experience with brain fog and mood swings, highlighting the complex nature of emotional issues during this time. In their qualitative study, Refaei and colleagues (2022) found that women frequently describe heightened stress, mood fluctuations, and a sense of depression as they go through menopause. The study emphasized how these emotional shifts can be linked to the fluctuating levels of hormones and the physical discomforts experienced during menopause (Refaei et al., 2022). These accounts accentuate the importance of acknowledging the different factors that influence the menopause journey, including an individual's physical, emotional, cultural, and psychological elements.

As Hickey et al. (2022) aptly noted, there is no universal menopause experience. During the menopausal transition, women may encounter various body changes, including vasomotor symptoms, sleep disturbances, mood fluctuations, and musculoskeletal discomfort. These symptoms are often transient, and their nature and intensity vary substantially among women and within the same individual over time. For instance, the prevalence of moderate to severe vasomotor symptoms varied between geographical locations (Hickey et al., 2022). Each participant experiences a unique journey shaped by her circumstances and responses. The spectrum of emotional responses, cultural influences and physical symptoms, reflects the multifaceted nature of this life stage. For example, Anne described her difficulties with hot flashes in the workplace and notes that it is difficult to comprehend unless you have personally experienced it. Patricia emphasized the unexpected nature of hot flashes, stating, "I experienced hot flashes and I wasn't prepared for how they would feel." Lisa recounted her experience with night sweats and weight gain, saying, "Sweats just like a fountain just pouring out of me," and expresses that weight gain was one of the most challenging symptoms. The emotional impact of menopause was evident, with participants like Cheryl sharing stories of brain fog and being

emotionally overwhelmed, showing how these symptoms significantly affect daily life. The findings related to the diversity of experiences in this study reinforce existing research, stressing the need for an expanded understanding of menopause by women (Hickey et al., 2022). Conceptualizations that recognize and validate the diverse nature of this life transition, as seen in Cheryl's experience, are essential. By acknowledging the spectrum of experiences, we can have a more meaningful conversation with women of all ages about menopause and its impact on their lives.

Impact of Menopause

Menopause can substantially impact a woman's overall well-being, as it involves interrelated relationships between emotional and psychological dimensions. The experiences of the participants are multifaceted and influenced by societal perceptions and self-conceptions. For example, Lisa's story, about gaining weight during menopause, highlights the interplay of cultural beauty standards and menopause, which can lead to emotional and self-image challenges. This is supported by a systematic review that found significant associations between menopausal symptoms and negative body image perceptions in middle-aged women (Vincent et al., 2023). Researchers noted that more frequent or intense symptoms correlate with greater body image concerns during this phase (Vincent et al., 2023). Similarly, Kim's reflections on social devaluation demonstrate how her understanding of societal perspectives affects a menopausal woman's sense of identity and self-worth. Kim mentioned how she never discussed it with anyone and the sense of shame that arose as she lived through menopause. Such personal accounts offer a nuanced understanding of the diverse factors that shape menopausal experiences and highlight how societal norms make it challenging for women to seek information or share their experiences.

The hormonal fluctuations experienced during menopause can have a profound impact on a woman's psychological well-being. Estrogen, a crucial component in the hormonal system, regulates neurotransmitters like serotonin and dopamine, which are essential for mood regulation (Wharton et al., 2012). The decline in estrogen levels during menopause can cause mood disturbances, resulting in symptoms like irritability, anxiety, and depression. These shifts during the menopausal transition can significantly affect a woman's quality of life and psychological well-being, which were reflected in the experience of the participants in this study. Cheryl described how her friend, who had an exceptional memory, experienced severe brain fog. She explained that despite having an eidetic memory, her friend suddenly could not process information and felt overwhelmed, leading to tears. Similarly, Patricia reflected on her own experience of menopause, emphasizing the unexpected nature of hot flashes and how she was caught off guard by how the hot flashes would feel. Anne also mentioned several difficulties associated with menopause, including the discomfort she felt during hot flashes, especially in a professional setting. These experiences show how the hormonal shifts during menopause can have real psychological impacts, providing evidence of the challenges women face during this transition.

When considering the impact of menopause on a woman's overall well-being, it is critical to acknowledge the feelings of vulnerability and concern about the future. Participants experience these concerns as they adapt to the physical and psychological changes. For instance, Roberta described the lack of available resources and guidance during menopause, which led to her feeling unprepared and vulnerable. She finds it difficult to get clear guidance. Unlike the abundance of standardized information available for pregnancy, this lack of clarity can contribute to the anxiety and uncertainty women experience during this period. Certain

marginalized groups, particularly women in rural areas or with limited financial resources, may face challenges in accessing essential health information and services due to the lack of culturally appropriate resources (Cohen, 2021). This can exacerbate their vulnerability during menopause, as they may lack the needed support networks and health literacy to navigate this life stage.

Recent studies have uncovered a complex relationship between menopause and emotional well-being, suggesting that more research is needed; for example, Brown et al. (2015), who studied how menopausal factors and self-compassion shaped well-being. Researchers highlighted that “a large body of work has investigated the relationship between menopausal factors and negative well-being (e.g., anxiety and depressive symptoms), but less is known about positive well-being and its correlates among midlife women” (p. 293). Their findings also revealed the importance of understanding the impact of menopause on women’s mental health. Furthermore, the menopausal transition does not appear to impact women’s general mental health substantially (Brown et al., 2015). Instead, mental well-being is closely connected to psychosocial factors such as stress levels, a sense of mastery, loneliness, physical exercise, job satisfaction, and views about aging and menopause (Brown et al., 2015). It is also essential to recognize that psychosocial factors are influenced by class, race, and gender, which can make some women more vulnerable to adverse experiences due to systemic inequalities. Egan et al. (2008) suggested that psychosocial risk factors, such as exposure to discrimination and social support networks, significantly impact health, particularly among socially disadvantaged groups. These insights indicate that women’s mental health during menopause is not solely determined by hormonal changes but also by their broader psychosocial context.

Role of Social Support

To enhance women's well-being during menopause, it is essential to focus on various elements, including education, emotional and social support, lifestyle improvements, as well as socioeconomic status. In the study, Lisa mentioned that in the past, she did not discuss menopause with her mother but had talked about it with other women since her twenties. Furthermore, she revealed that having friends two decades older than her had allowed her to witness their experiences, giving her valuable insight and making her feel well-prepared for her journey through menopause. Janet remembered the support she received from her female friends during her menopause experience. They shared their journeys and offered guidance, which gave Janet insights and knowledge that helped her feel prepared. When she started experiencing symptoms in her late 40s, she found comfort in her friends' shared experiences, as there was limited information available online. The bond with other women going through menopause normalized the challenges and played a crucial role in making the overall experience more manageable for Janet. Therefore, increasing social support from diverse sources can effectively alleviate physical and emotional symptoms, ultimately enhancing the overall quality of life during this critical life stage. Social support networks are instrumental in alleviating the emotional challenges of menopause, as indicated by both the participants and research conducted by Arnot et al. (2021). The latter study looked at the association between social support, stressful events, and menopause symptoms using nine years of data from the Study of Women's Health Across the Nation. Consistent findings in the literature highlight the significant and inverse relationship between social support and women's experiences during menopause (Arnot et al., 2021).

Findings in this study revealed varying experiences with social support during menopause among participants. Some women found substantial support from family, friends, and healthcare professionals to help them cope with the challenges of menopause and reduce feelings of isolation. Others, however, encountered difficulties in receiving the necessary support. This highlights the complexity of menopausal experiences. A considerable number of women in the study reported feelings of shame and isolation due to the limited discussions about menopause within their families, especially from mothers or female relatives, and society. The absence of open dialogue was particularly evident in the accounts of Patricia, Anne, Lisa, and Kim. These women shared their experiences of dealing with situations where conversations about menopause were either non-existent or uncomfortable. Consequently, this silence left many women feeling unprepared and frustrated as they navigated the menopausal transition.

For instance, Kim's account of the family pressures and societal norms that have kept menopause shrouded in secrecy underscores the need to create a more accepting and open environment for discussing this natural stage of life. These stories shed light on a concerning aspect of women's experiences during menopause, where they often felt unable to discuss their struggles, even with their closest confidants. This highlights the necessity of changing attitudes and norms surrounding menopause to foster a more inclusive and supportive environment for women. In summary, social support plays a critical role in shaping women's experiences of menopause (Arnot et al., 2021). It is imperative to recognize and address the diverse experiences of women in this regard. By strengthening social support networks, women can receive the understanding and empathy they require to navigate this transition with greater ease and resilience.

Learning and Transformation

Throughout the menopause transition, the participants in this study underwent profound experiences of transformative learning. These experiences led to a deeper understanding of themselves and the aging process. This section explores the intricate interplay between learning, transformative learning theory, and the potential for transformation that menopause offers as a unique learning opportunity. Many participants notably emphasized the significance of acquiring knowledge about menopause during this life stage. The deliberate pursuit of knowledge and awareness concerning this transition was a common theme among participants. They employed a multifaceted approach to achieve this, drawing from various sources, including healthcare professionals, literature, and online resources. This approach aligns with formal and informal learning concepts, reflecting individuals' active engagement in gathering information to comprehend better and navigate this significant life change. For example, a review by Namazi et al. (2019) highlights that education about menopause significantly improves women's coping strategies and overall well-being. The study found that informed women are better prepared to handle menopausal symptoms and view this transition as natural and empowering. This aligns with Roberta's journey, which illustrates a shift in perceptions about menopause. Initially holding negative attitudes, Roberta became more informed about the mental and physical aspects of menopause through conversations with peers and self-directed learning. As her understanding deepened, she began to see menopause as a natural and empowering phase.

In analyzing the data, Mezirow's transformative learning theory offers a unique perspective on the intersection of learning and personal growth. According to transformative learning theory, learning is not a passive process but an active engagement with one's experiences. This involves constructing meaning and reinterpreting one's assumptions, often by

questioning deeply ingrained beliefs (Mezirow, 1978). It is important to note that transformative learning theory differs from traditional learning; the former emphasizes the transformation of one's frames of reference, the experience of disorienting dilemmas, and the practice of critical reflection and rational discourse. By recognizing this critical dimension of learning, transformative learning theory offers a valuable lens through which to view personal growth and development. With newly acquired knowledge and understanding of menopause, the participants initiate journeys that often culminate in meaningful changes in perspective.

Patricia's experience is an example of transformative learning in action. At first, she struggled with shock and a lack of support. But through the guidance of a compassionate doctor, who prescribed hormones, Patricia was able to reclaim her sense of self and well-being. Her journey illustrates the practical application of transformative learning theory, as she actively engaged in learning, reevaluated her assumptions, and undertook a journey of personal transformation. Patricia's critical reflection on her situation, prompted by the disorienting dilemma, allowed her to challenge her assumptions about menopause and find new ways to understand and manage her experience. Roberta's evolving awareness about menopause also began with a disorienting dilemma: her initial misconceptions and negative perceptions of menopause. Through conversations with peers and self-discovery, Roberta's journey demonstrates how transformative learning can shift our perceptions. As she learned more about menopause, her initial misconceptions were replaced by a more nuanced understanding of this life stage. This transformation enabled her to understand menopause in a less stigmatized way. Roberta's critical reflections on her beliefs demonstrate the transformative potential of acquiring new knowledge and evaluating one's beliefs, aligning with the central theme of transformative learning theory. Kim's postmenopausal journey of self-reflection and uncertainty highlights the

transformative potential of menopause. Her disorienting dilemma was finding identity and purpose in a society valuing youthfulness. Over time, Kim undergoes a transformation that is not just about accepting aging but also about redefining her self-worth and considering new avenues for personal growth. Her story illustrates how transformative learning can lead to profound personal growth and empowerment. Kim's critical self-reflection on her societal and personal beliefs about aging and self-worth facilitated her transformative learning process.

By examining the personal narratives of Patricia, Roberta, and Kim through the lens of transformative learning theory, their experiences embody the core principles of transformative learning theory. As Christie et al. (2015) wrote, "Learners make meaning of their experiences in various ways which influence the sort of value systems they develop and that disorienting dilemmas often challenge the validity of one's values and the assumptions that underpin them" (p. 9). Each woman's journey began with a disorienting dilemma that challenged their existing beliefs and assumptions. Transformative learning theory emphasizes that learning is not a passive activity but an active and immersive process that involves engaging with one's own experiences. This engagement often requires women to challenge and reconstruct their deeply held beliefs. The concept of "disorienting dilemmas" is central to this theory, highlighting how critical reflection and the reconstruction of meaning can lead to transformative learning. When going through menopause, it is essential to approach it as a journey of ongoing learning and growth. Transformative learning theory aligns with this mindset by emphasizing the importance of continual interaction with one's experiences, self-reflection, and the construction of new understandings.

Reflections on Personal Growth

Menopause is a journey that transcends the physical changes women experience. Participants shared moments of personal reflection during their transition, leading to a deeper understanding of themselves and the aging process. They discussed how the menopause journey can be a catalyst for personal growth and empowerment, expressing feelings of liberation and embracing their identities beyond reproductive capabilities. For example, one participant mentioned that she had come to view menopause as a potentially freeing experience and a time to reclaim power. She expressed her hope that more women would see aging as a liberating experience and reclaim their power as they become wiser with age and have much to offer. These reflections illustrate how participants deepened their understanding of menopause, fostering greater self-advocacy, learning, and personal growth. Several participants actively embraced the opportunity for self-reflection, and questioned the stereotypes by reevaluating how menopause intersects with their identities as women.

Participants shared a wide range of experiences, from confronting negative stereotypes related to menopause to discovering empowerment through redefining this life stage. These personal stories highlighted how individuals engage in a reflective process, permitting them to challenge their preconceived notions and develop a new perspective on menopause. Through this introspective journey, participants gained a deeper understanding of how societal attitudes and personal experiences are interconnected. This process allowed them to reshape their perspectives more meaningfully and positively. Consequently, the transformative power of personal reflection becomes evident in this context. These reflections on personal growth can be understood within the theoretical framework of transformative learning theory. Transformative learning theory, as proposed by Jack Mezirow and further explored by other scholars, emphasizes the potential for

adults to experience significant shifts in their perspectives and beliefs through critical reflection and learning (Cranton, 2016). In the context of the menopause experience, participants actively engaged with their journeys and questioned their prior beliefs, reflecting the core principles of transformative learning theory. Specifically, the participants revised their previous beliefs and values about aging and gender roles, and constructed new, more empowering narratives about menopause. Through this process, some were able to shed the limitations of ageism and sexism. Shared experiences align with the fundamental principles of transformative learning theory, illustrating the transformative power of personal reflection. It becomes evident that menopause is not a passive experience but rather an opportunity for personal growth. The journey involves active engagement, questioning long-held beliefs, and creating new narratives that promote self-advocacy and empowerment.

Attitudes and Beliefs about Menopause

While menopause is a natural stage in a woman's life, society often views it negatively based on misconceptions and preconceived ideas (Beck et al., 2018). This negative societal attitude can harm women's self-confidence and self-image. To combat this, we must adopt a more empowering viewpoint on menopause and aging. By challenging the outdated norms that have obscured in this transformative phase, we can help women embrace this new chapter in their lives with positivity and confidence.

Changing Perceptions

This study found that many participants had negative attitudes and misconceptions about menopause at the beginning. However, their perceptions changed as they delved into the subject. Menopause, which was once misunderstood, began to appear as a natural and empowering stage of life. Roberta's journey began in her late 40s through her work in mental health, which exposed

her to the connection between menopause and mental well-being. She realized that knowledge reshaped her perspective and contributed to a broader shift in the societal stigma surrounding menopause. Roberta's story vividly illustrates the transformative power of education in challenging and dispelling the societal stigma encircling menopause (Menopause Foundation of Canada, 2022). It is important to recognize that opinions and views regarding menopause can evolve as individuals become more informed about the topic and its complexities. Janet's realization that menopause was not as daunting as she once thought, along with Kim's acknowledgement of societal biases in portraying menopausal women, highlights the potential for personal growth and self-acceptance during this transformative phase of a woman's life.

During the menopausal transition, women experience emotional and physical changes that are integral to this life phase. These changes are often accompanied by age-related stereotypes that impact women's overall well-being. Cecilia et al. (2021) highlighted how societal perceptions and stereotypes about aging can profoundly affect older women's daily lives and overall well-being. The pressure to conform to societal standards of attractiveness and competence adds to the challenges faced by both older and menopausal women. Olchowska-Kotala et al. (2018) illuminate women's challenges during the menopausal transition, particularly concerning body image. Their analysis identifies several factors influencing body image in middle-aged women, providing critical context for understanding this complex issue. The findings from their study underscore the complex interplay between bodily changes, emotional obstacles, and societal expectations in women's lives.

Many challenges that the participants encountered during menopause were often compounded by broader societal expectations associated with aging. Societal attitudes and stereotypes related to beauty and body image further exacerbated the emotional challenges of

this already difficult transition (Santoniccolo et al., 2023). The struggle to conform to certain ideals and societal values was a common thread in this study. Anne noted that women in menopause are often not perceived as the pinnacle of society, where their contributions and worth are recognized and celebrated. These shared stories underscore the intricate relationship between aging, menopause, and societal stereotypes.

Invisible and Undervalued

As we transition away from the negative societal attitudes surrounding menopause, it becomes clear that the silence and shame surrounding this life stage can have deep implications. This silence reinforces negative perceptions and creates significant barriers for individuals seeking advice and support during this transformative phase. Edwards et al. (2021) highlight how women often report inadequate information and support during menopause, which resonates with the experiences of many of the participants in this study. Such silence amplifies feelings of invisibility and undervaluation, pushing menopausal women to the margins of society. Middle-aged women are often made to feel unnecessary or invisible, complicating their journey and highlighting the need for support networks. Dr. Mary Jane Minkin, a practicing obstetrician-gynecologist and Professor at Yale University School of Medicine, hosts the “Menopause: Unmuted” podcast series. This series offers a powerful platform for women to share their stories and experiences, shedding light on the challenges they face during menopause. Findings from this study also highlight the ongoing stigma surrounding women’s aging, which only adds to the burdens already faced by menopausal women. Open conversations, like those fostered by the podcast, can play a vital role in reshaping societal attitudes and providing much-needed support for menopausal women.

Renowned expert Rossella Nappi, an Associate Professor of Obstetrics and Gynecology, shared her own personal experience with menopause and noted the pervasive stigma surrounding it. During a conference for obstetricians and gynecologists, Nappi (2023) openly mentioned her past struggles with hot flashes in her presentation. The audience's stunned reaction highlighted the unfortunate reality of how society maintained this stigma, causing many menopausal women to suffer in silence. Nappi has dedicated her career in reproductive medicine to challenging biases and exploring the intricate relationship between hormones, emotions, and women's well-being. Nappi (2023) stressed the importance of open and honest communication in advancing women's health. Platforms like social media and menopause cafes provide safe spaces for women to exchange experiences and seek support. Her core message was simple: women should never feel ashamed or silenced when discussing their menopausal experiences. It is crucial to have open conversations to break the cycle of shame and stigma. (Burki, 2023).

Social Construction of Menopause

This theme explores the different models and perspectives that influence the social construction of menopause. The discussion underlines the tension between these frameworks and explores how factors such as race, class, and economic inequality can amplify women's experiences of menopause. This analysis demonstrates through the participants' experiences that there is no single, uniform way to navigate menopause. Each woman's journey is shaped by a complex interplay of medical discourse, social expectations, and cultural norms.

Influence of Medical Model

In Western societies, various theoretical frameworks exist regarding menopause. The most common perspective was a medical one, which considered menopause as a condition requiring medical intervention (Cooper, 2018, p. 14). Over the years, the perception of

menopause has shifted. Initially, it was regarded as a natural phase in a woman's life. However, this changed when it started being viewed as a serious medical condition that required intervention from a physician. This shift in perspective has greatly influenced how we perceive menopause today. Marnocha et al. (2011) shed light on the impact of the medical model on menopause. One of the impacts is the historical medicalization of menopause, which views menopause as a pathological condition and women experiencing it as hysterical, hypochondriac, or insane. This perception has led to women seeking medical help for symptoms like hot flashes, forgetfulness, and sleep disturbances. The medicalization of menopause has had a profound effect on how women view their bodies, leading them to doubt their mental stability and value as individuals. Women have faced social pressure to conform to medicalized views of menopause, which can create confusion and distress during this transition. It is also important to acknowledge that within the medicalization of menopause, patriarchal systems often pathologize aging women's bodies, which leads to the belief that the female body is failing simply because it cannot maintain hormone levels, reinforcing the idea that menopause is a medical condition rather than a natural life transition. Although, the participants did not explicitly discuss the medicalization or patriarchal systems surrounding menopause, there is an underlying narrative that suggests the medicalization of menopause. For example, when participants described their experiences with healthcare providers, some felt dismissed or that their symptoms were overlooked. Patricia's experience of being told she was "prematurely menopausal" without further support, and Lisa's disappointment at not being prescribed hormone replacement therapy (HRT), indicate a frustration with a medicalized approach that prioritizes clinical diagnosis over holistic care.

In many non-Westernized nations, menopause has not been medicalized, which has important implications for how women experience it and how society views it. From a feminist perspective, menopause is portrayed as a natural part of aging, devoid of disease or disorder overtones. This perspective seeks to counteract the objectification of middle-aged women. It empowers them to actively manage their health by adopting a holistic approach that considers the physical, mental, and spiritual dimensions of women's experiences (Harris, 2013). Some of the participants in this study shared narratives that align with feminist perspectives, which resist the medicalization of menopause. Notably, several participants expressed concerns regarding hormone replacement therapy (HRT) and the idea that biomedical interventions could control their bodies. This reflects a broader critique of conventional medical approaches to menopause (Tariq et al., 2023). It illuminates the importance of empowering women to make informed choices about their bodies and health rather than relying solely on medical interventions. It is worth noting that many women rely on their social networks to navigate the difficulties of menopause which emphasizes the social aspect of menopause and how interpersonal relationships can significantly affect a woman's experience. It also underscores the importance of emotional support, particularly in a medical context where it may not always be readily available.

In a research report titled, 'Menopause Narratives: The Interplay of Women's Embodied Experiences with Biomedical Discourses,' the researchers explored the nuanced connection between women's personal experiences of menopause and the pervasive influence of the medical model (Hyde et al., 2010). The research highlighted the significant impact of biomedical discourses on women's attitudes towards their menopausal journey. This study also found that many women, despite their initial reservations, sought the advice of healthcare professionals to

confirm their menopausal status, highlighting the authoritative role that medicalization plays in defining menopause for women. Those who obtained medical confirmation felt much better, demonstrating that the medical model legitimized women's bodily experiences during menopause. When it comes to menopause, medicalization can have its benefits, but it is important to be aware of the potential negative effects. Hyde et al. (2010) highlighted the psychological impact of menopausal status ambiguity, with women who are unclear or undiagnosed often experiencing distress, confusion, and even anxiety about their mental health. The study also emphasized the complexity of women's menopausal experiences, revealing that they may use various discourses to make sense of their experiences, including biological and natural viewpoints. Hickey et al. (2022) cautioned against the medicalization of menopause. They argue that medicalization risks simplifying the rich tapestry of menopausal experiences into a narrow definition, framing it as a disease requiring treatment. This medicalization, they suggested, can accentuate negative aspects of menopause, contributing to anxiety and apprehension among women approaching this life stage (Hickey et al. 2022). Addressing stigmatization and the lack of emphasis on holistic approaches to women's health is crucial in this conversation, which needs to move beyond a purely medical perspective.

Sociocultural Perspectives

Menopause is influenced by a range of factors, including sociopolitical, economic, and cultural factors. Additionally, it is also necessary to include the impact of inequality and intersectionality, as these components shape and amplify women's experiences of menopause. Sociocultural perspectives reveal that menopause is a culturally constructed phenomenon enmeshed in societal conceptions of women in Western society, such as gender, sexuality, and aging. This cultural construction influences women's perceptions and experiences of menopause.

In the paper, “Normalising menopause,” Hickey and colleagues (2022) make a convincing case that societal and cultural attitudes played a significant role in women’s various experiences during menopause. They argued that menopause is a natural occurrence, a life change that all women experience. However, understanding menopause from an intersectional lens reveals how race, class, and disability intersect with gender and age to impact women’s experiences. We see this in the participants’ narratives as they provide us with a deeper understanding of how cultural and societal factors shape women’s experiences of menopause. For example, Patricia’s feeling of being invisible and Kim’s frustration with media portrayals vividly demonstrate the pervasive impact of societal biases. These stories highlight the difficulty of reconciling personal experiences with societal expectations and values amid the physical and emotional changes that come with menopause. Anne’s frustration with societal pressures during this phase reinforces the need for education and empathy to help women confidently navigate this transition. Her sentiment that menopause is an “additional burden” in society reflects social attitudes and expectations about this life stage.

When examining menopause through a sociocultural perspective, it becomes apparent that societal beliefs and expectations around gender, sexuality, and aging play a meaningful role in shaping women’s experiences. Furthermore, economic inequality also profoundly shapes a woman’s experiences during menopause. Disparities in access to treatments and the intersectional factors affecting menopause experiences underscored the need for a multifaceted, equitable approach that includes patient-centred care, education, and policy change (Peate et al., 2024). Women from lower socioeconomic backgrounds faced significant challenges, including limited access to healthcare, resources, and social support (Camargo-Plazas et al., 2022). The differences can result in worse health results, heightened emotional strain, and diminished

wellness throughout menopause. Research highlighted that women with low incomes, particularly those from disadvantaged groups like Indigenous peoples, visible minorities, immigrants, and single mothers, frequently face systemic barriers that exacerbated these difficulties (Camargo-Plazas et al., 2022).

Chapter Six: Conclusion

This research, viewed through a feminist lens, challenges cultural stereotypes and misconceptions about menopause, while promoting education and transformation. It illuminates the multifaceted experiences of menopause and the impact of societal norms and gender roles on women's perceptions, experiences, and access to support. The characterization of menopausal women as past their prime and of lesser value after fertility only reinforces aging women's negative self-perception and societal devaluation. This portrayal, in turn, can adversely impact their well-being and self-esteem. It is important to challenge these stereotypes and promote a more positive and empowering narrative around menopause and aging. Providing comprehensive information about menopause empowers women to make informed health decisions, which is essential for feminist empowerment and women's ownership of their bodies and experiences.

The study reveals that learning is an active process of self-discovery, challenging deeply ingrained societal ideas and empowering women. It dives into menopause as more than physical changes; it encourages personal reflection, self-discovery, and the construction of a new identity beyond reproductive capacity. Women are urged to question stereotypes and societal conventions related to aging, beauty, and gender roles, with the aim to dismantle patriarchal institutions that perpetuate these prejudices. By integrating critical pedagogy approaches and sharing personal narratives about menopause, the study highlights how such practices can challenge stereotypes and false notions about this natural part of life. This increased awareness may contribute to a broader cultural shift, helping people understand that menopause does not signify a limitation. Encouraging women to self-reflect can lead them to reconsider preconceived notions, particularly those associated with socio-cultural barriers like ageism, sexism, and discrimination. Through the broader societal conversation that emerges from this increased understanding, we

can contribute to dismantling these oppressive structures and creating a more inclusive society for everyone

The research also confronts patriarchal structures that have enabled biased views. Historically, menopause was seen as a phase of decline for women, emphasizing their roles as caregivers and child-bearers. This view marginalized women who could no longer conceive, tying their worth to reproductive capacity. The traditional view of menopause as a decline is deeply ingrained in cultural attitudes toward aging and femininity. It emphasizes the societal norms that link a woman's value with her reproductive ability. These historical perspectives have marginalized women during this transition, often disregarding their wider range of experiences and contributions beyond reproduction (Dillaway, 2006). This supports the notion that, when women lose their fertility, they are expected to become devoid of sexual attraction and vitality, leaving them feeling “dried up” and “washed out” (Rabin, 2020). Such a narrative can profoundly affect women's self-esteem and well-being. This perspective focuses on deeply ingrained gender-based stereotypes that still exist, perpetuating the idea that youth and fertility are the ultimate measures of female value.

A feminist critique of the medicalization of menopause is crucial in shedding light on how cultural norms and gender-based beliefs have shaped our understanding of this life stage. The portrayal of menopause, as a disease, has been heavily influenced by the medicalization, which negatively impacts women's health and well-being and reinforces patriarchal norms that subordinate women. Media representations perpetuate gender stereotypes and unrealistic beauty standards, which are detrimental to women (Santoniccolo et al., 2023). Participants' narratives, in this study, explore how medicalization of menopause and patriarchal structures influences perceptions of menopause. These narratives reveal a general ‘hush-hush’ attitude towards

menopause, indicating the need for open communication and dismantling stereotypes that portray aging women as undesirable. By exploring the narratives of menopausal women, this research encourages them to voice their stories, challenging the silence and shame associated with this pivotal phase of life, aligning with feminist objectives and promoting a more nuanced understanding of menopause.

Implications and Recommendations for Adult Education Practice

The stigma surrounding menopause has led to a significant knowledge gap among women, which can have negative impacts on their quality of life. (Rabin, 2020). This lack of information is exacerbated by the reluctance to openly discuss menopausal symptoms with friends, family, and even healthcare providers. Therefore, adult educators must break down these barriers, providing women with the necessary support and information to navigate menopause effectively. To challenge societal stereotypes and norms related to gender, sexuality, and aging, educators should promote gender and age equality and encourage inclusive conversations about menopause. Creating supportive environments allows for positive aging narratives that combat negative preconceptions. Programs emphasizing menopause as a natural part of the broader aging process can empower women, celebrating their knowledge, experience, and resilience. Moreover, cultural attitudes towards gender, sexuality, and aging play a significant role in a woman's experience during menopause. Educators can help combat ageism and sexism by educating people about the harmful effects of these stereotypes and promote critical thinking. Addressing the emotional difficulties and enhancing emotional intelligence, in educational programs, can help individuals better related to and support menopausal women, leading to a more compassionate and caring society that values and supports women's experiences holistically and inclusively.

These efforts highlight the importance of a comprehensive educational approach, which is further emphasized by the study identification of the two essential themes: (1) Transforming Perceptions and Promoting Well-being through Education and (2) Challenging Societal Stereotypes and Norms. To fully grasp the implications of menopause education, a holistic approach is necessary. By exploring entrenched biases and empowering transformative growth, critical analysis uncovers the intricate links between menopause, mental well-being, and societal norms. Emphasizing the active role of women in shaping their narratives can unlock the transformative potential of their menopausal journey. Supporting the mental health needs of women going through menopause is also crucial. By focusing on mental health in the context of menopause, we can better understand and address the specific challenges that middle-aged and older women may encounter. This recognition promotes a more holistic approach to women's health by acknowledging the emotional and psychological aspects of menopause. The study's approach plays a role in destigmatizing mental health discussions surrounding menopause, challenging societal norms that may dismiss or marginalize women's emotional challenges during this transition.

Challenges linked to menopause are highlighted whilst also, pointing out the vital role social support networks can play in overcoming these challenges. Furthermore, results emphasize the importance of personalized support programs catering to women's diverse needs during this period. The research advocates for targeted initiatives that can help women navigate the complexities of menopause with ease. Traditional support groups and contemporary online networks may offer understanding, empathy, and shared experiences. This inclusive approach acknowledges women's different lifestyles and preferences, ensuring accessibility and meaningful support for all. The study's framing of transformative learning theory shifts

menopause from a biological event to a transformative period of growth and empowerment. Transformative learning theory embraces a holistic approach to learning, seeing it as an active process of self-discovery; it allows for questioning of societal norms, and empowering women by debunking menopausal misconceptions. Creating the conditions that foster transformative learning theory into educational practices is key in encouraging a more supportive and encouraging environment for women navigating this life change.

While advocating for a shift in social perceptions of menopause, it is also essential to understand the cultural influences that affect menopausal experiences. When examining the complex experience of menopause, it becomes apparent that cultural factors play a significant role in this period of transition for women. Menopause is not a one-size-fits-all experience; it is shaped by various cultural contexts. Thus, in adult education, the research study recommends implementing cultural competence initiatives that extend beyond simply recognizing cultural differences. These initiatives actively promote a more profound understanding of the intersectionality of gender, culture, and aging. Through this understanding, increased levels of empathy and respect can be developed for women's diverse experiences during menopause. The research highlights the importance of applying this intersectionality in practice to foster a more inclusive and supportive learning environment.

The study significantly contributes to the field of public health education by challenging traditional views of menopause through a comprehensive educational approach. It emphasizes that the menopausal experience encompasses emotional, social, and cultural dimensions, encouraging a shift in societal perceptions. Recognizing the unique nature, of each individual's menopausal journey, is crucial for fostering a more understanding and empathetic society. The research underscores the importance of promoting women's mental well-being during this phase,

addressing taboos, and questioning societal norms. Additionally, the findings emphasize the essential role of social support networks in overcoming menopausal challenges and advocating for personalized care that accommodates diverse needs. By integrating transformative learning theory into educational practices, the study reframes menopause as a period of growth and empowerment rather than solely a biological event. Finally, it emphasizes the necessity of adopting a holistic approach to menopausal education in adult learning, acknowledging and embracing the diverse experiences of women across different cultures. This inclusive approach aims to expand discussions on women's health beyond the confines of traditional medical discourse.

Adult educators can help reduce inequalities by promoting accessible, inclusive programs that consider economic disparities. This includes offering free or low-cost resources, flexible learning environments, and partnering with community organizations to ensure that all women, regardless of financial status, receive the information and support they need during menopause. Addressing the systemic barriers that low-income women face requires more than just providing information. It demands redesigning healthcare and educational services that prioritize dignity, respect, and autonomy. Tackling the intersection of economic inequality and menopause through comprehensive education and healthcare reform can improve health outcomes and overall well-being for women, particularly those from lower socioeconomic backgrounds. Inclusive, intersectional adult education not only has the potential to bridge these gaps and support women in navigating menopause but also to dismantle societal stigmas, offering a hopeful future for women's health.

Recommendations for Further Research

In this qualitative narrative inquiry research, I examined the personal experiences and perspectives of women regarding menopause. The aim was to question the negative societal ideas and preconceptions currently associated with this biological event, which is often medicalized. The study was conducted using an interpretive/social constructivist theoretical framework, recognizing that menopause is a complex biopsychosocial event. By exploring women's narratives, the study strived to reveal the transformative potential of menopause and shed light on how societal constructs influence women's experiences. Despite its contributions, several limitations must be acknowledged. Before discussing participant bias, it is essential to acknowledge that this study had a very small sample size. The small sample size inherent in qualitative research limits the ability to generalize the findings to a broader population, regardless of participant motivations or characteristics.

One limitation is participant bias, where specific motivations or characteristics may have influenced the study participants' experiences and narratives. For example, women, who decided to take part in the study may have had specific motivations or characteristics, such as a strong interest in sharing their experiences with menopause or a higher level of comfort when discussing personal topics. This bias may impact the findings' generalizability to a broader population of women undergoing menopause. Recall bias also poses a challenge and could affect the reliability of the findings. The data from the semi-structured interviews were based on participants' recollections and memories of their menopausal experiences. This reliance on memory can introduce bias, as the process of memory recall is influenced by many factors. Participants may selectively remember certain details, potentially leading to inaccuracies in their recollections. For instance, a large-scale longitudinal study on menopause and mortality also

identified recall bias as a limitation (Huang et al., 2023). The study noted that self-reported information on menopause could be subject to inaccuracies due to the nature of memory recall. The latter may have influenced the observed associations between menopause characteristics and health outcomes. This example demonstrates how recall bias can affect the reliability of findings in research heavily reliant on self-reported data from participants.

The research findings provide a broad understanding of menopause, covering major themes such as physical and emotional experiences, social support and dialogues, information gaps, and attitudes and beliefs. The narratives of women, who shared their stories, have been shown to be powerful means of promoting greater awareness, understanding, and inclusivity in society. By breaking down biases, they have paved the way for a more informed and compassionate approach to menopause. Future research should continue to explore and challenge societal norms and biases regarding menopause to encourage a shift in public attitudes toward this natural life stage. Moreover, the experience of menopause is further complicated by gender identity. Social narratives have historically focused on cisgender women, often overlooking the experiences of transgender and non-binary individuals. It is vital to encourage inclusive conversations that acknowledge the diversity of gender identities and how they intersect with menopausal experiences (Toze & Westwood, 2024).

Using a critical feminist lens, the research aimed to promote gender and age equality by challenging persistent stigmas. Promoting open and inclusive communication surrounding menopause is vital. Creating spaces for dialogue can enhance understanding and support, dismantling oppressive systems. The importance of a holistic approach to women's health was emphasized, with a specific focus on the feminist critique of menopausal medicalization. Additionally, the study positioned menopause as a catalyst for lifelong learning and positive

transformation through the lens of transformational learning theory. Also, the study called attention to the importance of viewing menopause as a natural aspect of life and recognizing the interconnectedness of physiological, sociological, and cultural factors. Its objectives were educating women, combating biases, and promoting positive aging perspectives. Ensuring women have access to comprehensive information and support during menopause can help them navigate this complex period more effectively. This research is an important step in enhancing health literacy strategies and critical teaching practices for adult educators.

From a critical feminist perspective, this study is relevant as it promotes the empowerment of women and the challenging of cultural norms. It underscores the crucial role that adult educators play in breaking down preconceived ideas, eliminating barriers, and creating supportive environments for women who are experiencing menopause. The research also highlights the transformative nature of the menopause journey. This research aspires to contribute to a paradigm shift in societal perceptions of menopause and aging by challenging cultural biases, promoting education, and creating the conditions for women's empowerment. The ultimate goal is to foster a more informed, empathetic, and inclusive society that values and supports women's experiences in a holistic manner. As previously discussed throughout, the impact of inequality and intersectionality cannot be ignored when addressing menopause. The discrimination based on gender and age intersects with race, class, sexuality, and other forms of social marginalization, impacting women's experiences of menopause significantly. While this thesis mainly focuses on the experiences of cisgender women, future research must expand to include diverse gender identities to reflect the compounded challenges faced by transgender, non-binary, and other marginalized groups during menopause. Their experiences may be further complicated by inadequate access to healthcare, resources, or support systems.

Looking ahead, it is critical to challenge cultural norms and biases while creating spaces for open and inclusive communication. Women going through menopause need access to information and support to navigate this complex time. By promoting dialogue, reflection, and sharing stories, we can help break down oppressive systems and build a society that values women's resilience, experience, and knowledge during this natural and transformative life stage. This research highlights the pressing need for a comprehensive approach to menopausal education and a shift in public attitudes toward menopause and aging. Adult educators have a role in challenging deep-rooted stigmas, promoting knowledge and gender equality, empowering women, creating supportive environments, and enhancing emotional intelligence. By actively engaging in this work, educators can contribute to a more inclusive and empathic society that values and supports women's experiences holistically.

References

- Armacost, L. K. (2004). *Menogogy as the art and science of becoming a crone: Changing perspectives on women, aging, and adult education* (Publication No. 3943) [Doctoral dissertation, Northern Illinois University]. Huskie Commons.
<https://huskiecommons.lib.niu.edu/allgraduate-thesesdissertations/3943>
- Arnot, M., Emmott, E. H., & Mace, R. (2021). The relationship between social support, stressful events, and menopause symptoms. *PloS One*, *16*(1), e0245444.
<https://doi.org/10.1371/journal.pone.0245444>
- Arthur, J. (2016). *Women past menopause: Learning from the voice of experience* (Publication No. 28141158). [Master's thesis, University of Regina]. ProQuest Publishing.
- Barile, L. A. (1997). Theories of menopause brief comparative synopsis. *Journal of Psychosocial Nursing and Mental Health Services*, *35*(2), 36-39. <https://doi.org/10.3928/0279-3695-19970201-23>
- Baumgartner, L. M. (2012). *Mezirow's theory of transformative learning from 1975 to present*. In E. W. Taylor & P. Cranton (Eds.), *The handbook of transformative learning: Theory, research, and practice* (pp. 99-115). John Wiley & Sons.
<http://ebookcentral.proquest.com/lib/stfx/detail.action?docID=821727>
- Beck, V., Brewis, J., & Davies, A. (2018). The post-re/productive: Researching the menopause. *Journal of Organizational Ethnography*, *7*(3), 247-262. <https://doi.org/10.1108/JOE-11-2017-0059>
- Biasin, C. (2018). Transformative learning: Evolutions of the adult learning theory. *Phronesis*, *7*(3), 5–17. <https://doi.org/10.7202/1054404ar>

- Bhukhanwala, F., Dean, K., & Troyer, M. (2016). Beyond the student teaching seminar: Examining transformative learning through arts-based approaches. *Teachers and Teaching*, 23(5), 611-630. <https://doi.org/10.1080/13540602.2016.1219712>
- Bolton, G., & Delderfield, R. (2018). *Reflective practice: Writing and professional development* (5th ed.). SAGE Publications Ltd.
- Brown, L., Bryant, C., Brown, V., Bei, B., & Judd, F. (2015). Investigating how menopausal factors and self-compassion shape well-being: An exploratory path analysis. *Maturitas*, 81(2), 293–299. <https://doi.org/10.1016/j.maturitas.2015.03.001>
- Burki, T. (2023). Rossella Nappi: Taking the stigma out of menopause. *The Lancet Diabetes & Endocrinology*, 11(4), 232. [https://doi.org/10.1016/s2213-8587\(23\)00057-8](https://doi.org/10.1016/s2213-8587(23)00057-8)
- Calleja, C. (2014). Jack Mezirow's conceptualisation of adult transformative learning: A review. *Journal of Adult and Continuing Education*, 20(1), 117-136. <https://doi.org/10.7227/JACE.20.1.8>
- Camargo-Plazas, P., Waite, J., Sparringa, M., Whitfield, M., & Duhn, L. (2022). Nobody listens, nobody wants to hear you: Access to healthcare/social services for women in Canada. *New Trends in Qualitative Research*, 11, e554. <https://doi.org/10.36367/ntqr.11.2022.e554>
- Canadian Menopause Society/Société Canadienne de Ménopause. (n.d.). *What is menopause*. Retrieved May 17, 2024, from <https://www.menopause-society.org>
- Cecil, V., Pendry, L. F., Salvatore, J., Mycroft, H., & Kurz, T. (2021). Gendered ageism and Gray Hair: Must older women choose between feeling authentic and looking competent? *Journal of Women & Aging*, 34(2), 210–225. <https://doi.org/10.1080/08952841.2021.1899744>

- Chalouhi, S. (2017). Menopause: A complex and controversial journey. *Post Reproductive Health*, 23(3), 128-131. <https://doi.org/10.1177/2053369117711346>
- Christie, M., Carey, M. D., Robertson, A., & Grainger, P. (2015). Putting transformative learning theory into practice. *Australian Journal of Adult Learning*, 55(1), 9-30.
- Ciolfi Felice, M., Søndergaard, M. L. J., & Balaam, M. (2021). Resisting the medicalisation of menopause: Reclaiming the body through design. *In Proceedings of the 2021 CHI Conference on Human Factors in Computing Systems (CHI '21)* (Article 408, pp. 1-16). Association for Computing Machinery. <https://doi.org/10.1145/3411764.3445153>
- Cohen A. (2021). The challenges of intersectionality in the lives of older adults living in rural areas with limited financial resources. *Gerontology and Geriatric Medicine*, 7, <https://doi.org/10.1177/23337214211009363>
- Cooper, J. (2018). Examining factors that influence a woman's search for information about menopause using the socio-ecological model of health promotion. *Maturitas*, 116, 73-78. <https://doi.org/10.1016/j.maturitas.2018.07.013>
- Cortés, Y. I., & Marginean, V. (2022). Key factors in menopause health disparities and inequities: Beyond race and ethnicity. *Current Opinion in Endocrine and Metabolic Research*, 26, 100389. <https://doi.org/10.1016/j.coemr.2022.100389>
- Cranton, P. (2016). *Understanding and promoting transformative learning a guide to theory and practice* (3rd ed.). Stylus Publishing.
- Creswell, J., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Sage Publications Inc.

- Cronin-Bermingham, B. (2020). *Silence taboo and midlife women: A case study of the midlife women rock café in Waterford city*. (Publication No. 28483374) [Master's thesis, National University of Ireland]. ProQuest Dissertations Publishing
- de Salis, I., Owen-Smith, A., Donovan, J. L., & Lawlor, D. A. (2018). Experiencing menopause in the UK: The interrelated narratives of normality, distress, and transformation. *Journal of Women & Aging, 30*(6), 520–540. <https://doi.org/10.1080/08952841.2018.1396783>
- Dillaway, H. (2020). Living in uncertain times: Experiences of menopause and reproductive aging. In C. Bobel, I. T. Winkler, B. Fahs, et al. (Eds.), *The Palgrave handbook of critical menstruation studies* (pp. 253-268). Palgrave Macmillan. https://doi.org/10.1007/978-981-15-0614-7_21
- Dirkx, J. M., Espinoza, B. D., & Schlegel, S. (2018). Critical reflection and imaginative engagement: Towards an integrated theory of transformative learning. *Adult Education Research Conference*. <https://newprairiepress.org/aerc/2018/papers/4>
- Edwards, A. L., Shaw, P. A., Halton, C. C., Bailey, S. C., Wolf, M. S., Andrews, E. N., & Cartwright, T. (2021). “It just makes me feel a little less alone”: A qualitative exploration of the podcast Menopause: Unmuted on women’s perceptions of menopause. *Menopause, 28*(12), 1374-1384. <https://doi.org/10.1097/GME.0000000000001855>
- Egan, M., Tannahill, C., Petticrew, M., & Thomas, S. (2008). Psychosocial risk factors in home and community settings and their associations with population health and health inequalities: A systematic meta-review. *BMC Public Health, 8*, 239. <https://doi.org/10.1186/1471-2458-8-239>
- El Khoudary, S. R., Greendale, G., Crawford, S. L., Avis, N. E., Brooks, M. M., Thurston, R. C., Karvonen-Gutierrez, C., Waetjen, L. E., & Matthews, K. (2019). The menopause transition

and women's health at midlife: A progress report from the Study of Women's Health Across the Nation (SWAN). *Menopause*, 26(10), 1213-1227.

<https://doi.org/10.1097/GME.0000000000001424>. PMID: 31568098; PMCID: PMC6784846

English, L. M. (2012). Women and adult education. In P. Mayo & L.M. English (Eds.), *Learning with adults: A critical pedagogical introduction* (pp. 159-168). Brill.

English, L. M., & Irving, C. J. (2012). Women and transformative learning. In P. Cranton, & E. W. Taylor (Eds.), *The handbook of transformative learning: Theory, research, and practice* (pp. 245-259). Jossey-Bass.

English, L. M., & Irving, C. J. (2015). *Feminism in community: Adult education for transformation*. Sense Publishers.

Forgasz, R., & McDonough, S. (2017). "Struck by the way our bodies conveyed so much:" A collaborative self-study of our developing understanding of embodied pedagogies. *Studying Teacher Education*, 13(1), 52-67.

<https://doi.org/10.1080/17425964.2017.1286576>

Freire, P. (1970). *Pedagogy of the oppressed*. Seabury Press.

Gambaudo, S. (2017). The regulation of gender in menopause theory. *Topoi*, 36, 549-559.

Gatenby, C., & Simpson, P. (2024). Menopause: Physiology, definitions, and symptoms. *Baillière's Best Practice & Research: Clinical Endocrinology & Metabolism*, 38(1).

<https://doi.org/10.1016/j.beem.2023.101855>

Gebretatayos, H., Ghirmai, L., Amanuel, S., Gebreyohannes, G., Tsighe, Z., & Tesfamariam, E. H. (2020). Effect of health education on knowledge and attitude of menopause among

middle-age teachers. *BMC Women's Health*, 20(1). <https://doi.org/10.1186/s12905-020-01095-2>

Given, L. M. (2008). *The Sage encyclopedia of qualitative research methods*. SAGE Publications.

Gouthro, P. A., & Holloway, S. M. (2017). Learning to be critically reflective: Exploring fiction writing and adult learning. *Studies in Continuing Education*, 40(2), 133–148. <https://doi.org/10.1080/0158037X.2017.1415875>

Graham, A. (2020). The medicalisation of menopause in early modern English medical and popular literature. *PJMH: The Postgraduate Journal of Medical Humanities*, 6, 58-79. [https://history.exeter.ac.uk/media/universityofexeter/collegeofhumanities/history/researchcentres/centreformedicalhistory/pdfsanddocs/The Medicalisation of Menopause in Early Modern English Medical and Popular Literature.pdf](https://history.exeter.ac.uk/media/universityofexeter/collegeofhumanities/history/researchcentres/centreformedicalhistory/pdfsanddocs/The%20Medicalisation%20of%20Menopause%20in%20Early%20Modern%20English%20Medical%20and%20Popular%20Literature.pdf)

Griffin. (n.d.). *Critical feminist theory*. Retrieved May 17, 2024, from, <https://sites.wp.odu.edu/griffinengl333/theory-3/>

Groen, J. E., & Kawalilak, C. (2020). Adult learning. In T. S. Rocco, M. C. Smith, R. C. Mizzi, L. R. Merriweather, & J. D. Hawley (Eds.), *The handbook of adult and continuing education* (pp. 73-80). Stylus Publishing.

Guérin, E., Goldfield, G., & Prud'homme, D. (2017). Trajectories of mood and stress and relationships with protective factors during the transition to menopause: Results using latent class growth modeling in a Canadian cohort. *Archives of Women's Mental Health*, 20, 733-745. <https://doi.org/10.1007/s00737-017-0755-4>

Gunter, J. (2021). *The menopause manifesto: Own your health with facts and feminism*. Random House Canada.

- Hankivsky, O. (2014). *Intersectionality 101*. The Institute for Intersectionality Research & Policy, SFU. https://www.researchgate.net/publication/279293665_Intersectionality_101
- Harris, M. T. (2013) *Menopause: The need for a paradigm shift from disease to women's health*. [Doctoral dissertation, Southern Cross University]. Southern Cross Research Portal. <https://researchportal.scu.edu.au/esploro/outputs/doctoral/Menopause--the-need-for-a-paradigm-shift-from-disease-to-womens-health/991012821607402368>
- Hickey, M., Hunter, M. S., Santoro, N., & Ussher, J. (2022). Normalising menopause. *BMJ*, 377, e069369. <https://doi.org/10.1136/bmj-2021-069369>
- Hoga, L., Rodolpho, J., Gonçalves, B., & Quirino, B. (2015). Women's experience of menopause: A systematic review of qualitative evidence. *JBIR Database of Systematic Reviews and Implementation Reports*, 13(8), 250-337. <https://doi.org/10.11124/jbisrir-2015-1948>. PMID: 26455946
- Hoggan, C. D. (2016). Transformative learning as a metatheory: Definition, criteria, and typology. *Adult Education Quarterly*, 66(1), 57-75. <https://doi.org/10.1177/0741713615611216>
- Houck, J. A. (2002). How to treat a menopausal woman: A history, 1900 to 2000. *Current Woman's Health Reports*, 2(4), 349–355. <https://doi.org/10.1007/s11905-002-0022-4>
- Hrach, S. (2021). *Minding bodies: How physical space, sensation, and movement affect learning*. West Virginia University Press.
- Huang, S., Gongye, R., Zou, S., Hee, J. Y., & Tang, K. (2023). Menopausal status, age at menopause, and risk of all-cause mortality among Chinese women: Findings from a 10-year prospective study. *BMJ Public Health*, 1, e000332. <https://doi.org/10.1136/bmjph-2023-000332>

- Hunter, M., & Rendall, M. (2007). Bio-psycho-socio-cultural perspectives on menopause. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 21(2), 261-274.
<https://doi.org/10.1016/j.bpobgyn.2006.11.001>
- Hunter, S. V., (2010). Analyzing and representing narrative data: The long and winding road, *Current Narratives*, 2, 44-54.
- Hvas, L. (2023). Narratives about menopause. *OBM Geriatrics*, 7(4), 256.
<https://doi.org/10.21926/obm.geriater.2304256>
- Hyde, A., Nee, J., Howlett, E., Drennan, J., & Butler, M. (2010). Menopause narratives: The interplay of women's embodied experiences with biomedical discourses. *Qualitative Health Research*, 20(6), 805-815.
- Kabat-Zinn, J. (2013). *Full catastrophe living*. Bantam Books Trade Paperbacks.
- Kim, J. (2016). Narrative data analysis and interpretation: "Flirting" with data. In *Understanding narrative inquiry* (pp. 184-225). Sage Publications Inc.
<https://dx.doi.org/10.4135/9781071802861.n6>
- Koyuncu, T., Unsal A., & Arslantas, D. (2018). Evaluation of the effectiveness of health education on menopause symptoms and knowledge and attitude in terms of menopause. *Journal of Epidemiology Global Health*, 8(1-2), 8-12.
<https://doi.org/10.2991/j.jegh.2018.08.103>
- Krajewski, S. (2019). Advertising menopause: You have been framed. *Continuum*, 33(1), 137–148. <https://doi.org/10.1080/10304312.2018.1547364>
- Lipson Lawrence, R. (2012). Coming full circle: Reclaiming the body. *New Directions for Adult and Continuing Education*, 2012(134), 71-78. <https://doi.org/10.1002/ace.20019>

- Lipson Lawrence, R. (2012). Transformative learning through artistic expression: Getting out of our heads. In E. W. Taylor & P. Cranton (Eds.), *The handbook of transformative learning: Theory, research, and practice* (pp. 471-485). Jossey-Bass.
- Lock, M., & Kaufert, P. (2001). Menopause, local biologies, and cultures of aging. *American Journal of Human Biology*, 13, 494–504.
- Marnocha, S. K., Bergstrom, M., & Dempsey, L. F. (2011). The lived experience of perimenopause and menopause. *Contemporary Nurse*, 37(2), 229–240.
<https://doi.org/10.5172/conu.2011.37.2.229>
- Marti, B. (2017). *The making of the aging woman* (Publication No.10280917) [Master's thesis, The George Washington University]. ProQuest Dissertations Publishing.
- Mayo Clinic Staff. (2021). Menopause. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397>
- Mayo Clinic Staff. (2021). Perimenopause. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/perimenopause/symptoms-causes/syc-20354666>
- Merriam, S. B. (2017). Adult learning theory: Evolution and future directions. *PAACE Journal of Lifelong Learning*, 26(1), 21-37.
- Merriam, S. B., & Baumgartner, L. (2020). *Learning in adulthood: A comprehensive guide* (4th ed.). John Wiley & Sons, Incorporated. <https://doi.org/10.4324/9781315147277-6>
- Merriam, S. B., & Tisdell, E. (2015). *Qualitative research: A guide to design and implementation* (4th ed.). San Francisco, CA: Jossey-Bass.
- Mertova, P., & Webster, L. (2019). *Using narrative inquiry as a research method: An introduction to critical event narrative analysis in research, teaching and professional practice* (2nd ed.). Routledge. <https://doi.org/10.4324/9780429424533>

Mezirow, J. (1978). Perspective transformation. *Adult Education*, 28(2), 100-110.

<https://doi.org/10.1177/074171367802800202>

Mezirow, J. (1981). A critical theory of adult learning and education. *Adult Education*, 32(1), 3-24.

Mezirow, J. (2000). *Learning as transformation: Critical perspectives on a theory in progress* (1st ed.). Jossey-Bass.

Mezirow, J., & Associates. (1990). *Fostering critical reflection in adulthood*. Jossey-Bass.

Mezirow, J., & Taylor, E. W. (2010). *Transformative learning in practice insights from community, workplace, and higher education* (1st ed.). Jossey-Bass.

Mosconi, L., Berti, V., Dyke, J., et al. (2021). Menopause impacts human brain structure, connectivity, energy metabolism, and amyloid-beta deposition. *Scientific Reports*, 11, 10867. <https://doi.org/10.1038/s41598-021-90084-y>

Morris, T. H. (2020). Experiential learning – A systematic review and revision of Kolb’s model. *Interactive Learning Environments*, 28(8), 1064-1077. <https://doi.org/10.1080/10494820.2019.1570279>

Namazi, M., Sadeghi, R., & Behboodi Moghadam, Z. (2019). Social determinants of health in menopause: An integrative review. *International Journal of Women’s Health*, 11, 637–647. <https://doi.org/10.2147/ijwh.s228594>

Nicholas, J., Light, T. P., & Bondy, R. (2015). *Feminist pedagogy in higher education: Critical theory and practice*. Wilfrid Laurier University Press.

- Nosek, M., Kennedy, H. P., & Gudmundsdottir, M. (2010). Silence, stigma, and shame: A postmodern analysis of distress during menopause. *Advances in Nursing Science*, 33(3), E24-E36. <https://doi.org/10.1097/ANS.0b013e3181eb41e8>
- North American Menopause Society. (n.d.). Menopause 101: A primer for the perimenopausal. Retrieved [May 2024], from <https://www.menopause.org/for-women/menopauseflashes/menopause-symptoms-and-treatments/menopause-101-a-primer-for-the-perimenopausal>
- Olchowska-Kotala, A. (2017). Body esteem and self-esteem in middle-aged women. *Journal of Women & Aging*, 30, 1-11. <https://doi.org/10.1080/08952841.2017.1313012>
- Patton M. Q. (2002). *Qualitative research and evaluation methods*. Sage Publications Inc.
- Peate, M., Johnson, T. L., Avis, N. E., & Hickey, M. (2024). Addressing sociodemographic, socioeconomic, and gendered disparities for equity in menopause care. *Cell Reports Medicine*, 5(6), 101616. <https://doi.org/10.1016/j.xcrm.2024.101616>
- Pope, M. M. (2017). Attitudes toward menopause. (Publication No. 10277071) [Master's thesis, Arizona State University]. ProQuest Dissertations Publishing.
- Rabin, J. (2020). Women are stigmatized over menopause. *Northwell Health's Katz Institute for Women's Health*. <https://www.northwell.edu/katz-institute-for-womens-health/articles/women-stigmatized-over-menopause>
- Refaei, M., Mardanpour, S., Masoumi, S. Z., & Parsa, P. (2022). Women's experiences in the transition to menopause: A qualitative research. *BMC Women's Health*, 22(1), 53. <https://doi.org/10.1186/s12905-022-01633-0>
- Santonico, F., Trombetta, T., Paradiso, M. N., & Rollè, L. (2023). Gender and media representations: A review of the literature on gender stereotypes, objectification, and

- sexualization. *International Journal of Environmental Research and Public Health*, 20(10), 5770. <https://doi.org/10.3390/ijerph20105770>
- Stolz A. S. (2015). Embodied learning. *Educational Philosophy and Theory*, 47(5), 474-487. <https://doi.org/10.1080/00131857.2013.879694>
- Stute, P., Ceausu, I., Depypere, H., Lambrinou, I., Mueck, A., Pérez-López, F. R., van der Schouw, Y. T., Senturk, L. M., Simoncini, T., Stevenson, J. C., & Rees, M. (2016). A model of care for healthy menopause and ageing: EMAS position statement. *Maturitas*, 92, 1-6. <https://doi.org/10.1016/j.maturitas.2016.06.018>
- Takahashi, M., Singh, R. S., & Stone, J. (2017). A theory for the origin of human menopause. *Frontiers in Genetics*, 7(222), 1-12. <https://doi.org/10.3389/fgene.2016.00222>
- Tariq, B., Phillips, S., Biswakarma, R., Talaulikar, V., & Harper, J. C. (2023). Women's knowledge and attitudes to the menopause: A comparison of women over 40 who were in the perimenopause, post menopause and those not in the peri or post menopause. *BMC Women's Health*, 23(1), 460. <https://doi.org/10.1186/s12905-023-02424-x>
- Taylor, E. (1998). The theory and practice of transformative learning: A critical review (ERIC/ACVE Information Series No. 374). ERIC Clearinghouse on Adult, Career, and Vocational Education, Columbus. Retrieved [April 18, 2024], from <https://eric.ed.gov/?id=ED423422>
- Taylor, E. W., & Cranton, P. (Eds). (2012). *The handbook of transformative learning: Theory, research, and practice* (1st edition). Jossey-Bass.
- Taylor, E. W., & Cranton, P. (2013). A theory in progress? Issues in transformative learning theory. *European Journal for Research on the Education and Learning of Adults*, 4(1), 33–47. <https://doi.org/10.3384/rela.2000-7426.rela5000>

- Taylor, E. W., & Snyder, M. (2012). A critical review of research. In E. W. Taylor & P. Cranton (Eds.), *The handbook of transformative learning: Theory, research, and practice* (pp. 37-55). Jossey-Bass.
- The Menopause Foundation of Canada. (2022). *The silence and the stigma: Menopause in Canada*. <https://menopausefoundationcanada.ca/>
- Tobin, J. A., & Tisdell, E. J. (2015). "I know down to my ribs": A narrative research study on the embodied adult learning of creative writers. *Adult Education Quarterly*, 65(3), 215–231. <https://doi.org/10.1177/0741713615574901>
- Toze, M., & Westwood, S. (2024). Experiences of menopause among non-binary and trans people. *International Journal of Transgender Health*, 1–12. <https://doi.org/10.1080/26895269.2024.2389924>
- United Nations Women. (2020, July 1). *Intersectional feminism: What it means and why it matters right now*. Medium. https://medium.com/@UN_Women/intersectional-feminism-what-it-means-and-why-it-matters-right-now
- Ussher, J. M., Perz, J., & Parton, C. (2015). Sex and the menopausal woman: A critical review and analysis. *Feminism & Psychology*, 25(4), 449–468. <https://doi.org/10.1177/0959353515579735>
- Vincent, C., Bodnaruc, A. M., Prud'homme, D., Olson, V., & Giroux, I. (2023). Associations between menopause and body image: A systematic review. *Women's Health*, 19. <https://doi.org/10.1177/17455057231209536>
- Voicu, I. (2018). The social construction of menopause as disease: A literature review. *Journal of Comparative Research in Anthropology and Sociology*, 9(2), 11-21. <https://www.proquest.com/docview/2293792700/7964E4408DE84788PQ/2>

Wallace Laboratories. (1959). Milprem advertisement.

<http://www.decodog.com/inven/MD/hrt30753.jpg>

Wharton, W., Gleason, C. E., Olson, S. R., Carlsson, C. M., & Asthana, S. (2012).

Neurobiological underpinnings of the estrogen - Mood relationship. *Current Psychiatry Reviews*, 8(3), 247–256. <https://doi.org/10.2174/157340012800792957>

World Health Organization. (n.d.). *Life expectancy and healthy life expectancy*. Retrieved May

20, 2024, from <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-life-expectancy-and-healthy-life-expectancy>

Yazdkhasti, M., Simbar, M., & Abdi, F. (2015). Empowerment and coping strategies in

menopause women: A review. *Iranian Red Crescent Medical Journal*, 17(3), e18944.

<https://doi.org/10.5812/ircmj.18944>

Zhu, Y. (2023). Transforming adult education through critical feminist theory: Towards a critical

consciousness learning model. *New Directions for Adult and Continuing Education*, 2023, 101–111. <https://doi.org/10.1002/ace.20515>

Appendices

Appendix A: Recruitment Poster



Are you in
menopause?

**FEMALE
Research
Participants
Wanted**

Help me understand
women's experience of
menopause and how
this experience is
learned and shaped.


ST. FRANCIS XAVIER
UNIVERSITY

Your
Menopause
Story

Requirements

- You are older than 45 years of age
- You experienced natural menopause
- You have time to participate in one online interview

bit.ly/researchmenopause

Contact
Alyssa Blais x2014hag@stfx.ca

MENOPAUSE

Appendix B: Research Ethics Approval

Research Ethics Protocol “The Story of One’s Menopause: A Narrative Inquiry Through the Menopause Experience”

jbeaton@stfx.ca <jbeaton@stfx.ca>

Tue 11/8/2022 11:57 AM

To:Alyssa Blais (x2014hag) <x2014hag@stfx.ca>

Cc:Maureen Coady <mjcoady@stfx.ca>;Jacqueline Beaton <jbeaton@stfx.ca>



November 08, 2022

Ms. Alyssa Blais (Principal Investigator)
 Dr. Maureen Coady (Supervisor)
 Faculty of Education\Adult Education
 St. Francis Xavier University

ROMEO File #: 26107

Project Title: The Story of One’s Menopause: A Narrative Inquiry Through the Menopause Experience

Dear Alyssa Blais,

The Research Ethics Board (REB) has cleared the above cited proposed research project for ethics compliance with the Tri-Council Guidelines (TCPS) and St. Francis Xavier University’s ethics policies. In accordance with the Tri-Council Guidelines, your project has been cleared for one year. At the end of each year, the REB will ask if your project has been completed and, if not, what changes have occurred or will occur in the next year. This will be required each year following approval until the project is reported to be completed, up to a maximum of five years.

Renewal Due-2023/11/08

You are reminded of your obligation to advise the REB of any adverse event(s) that occur during this one-year period. An adverse event includes, but is not limited to, a complaint, a change or unexpected event that alters the level of risk for the researcher or participants or situation that

requires a substantial change in approach to a participant(s).

You are also reminded that all changes that might affect human participants must be cleared by the REB. For example, you must report changes in study procedures or implementations of new aspects in the study procedures. These changes must be sent to the undersigned prior to implementation.

On behalf of the Research Ethics Board, I wish you continued success in your research.

Sincerely

Dr. Christine Lomore
Professor and Chair
STFX Research Ethics Board

Appendix C: Research Ethics Protocol Change Approval

Research Ethics Protocol # “The Story of One’s Menopause: A Narrative Inquiry Through the Menopause Experience” - Request for Protocol Changes

December 16, 2022

Ms. Alyssa Blais (Principal Investigator)

Dr. Maureen Coady (Supervisor)

Faculty of Education\Adult Education

St. Francis Xavier University

ROMEO File #:

Project Title: The Story of One’s Menopause: A Narrative Inquiry Through the Menopause Experience

Dear Ms. Blais:

Thank you for your request regarding a protocol change for the approved application noted above.

The following changes have been requested:

I have conducted a few interviews and have found that my interview guide does not seem to elicit substantial critical reflections on their menopausal experience despite meeting the basic criteria. After discussing this with my Supervisor, it could be women may not have given much thought to their menopause experience. We discussed how providing them with a brief pre-interview educational orientation to some of the background research and facts could stimulate reflective thinking. This brief educational orientation will be delivered through a password-protected link online through the research site. Participants would listen to four short videos (3-5 minutes each) prior to participation for a total of 18 to 20 minutes. The four videos will be: 1. Introduction to the research project and experience of menopause - 4 minutes 2. History of menopause (the 1700s to present day) - 5 minutes 3. Stigma of menopause - 5 minutes 4. Conceptual models of menopause (medical, feminist, sociocultural, psychological) - 4 minutes This brief orientation will enable research participants to draw and reflect on their menopause journey. If this change is approved, I will modify the Invitation to Participate and the Participant Consent Form to include the educational orientation.

These changes pose no significant increase in risk to participants. Therefore, I am pleased to approve the protocol change, and I wish you well in your research.

Sincerely

Dr. Christine Lomore

Professor and Chair

STFX Research Ethics Board

Appendix D: Invitation to Participate

Project Title: The Story of One's Menopause: A Narrative Inquiry Through the Menopause Experience

Researcher: Alyssa Blais, Master student, Department of Adult Education, St. Francis Xavier University, x2014hag@stfx.ca

Invitation

I am inviting you to participate in a research project to further expand knowledge on women's experience of menopause and how this experience is learned and shaped. This study is part of my Masters of Adult Education program (M. Ad. Ed.) at St. Francis Xavier University in Antigonish, Nova Scotia.

What is the study about?

The menopause transition and how it impacts women are examined in this study through the perspectives and voices of women. Insight into women's menopausal experiences and knowledge can enable adult educators to develop health literacy education-.

What will I be expected to do?

If you agree to participate, you will be asked to participate in one virtual or telephone interview with me. During the interview, I will ask about your experience of menopause and how you learned about menopause. This interview will be recorded; however, you can request that the recording be stopped at any point. I will transcribe the interview and confirm your meaning by sending you your transcripts to verify that what you have said has been captured correctly. You can add or delete any portion of the transcription. By signing the consent form, you agree to participate in an interview as a part of this research study.

How much time will it take?

The interview will take about 60 to 90 minutes.

Will anyone know what I said?

Only I will know what you said. All names will be replaced with pseudonyms, and your identity will be made confidential. Other steps to protect confidentiality include conducting the interview in a place of privacy. The information provided in an interview will be a pseudonym so that the information cannot be linked to you; the interview recording and transcript will be kept on a password-protected computer, and all hard copies will be kept in a private locked home office. Materials will be kept for two years after completing this graduate research, after which it will be destroyed.

What happens if I change my mind and wish to withdraw?

Participation in this study is voluntary, and you can choose to withdraw at any time. You can tell me in person, by email, or by phone if you wish to withdraw. There will be no consequences if you decide not to continue, and all data collected from you will be destroyed. You can also refuse to answer any questions without ending your participation in this study.

What are the potential benefits and harms associated with participation in the study?

You may benefit from reflection and insight on your experience. You may also benefit from knowing that the information you provide will contribute to the broader knowledge of women's understanding of the menopause experience. There are no known harms associated with your participation in this research. However, there may be harm that we do not yet know about.

The level of risk to participants is difficult to anticipate as there may be a possibility of emotional distress when thinking back on their experience. There will be no participants from my family or friends, and my emotional involvement in this research topic is minimal. I perceive no potential conflicts of interest or power dynamics that would compromise my research project. Sensitive or emotional topics may arise depending on the direction of the conversation; however, participants will not be expected to disclose any information that may embarrass or stress them. Participants will be made aware of their ability to choose not to answer any specific question and to withdraw from the study at any moment without explanation. As interviews will take place virtually, I will recommend that each participant has a family member or friend they can speak to after the interview for a debrief. Should topics arise that cause distress, I will provide information to contact Wellness Together Canada. Wellness Together Canada (WTC) provides high-quality free, confidential resources for all Canadians and is a portal that points Canadians towards the best mental health resources available. WTC's services range from basic wellness information to one-on-one sessions with a counsellor, to participating in a community of support. It is funded by the Government of Canada. The interview will not proceed should a participant signify to me or exhibit signs of distress

Where do I get questions answered?

Researcher: Alyssa Blais
St. Francis Xavier University
Telephone:
Email: x2014hag@stfx.ca

Supervisor: Dr. Maureen Coady, Associate Professor & Chair
St. Francis Xavier University, Department of Adult Education
Antigonish, NS B2G 2W5
Telephone: (902) 867-3244
Email: mjcoady@stfx.ca

Thank you for your consideration, I look forward to hearing from you.

Alyssa Blais

Appendix E: Participant Consent Form

I have received a copy of the “Invitation to Participate” for the research project titled “The Story of One’s Menopause: A Narrative Inquiry Through the Menopause Experience”.

I have had an opportunity to read and understand the information provided. I understand that my identity will be protected by the guidelines outlined in the Invitation to Participate. I understand that I have the right to leave the study at any time and that I can choose not to answer questions. The researcher answered all the questions that I had.

I (print name) _____, voluntarily agree
to participate in this research project.

I agree to participate in a one-to-one interview. YES _____ NO _____

I agree to allow the interview to be recorded. YES _____ NO _____

Signature: _____

Date: _____

Address:

Phone:

E-mail:

Researcher’s name & contact information

Researcher: Alyssa Blais

St. Francis Xavier University

Telephone:

Email: x2014hag@stfx.ca

Two copies are provided; please sign and return one to me and keep the other for your records.

Appendix F: Sample Participant Interview Questions

- Can you please tell me how old you are now and how old you were when you experienced menopause?
- Can you share with me your menopause story?
- Can you tell me about when you first realized you were experiencing menopause?
(Prompts: How did you know you were in menopause? How did you feel about the experience?)
- Tell me about your experience with your menopause transition?
- How did you learn about menopause?
- What is it like to live post-menopause? Has your life changed?
- How has your menopause journey been thus far?
(Prompts: Has it been a positive journey? Has it been difficult?)