

**What Factors Contribute to Women’s Mental Health Concerns Related to the  
Experience of Menopause?**

By

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### **Abstract**

The transitional period of menopause continues to be under researched, influenced by gender inequity regarding women's health concerns. This paper examines individual and societal factors that contribute to women's mental health outcomes during menopause, and sheds light on the underlying and pervasive misunderstanding of menopause globally. Using a feminist theoretical framework, this paper will complete a thematic analysis by reviewing relevant scholarly articles pertaining to women's experience of menopause and will provide recommendation for therapists working with menopausal women. Major findings include how cultural narratives shape women's attitudes towards menopause, the lack of knowledge regarding menopause, the impact of shifting identities during menopause, and the disconnect between individually preferred and societally accepted preferences of care. Research in this area will aim to identify factors related to the experience of menopause that contribute to women's mental health outcomes. Awareness of these factors will support therapists to incorporate mental health interventions that are culturally conscious, and person centered.

*Keywords:* bottom-up approach, exosystem, macrosystem, menopause, mesosystem, micro-system, mind-body connection, top-down approach, womanhood.

### Acknowledgements

I would like to thank the many women in my life who have given me a reason to explore this topic and brought my *why* to light. As I reflect on how these women have added to my insight, I recognize the underlying pervasive narrative of silencing women's experience and how grateful I am for all of our fruitful conversations. Firstly, I would like to express gratitude to the amazing group of soul sisters I have gathered throughout my lifetime. These women have given me permission to be vulnerable and have proven to me that the connections we build are truly embodied in the shared experiences of our imperfections. At the time, it felt was just that; a time to chat and laugh about whatever seemed relevant to each of us. However, as I reflect, I begin to realize those small moments had rippled into the confidence I began to develop as a woman, and the permission I was given to use my voice. It is one thing to be heard; however, it is entirely different to be validated.

I would also like to express gratitude to the women in my family who have allowed me to direct my own journey. Thank you for allowing me to follow my path, and for never making me feel lesser when I did not pursue the traditional way of life. These women have always been a safe landing place for me, giving me guidance when I need it, and reminding me of my own intuition as a woman.

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be lit for quite some time. Thank you for giving me the confidence to question the narratives that have been embedded in not only me, but for so many other women as well. I hope this paper provides a little more confidence to connect to our own intuitive intelligence.

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## Chapter 1: Introduction

The intersection of gender and societal expectations of normality raise important questions regarding the determinants of women's mental health during menopause and reveal the complexity of how mental well-being is defined and managed across different cultures. The role of gender is critical to understanding what factors contribute to women's mental health outcomes during menopause, as gender profoundly influences how individuals experience and express their mental well-being. Gender significantly shapes mental health outcomes due to social norms, expectations, and prescribed roles associated with being male, female, or gender-diverse (Toribio-Caballero et al., 2022).

Current research primarily focuses on the biomedical model of menopause aimed at treating hormone imbalance that is consistent with menopause (Alblooshi et al., 2023; Cronin et al., 2025; Kedare et al., 2024; Ping et al., 2022). However, adjacent to current research's desire to *fix* women's hormonal imbalance, less research has been done regarding the emotional and psychological effects of menopause that also contribute to mental health outcomes (Cronin et al., 2025). The World Health Organization (WHO, 2022) defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” (par.1). This definition exemplifies the vast number of parts that contribute to mental health outcomes. Because of this, addressing women's mental health during menopause requires a nuanced exploration of various individual and social components that influence how menopause is understood and treated.

Menopause occurs alongside evolving societal expectations placed on women that include the pressure to remain vibrant, productive, and youthful, even during this significant life transition (Richards, 2025). As a result, the mental and emotional challenges faced by

menopausal women are often overlooked. Furthermore, menopause can be particularly challenging for women in the context of cultural stigma and taboos regarding aging and sexuality which often make it difficult for women to seek help or express their needs (Richards, 2025). Not considering the complexity of women's experiences of menopause may result in the colonization of healthcare during this time and a loss of autonomy for women in their healthcare decisions. Furthermore, women may feel pressure to conform to suggested treatment options even if these options do not align with their cultural values or personal experiences (Hickey et al., 2022).

Gender inequity continues to exist in current research regarding women's health concerns, revealing gaps in literature regarding how the experience of menopause contributes to women's mental health. This paper discusses the factors that contribute to women's mental health concerns related to the experience of menopause.

### **Research Problem**

Menopause continues to be the least studied transitional phase within the female lifespan (Anderson & Nichols, 2022). Historically, insufficient research pertaining to women's health concerns contributes to a lack of menopausal understanding, leaving individuals to navigate this transition with subpar knowledge. This lack of understanding informs individual perceptions and overarching social narratives regarding menopause. Inevitably, the systematic oppression of women's health concerns continues to perpetuate ill-informed narratives of menopause and misdirected support (Hickey et al., 2022).

### **Research Question**

This paper analysis the research question: *What factors contribute to women's mental health concerns related to the experience of menopause?*

**Rationale/Justification**

This paper aims to identify factors that contribute to women's mental health concerns related to the experience of menopause. It is relevant to confront the fact that globally, we lack understanding regarding the expansive nature of this transitional phase in women's lives, thus leaving room for misguided therapeutic support (Hickey et al., 2022). This paper will explore the individual and societal factors associated with positive and negative experiences of menopause that contribute to the mental health of women during menopause. This paper recognizes the influential effect of gender inequity in current menopausal research, specifically the lack of research and overemphasis of symptom management. Current research's focus on symptom management signifies menopause as phase in need of correction, inadvertently influencing the dissemination of information that is tailored to pathologizing the treatment of menopause. Positive consequences of completing this paper include supporting the current biomedical model of menopause by providing additional insight regarding micro-, macro-, meso-, and exo-system factors that also contribute to women's experience of menopause.

**Significance of the Study**

This topic is important as it brings awareness to the multifaceted experience of mental health during menopause. Principle IV: Responsibility to Society (CPA, 2017) discusses the responsibility of psychologist to be cognizant of the slow evolvement of social structures and policies within differing societies. Within this paper, a review of the chosen articles reflects women's perception of menopause within various cultures and geographical locations. It is important to consider the implication of different cultural lenses that determine the findings within each article. Principle IV (CPA, 2017) notes the expectation of psychologists to increase scientific and professional knowledge in a way that promotes the welfare of all. As therapists

residing in Canada, a country considered multicultural (Government of Canada, 2025), it is important to exercise the ability to conceptualize menopausal women's concerns with a culturally sensitive understanding while tandemly acknowledging the influence of gender inequality.

During the process of therapy, relevant information is gathered to conceptualize presenting problems, informing therapists regarding best therapy interventions (Comier et al., 2017). This paper will address the needs of menopausal women and provide awareness regarding the unique experience of mental health during menopause. To take time to consider underlying narratives that inform, or uninform, practice is an act of social justice. Findings from this paper will support the implementation of interventions tailored to this population. As therapists, it is important not only to understand the presenting problems of our clients but also reflect on additional factors, like gender inequality, that impact the creation of these problems.

### **Theoretical Framework**

Feminist theory will guide the findings of this paper. Feminist theory directs conversation regarding the influence that dominant social discourses have on shaping the experience of women, specifically gender dominance within patriarchal societies (Creswell & Poth, 2025). Feminist theory explores how the systematic oppression of women shapes consciousness, influencing the individual and social acceptance of gender narratives (Creswell & Poth, 2025). Within the context of research, feminist theory aims to “correct both the invisibility and distortion of female experience in ways relevant to ending women's unequal social position” (Creswell & Poth, 2025, p. 31). Olesen (2018) nudges this inquiry by stating “whose knowledge? Where and how obtained by whom, from whom, and for what purpose?” (as cited in Creswell & Poth, 2025, p.31).

Feminist theory identifies the intersectionality of various demographic variables that influence critical trends in the lives of women (Creswell & Poth, 2025). In this paper, intersecting demographic factors will be discussed in regard to the influence on women's experience of menopause, including culture, gender, and age. Throughout history, women's connection to their body has been shaped through a patriarchal and oppressive lens which dictate bodily rights and roles as women (Anderson and Nicols, 2022). From birth, women are socialized according to gender norms that align with the values, attitudes, and expectations of the society they inhabit (Vinagre-González et al., 2020). As Vinagre-González et al. (2020) note "if we relate this socialization process to male and female gender stereotypes, each person assumes what should be the appropriate behavior throughout their lives according to the assigned gender" (p.1). In the context of menopause, women encounter social narratives associated with what constitutes appropriate behaviour during menopause, inadvertently influencing the perception they may have about their experience (Orgrad & Rottenberg, 2023).

Feminist theory highlights the diverse and individualized experiences of women globally and recognizes the definitional fluidity of what constitutes *womanhood* (Anderson & Nichols, 2022; Creswell & Poth, 2025). Anderson and Nicholas (2022) assert that much of a woman's bodily definition and feelings of self-worth are tied to social norms, cultural expectation, and outside definitions. Feminist theory recognizes the influential effect of these factors in regard to the identity of women. If the conceptualization of mental health concerns during menopause does not critically examine the influence of social narratives, subsequent mental health interventions may further be tailored from the same oppressive lens. \

## **Definition of Terms**

***Bottom-Up Approach:*** Refers to an approach within the therapeutic setting wherein attention is brought to the felt sense of the body (somatic) in order to first regulate the nervous system. This awareness of bodily sensations is then integrated into cognitive processing to elicit change (Payne et al., 2015).

***Exosystem:*** One part of Bronfenbrenner's (1983) Ecological Systems theory which aims to explain the influence of different environmental systems that impact the ecology of human development (as cited in Crawford, 2020). Examples within an individual's exosystem may include media, health care systems, and government policies and laws.

***Macrosystem:*** One part of Bronfenbrenner's (1983) Ecological Systems theory which aims to explain the influence of different environmental systems that impact the ecology of human development (as cited in Crawford, 2020). Examples within an individual's macrosystem may include political systems, culture, socioeconomic status, and social norms.

***Menopause:*** The final reproductive phase that women experience (WHO, 2024). Menopause is commonly used to define the three stages; perimenopause, menopause, and post menopause; however, menopause itself only accounts for the last day of a woman's menstrual cycle (WHO, 2024).

***Mesosystem:*** One part of Bronfenbrenner's (1983) Ecological Systems theory which aims to explain the influence of different environmental systems that impact the ecology of human development (as cited in Crawford, 2020). The mesosystem is defined as the linkage between the individual's different microsystems (Crawford, 2020). Examples may include the interaction between an individual's work and family, or family and friends.

***Microsystem:*** One part of Bronfenbrenner's (1983) Ecological Systems theory which aims to explain the influence of different environmental systems that impact the ecology of human

development (as cited in Crawford, 2020). Examples of an individual's microsystems may include their immediate family members, peer groups, workplace, and religious groups.

***Mind-Body Connection:*** refers to the interconnected relationship between the mental state, emotional state, and physical health of an individual (Van Bael et al., 2023). This connection suggests that the mind and body co-create experiences, and that healing occurs through the understanding of this expression (Van Bael et al., 2023). Many somatic-based therapies state that healing occurs when the connection of the mind and body is utilized.

***Top-Down Approach:*** refers to an approach within the therapeutic setting wherein meaning-making begins at the cognitive level (thoughts or cognitions) and works downward to affect an individual's feelings and physiological states. Cognitive Behavioural Therapy is considered a top-down approach (Reagan, 2021).

***Womanhood:*** the definition of womanhood relies heavily on socio-cultural influences that are determined within an individual's micro-, macro- meso- and exo- systems. Anderson and Nichols (2022) explain that womanhood is defined by institutions, specifically regarding how diverse societies position women to serve a function within the specific society.

### **Positioning Statement**

As I approach the stage of menopause in my own life as a cisgender woman, I find myself increasingly reflective on what womanhood truly means to me. This period of reflection has brought with it a certain polarity in my thoughts and experiences; on one hand, I am deeply grateful for the many facets of identifying as a cisgender woman, and on the other hand, I am acutely aware of the oppression and challenges that come with simply being a woman. In recent years, the political climate of our neighbouring country has put a spotlight on questions surrounding women's bodily autonomy. This political focus has made me more introspective

about my own journey in the healthcare sector. I find myself reflecting on scenarios where I may be called upon to support women while also navigating the political or ethical implications involved. Menopause is considered the last stage of a woman's reproductive journey, and I recognize the effect that prior experiences may undoubtedly have on mental health outcomes. I view women's health issues through a feminist lens, focusing on the oppressive nature of healthcare options for women, as most supporting data has historically been based on male subjects (Merone et al., 2022). Although I appreciate that I live in a country and era that encourages the review of health issues that affect women, I continue to identify the inequity women experience within healthcare globally. This duality is a constant, as I simultaneously embrace the joys and complexities of being a woman while acknowledging the societal forces that often limit or diminish our experience.

Moreover, it is important to note that my own experience of womanhood is shaped by the specific privileges I hold. As a Caucasian woman residing in Canada, I am afforded certain opportunities and access to resources that many women around the world, specifically those who identify as Black, Indigenous, and people of color (BIPOC), may not have access to. I have access to quality healthcare, personal agency, and support systems that are often not available to others. I have obtained education in both social work and counselling which allows me to understand underlying pervasive narratives, and I have the freedom to question these narratives without the fear of facing backlash. This awareness has prompted me to critically examine the broader implications of culture, race, and socioeconomic status in shaping women's experience, specifically during menopause.

In the course of my research, I will discuss how culture and sociodemographic factors play a significant role in the mental health of women during menopause. At the same time, I also

recognize that my exploration is inherently shaped by the lens through which I view the world. My perspectives are influenced by a Westernized approach to healthcare, my own cultural background, geographical location, and the privileges that accompany my identity. As such, I acknowledge that the experiences I reflect on may not be universally shared, and I remain mindful of the broader context of the global experience of women.

### **Overview of the Paper**

In this paper I will investigate factors that contribute to women's mental health concerns that are related to the experience of menopause. Chapter Two includes a description of the methods, challenges, and limitations associated within the review of the literature. In Chapter Three I summarise and explain the current understanding of the research question, gaps within the literature, and ethical considerations. In Chapter Four I expand on clinical applications that offer a holistic framework for practitioners that work with women. Chapter Five concludes the paper by synthesizing the key findings that highlight the significance of the research, and offers recommendations for clinical interventions and future research to support practical applications of the outcomes.

## **Chapter 2: Methods of Literature Research**

Chapter Two will discuss the literature search process that was implemented within this paper. Information includes the databases used, parameters of search terms including the combination of these terms, inclusion and exclusion criteria, the evaluation of significant studies, table of primary articles, limitations, and challenges.

### **Description of the Literature Search Process**

Articles were gathered through online databases. Primary articles were found by utilizing the City University of Seattle library, while supporting articles were found using the City University of Seattle library and Google Scholar. Search filters included the following parameters: *peer reviewed, published within 5 years, full text, and written in English*. To obtain primary articles, search terms included *menopause, mental health, perceptions, knowledge, attitudes, and quality of life*. Further search terms were used to identify additional articles relevant to the theoretical understanding of the paper and included *cognitive behavioural therapy, mindfulness-based cognitive behavioural therapy, somatic therapy, somatic experiencing, and feminist theory*. Boolean operators “AND” and “OR” were added to support the combination of the named search terms. Articles were then chosen by reviewing each articles abstract, methodology, results, and discussion sections in order to confirm relevance to the chosen topic.

### ***Inclusion Criteria***

This paper includes peer reviewed studies that were published within the last five years. Articles include diverse cultures, however only articles written in English were reviewed. All articles identified *menopause* as the contextual population of the studies. Primary articles included cisgender women who identified as being perimenopausal, menopausal, and postmenopausal. While reviewing each article’s abstract, methodology, results, and discussion

sections, focus was placed on choosing articles that discussed women's perceptions and attitudes of menopause. Only one of the primary articles was outside the stated parameters. Although Ong et al. (2019) was outside the five-year publication date, this study was included given its description of how menopause is perceived in Singapore. Additionally, articles outside this time frame were introduced to provide relevance to the chosen topic and clinical implications of the findings. For example, insight from Peter Levine (2015) was included given his expertise in Somatic Experiencing. Evans et al. (2011) was also included regarding the use of feminist theory pertinent to the theoretical framework of the paper.

### ***Exclusion Criteria***

Exclusion criteria for primary articles included studies in other languages and articles outside of the five-year timeframe. Additionally, articles that focused on specific mental health concerns during menopause were excluded, as this literature review focused on factors that influence mental health concerns rather than directing research to specific diagnosis that are present during menopause. For example, Kulkarni et al (2024) article, *Menopause Depression: Under Recognised and Poorly Treated* was included in the first search of articles and was able to provide insight regarding the connection between depression and menopause. However, this article was excluded from the primary articles given the article's focus on treatment for menopausal depression rather than women's perceptions of menopausal depression.

Articles that included transgender men (biological female that identifies as male) were excluded. It is important to note the additional factors that contribute to this population's experience of menopause. Transgender men's experience of menopause can be complex, as it involves the physical aspects of menopause and also the unique intersection of biopsychosocial

factors faced as transgender individuals which may significantly differ from that of cisgender women (Toze & Westwood, 2024).

### **Evaluation of Specific Literature**

Both cross-sectional and qualitative articles were included in this paper. Although cross-sectional studies may limit the ability to determine the causation of relevant factors, articles were included to show the unique interplay of factors within women's experience of menopause (Kedare et al., 2024; Scoglio et al., 2018). For example, Salazar-Pousada et al. (2024) conducted a study in Ecuador to determine women's awareness of menopause. Findings highlight the comorbidity of menopausal symptoms and unfavorable cardiometabolic profiles including high obesity rates (78.6%) and abdominal obesity (92.5). Ecuadorian women frequently reported symptoms of menopause as joint pain (75.0%), tiredness (67.1%), and quickened heartbeat (52.1%), which may also be explained by the presence of poor cardiometabolic profiles. Findings also show the correlation of low education on the inability to define and understand menopause. Women with low education report less menopausal symptoms, however, could be explained by the lack of knowledge and naivety to various symptoms. Although only 1.4% of women stated they knew what menopause was, 70% of women identified the presence of depression during menopause, which may be exasperated by the misunderstanding of symptoms congruent with menopause.

Tariq et al. (2024) cross-sectional study employed an online survey. The online survey provided insight regarding the perceptions of menopause and the theme of *change in identity* and *loss of identity*. Within the question regarding women's attitudes towards menopause, one participant stated "It means I am old, washed up, invisible. It's closing the door on any semblance of youth and I don't want that" (Tariq et al., 2024, p.8). Specific words and phrases

were coded included, *old*, and, *I don't want that* which were also seen throughout other primary articles (Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Ong et al., 2019). These codes exemplified the change in women identity that reverberate into the context of womanhood during menopause (Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Ong et al., 2019).

## Table of Primary Articles

**Table 1**

*Selected Articles*

Author(s)	Year	Title	Journal	Type	Country of the Study
Abdelmola et al.	2024	Determinants of Knowledge and Perception About Menopause Among Saudi women: A Cross-Sectional Study	Heliyon Journal	Cross-Sectional	Saudi Arabia
Aririguzo et al.	2023	"You're acting womanish!" A Qualitative Descriptive Study of the Experiences of African	Journal of Women & Aging	Qualitative	United States

		American Women in Menopausal Transition			
Córdoba Iñesta et al.	2023	Knowledge, Attitudes and Experiences of Menopause Among “Early” and “On- Time” Women	Quality in Ageing Journal	Qualitative	Spain
Durairaj & Venkateshvaran	2022	Determinants of Menopausal Symptoms and Attitude Towards Menopause among Midlife women: A Cross-Sectional Study in South India	Cureus Journal of Medical Science	Cross- Sectional	South India
Hajesmaeel- Gohari et al.	2021	A Study on Women's Health Information Needs in Menopausal Age.	BMC Women's Health	Cross- Sectional	Iran

Mankar et al.	2024	Needs Assessment Study for Management of Menopause in the Community.	Journal of Family Medicine and Primary Care	Cross Sectional	India
Muchanga et al.	2024	Knowledge, Attitudes and Practices Towards Menopause Among Congolese Middle-Aged and Postmenopausal Women.	The Pan African Medical Journal	Cross Sectional	Democratic Republic of Congo
Ong et al.	2019	Experiences and Needs of Perimenopausal Women with Climacteric Symptoms in Singapore: A Qualitative Study	Journal of Transcultural Nursing	Qualitative	Singapore

Salazar-Pousada et al.	2024	Menopausal Symptoms and the Awareness of Menopausal-Related Information in Low-Income Mid-Aged Women from Guayaquil, Ecuador.	Gynecological Endocrinology	Cross-Sectional	Ecuador
Sydora et al.	2021	Menopause Experience in First Nations Women and Initiatives for Menopause Symptom Awareness; A Community-Based Participatory Research Approach	BMC Women's Health	Qualitative	Canada
Tariq et al.	2023	Women's Knowledge and	BMC Women's Health	Cross-Sectional	United Kingdom

		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.			
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### Challenges

Challenges were met when researching the utilization of therapy for women’s mental health during menopause. Despite an abundance of articles focused primarily on the medical implications of menopause, there is very little literature regarding the use of therapeutic interventions. This finding required a re-evaluation of the initial chosen topic to expand the search of articles to include topics relevant to mental health, specifically attitudes towards menopause and perceptions towards menopause. During the preliminary search of the topic, evidence was found to support an association between anxiety and depression during menopause (Ping et al., 2022). Another key finding during preliminary work was evidence to support the use of CBT to manage anxiety and depression during menopause (Hunter & Chilcot & Hunter, 2021; Thatcher et al., 2024). During the synthesis of the primary articles, the emerging themes helped to examine the implications of using CBT for this population. These themes highlighted how

CBT is unable to fully address the factors women identify that relate to mental health outcomes during menopause.

This literature review focuses on the factors that contribute to women's mental health concerns that are related to the experience of menopause. It is evident that women experience mental health concerns during this time, however how these concerns are conceptualized is dependent on the dominant cultural discourse. Challenges arose regarding the use of the biomedical model of menopause, and how selected questions appeared to, at times, negate differing cultural ideologies of menopause. This was specifically evident in studies completed in the Democratic Republic of Congo and Ecuador, however the use of medical terminology for menopause was consistent throughout the primary studies (Muchanga et al., 2024; Salazar-Pousada, 2024, 2024). Within Chapter One, I identify and discuss my personal position and the Western lens that influenced my own review of the articles. Articles were read numerous times in order to consider how my lens may create bias. Within Chapter Five, I discuss cross-cultural interventions that support the Western medical model of menopause while incorporating culturally diverse perspectives.

## **Limitations in Research**

### ***Sampling Techniques***

Seven out of the eleven studies recruited women from healthcare settings. This may limit generalizability given the women's connection to healthcare providers, and may not account for perceptions of women that do not access the same supports (Abdelmola et al. 2024; Córdoba Iñesta et al., 2023; Muchanga et al., 2021; Mankar et al., 2024; Salazar-Pousada et al., 2024; Hajesmaeel-Gohari et al., 2021; Ong et al., 2019). Given that access to healthcare can also be explained through socioeconomic status, the use of these sampling techniques does not always reflect the experience of low socioeconomic women (McMaughan et al., 2020).

Tariq et al. (2023) recruited 3,143 women using convenience sampling through an online survey in the United Kingdom. Although the use of online platforms provides the ability to reach diverse individuals, limitations were noted regarding unintended selection biased based on limited digital capabilities of some individuals.

### ***Sampling Size***

Sampling sizes varied amongst all eleven studies. Given that menopause affects all women, the sampling size across all studies appeared inadequate and spoke to the under researched and under resourced paradigm of menopause. For example, Mankar et al. (2024) recruited 1,297 women from three health centres in two cities in India using systematic random sampling. However, the sampling size does not accurately represent the total population of India being 1.4 billion people; approximately half of which are female (WHO, India, 2025). Aririguzo et al. (2022) recruited 16 women from urban, suburban, and rural areas of Texas using a purposeful sampling technique and snowball sampling. Given the population size of the United States, it is difficult to determine if the same views are shared amongst African American women residing elsewhere in the United States.

### ***Intersectionality***

This review includes studies from diverse geographical locations to uncover the prominent factors that contribute to women's mental health during menopause. As stated in Chapter One, women's experience of menopause is uniquely complex due to the interplay of biological, sociocultural, and environmental factors (Kedare et al., 2024). Limitations arose regarding how the emerging themes could also be explained by additional factors that are adjacent to menopause. For example, Ong et al. (2019) studied women in Singapore. Participants endorsed feelings of confusion and stated they were unsure if their experience were related to

menopause, weather, or lifestyle. Given the intersectionality of these diverse factors, it is uncertain if menopause is directly correlated to outcomes and may limit the generalizability of the findings. Additionally, the 11 studies provide a snapshot in the participants menopausal journey and may change within each stage. This was exemplified in Tariq et al. (2023) study of attitudes in women experiencing perimenopause, menopause, and postmenopause. Each stage varied in responses, which could be explained by the influence of various factors including gained knowledge through the lived experience of menopause.

### Chapter 3: Review of Literature

This paper sought to explore the research question: “*What factors contribute to women’s mental health concerns related to the experience of menopause?*”.

Through inductive thematic analysis of the existing literature, four prominent themes and subthemes emerged that highlighted factors that contribute to women’s mental health concerns during menopause. The first theme, *lack of knowledge*, highlights the insufficient education and support women often receive regarding menopause, and discusses the influence of educational status pertaining to the lack of factual knowledge. This theme captures how the absence of comprehensive menopausal information can contribute to confusion, fear, and isolation among women navigating this phase, thus impacting their mental health. The second theme, *attitudes towards menopause*, explores cultural implications on women’s perceptions of menopause. This theme explores the intersection of cultural expression, gendered oppression, and women’s health concerns which influence women’s understanding of menopause. The third theme, *the medicalization of menopause*, discusses the implication of the medical model’s pathologization of menopause and how this affects access to client-centered care. The use of culturally appropriate support is highlighted, including medicalized and non-medicalized options. And the fourth theme, *the perception of womanhood*, discusses the psychological and emotional implications of menopause in the context of intersectional oppression. This theme addresses how societal expectations and cultural narratives contribute to feelings of diminished identity and value during menopause.

The four themes shed light on the current factors that contribute to women’s experience of menopause that inevitably effect mental health outcomes. These themes also provide guidance to reevaluate current mental health support for women during menopause and the benefits of

exploring additional interventions. These findings help therapists discern how to uniquely support women's mental health during this transformative phase.

### **Theme 1: Lack of Knowledge**

Throughout the findings, the first theme emerged regarding the significant lack of understanding and awareness of menopausal symptoms before entering this pivotal stage of life (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023). Findings focused on women between the age of 40 and 75 experiencing perimenopause, menopause, or postmenopausal. Tariq et al. (2023) made a unique contribution by comparing the knowledge and attitudes of women in the three menopausal stages and identified that a lack of awareness and preparedness for menopause was a recurring theme across all menopausal groupings.

Women overwhelmingly indicate that the primary source of information about menopause comes from family, friends, and online platforms (Abdelmola et al., 2024; Mankar et al., 2024; Ong et al., 2019; Sydora et al., 2021; Tariq et al., 2023). While these sources provide partial information, significant gaps in understanding of menopause still exist. Gaps in knowledge include the wide variability in menopausal symptoms, both physical and mental, and the impact these symptoms have on various aspects of life, particularly regarding romantic partnerships and social connections with peers (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023).

Findings reported women are consistently unprepared for the transitional phase of menopause, despite receiving information from friends, family, and online resources. The identified gap between available information and the lived experience of menopause poses a significant source of frustration and distress (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023). Although information is shared, knowledge is often fragmented or insufficient to adequately prepare for the emotional and physical challenges faced during this stage (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Ong et al., 2019; Muchanga et al., 2023; Sydora et al., 2021; Tariq et al., 2023). In a qualitative study conducted by Sydora et al. (2021), First Nations women living in Maskwacis, Alberta, were asked whether the disregard of menopause and menopausal symptoms alleviated worry. One woman states “it is the other way around: if we know what to expect, then we would worry less” (Sydora et al., 2021, p. 7).

The lack of comprehensive and reliable information of menopausal symptoms that include psychological implications exacerbates feelings of uncertainty and emotional distress during this life transition and lends itself to feelings of distress and unease amongst women globally (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023).

### ***Subtheme 1A: Sociodemographic Factors and Menopause***

Throughout the studies, questions were incorporated to analyse the link between the influence of sociodemographic factors and women’s experience of menopause. Of particular

interest is the implication of women's educational level. Findings from the studies suggest that women who identify as having lower education lack knowledge regarding menopausal symptoms, resulting in the misperception of menopause (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023). Women with higher education report having more knowledge regarding menopause; however, these women exhibit discrepancies in their understanding of factual knowledge. While gaps in knowledge persist, greater understanding of menopause is demonstrated among women with higher education (Abdelmosa et al., 2024; Hajesmaeel-Gohari et al., 2021). Thus, the findings suggest the influence education has on menopausal knowledge. While some evidence supported the idea that educational levels influence women's perception of their own knowledge of menopause, there are inconsistency in the relationship between education levels and factual knowledge (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023).

Independent of sociodemographic factors, the lack of menopausal knowledge across educational status' inadvertently influenced women's ability to recognize menopausal symptoms, thus resulting in poor understanding of the effects of menopause. This discovery calls attention to consider the influence of these factors on the recognition of, and access to, menopausal support globally. Obtaining reliable menopausal information through early education within school systems, competent healthcare professionals, evidence-based online platforms, and educational groups was consistently requested, however underutilized (Abdelmola et al., 2024;

Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023). Providing diverse channels for women to access factual menopausal information is imperative to foster competent knowledge sharing throughout diverse sociodemographic groups.

### **Theme 2: Attitudes Towards Menopause**

The intersection of culture and gender greatly influence women's attitudes towards menopause. In order to bolster the understanding of cultural influence on attitudes towards menopause and refrain from overgeneralising women's experiences during menopause, several articles were intentionally reviewed.

Across cultures women are frequently deprived of the knowledge and understanding they need during this transformational time. This appears to influence negative attitudes towards menopause. Findings reveal that cross-culturally, women have poorer attitudes towards menopause and women endorse not knowing how to access reliable resources for information (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023). In tandem, women also report a sense of freedom due to the cessation of their menstrual cycle (Abdelmola et al., 2024; Aririguzo et al., 2022; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Tariq et al., 2023). Globally, the lack of reliable information regarding women's health concerns overwhelmingly impacts not only women's attitudes towards menopause, but also societies. The intersection of individual and

societal acceptance of menopause greatly affects women's mental health during this pivotal transition.

Diverse narratives regarding menopause span the findings and show both positive and negative viewpoints across studies, and tandemly, within studies. For example, Saudi Arabia and the United Kingdom view menopause as a time of gained wisdom and empowerment, along with the previously mentioned sense of freedom due to amenorrhea, the stopping of a woman's menstrual cycle (Abdelmola et al., 2024; Tariq et al., 2023). Negative viewpoints are present in Iran, Singapore, Canada, United States, India and United Kingdom, stating menopause is often viewed with negativity and stigma, be its association with aging and a loss of fertility (Aririguzo et al., 2022; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Ong et al., 2019; Sydora et al., 2019). Cultural narratives significantly impact how women experience and understand menopause. Additionally, societal expectations surrounding femininity, beauty, and youthfulness can heighten the pressures women face during this stage, affecting their self-esteem and overall well-being (Richards, 2025).

Social narratives often shape how menopause is discussed or even acknowledged, influencing whether women feel comfortable seeking help or talking about their experiences. The intersection of culture, gender, and menopause highlight the influence of deeply ingrained social perceptions on the normalization or stigmatization of this natural life transition.

### ***Subtheme 2A: Cultural Influence on Attitudes***

Findings highlight the pervasive impact that misinformation and lack of knowledge have on shaping women's attitudes towards menopause across diverse geographical and cultural contexts. Throughout the findings, women consistently report feeling unprepared for the physical and emotional changes associated with menopause, often citing substantial gaps in understanding

of menopausal symptoms and effects. These gaps in knowledge are not only attributed to individual experiences, but also reflect the broader societal concern regarding the frequent underrepresentation and mischaracterization of menopause in public discourse. As a result, women often navigate this significant life transition with inadequate information and support.

In the study by Ong et al. (2020), Singaporean women characterize menopause as a time of growing older, being closer to death, and a time of isolation. The participants further endorsed not knowing if their symptoms were menopause-related, lifestyle-related, or weather-related (Ong et al., 2019). Culturally, Singaporean women rarely discuss menopause, as it is seen as a taboo subject due to its association with sexuality (Ong et al., 2020). This negative association induces feelings of distress, thus influencing women's negative perception of menopause. Similarly, the cultural influence on knowledge of menopause was demonstrated in Muchanga et al.'s (2021) study of Congolese women, where a majority of respondents answered *I don't know* when asked about their understanding of menopause. Notably, 54% of the women in the study were unaware that menopause is a natural aging process (Muchanga et al., 2021). Yet, when asked about their attitudes toward menopause, positive and negative views were equally represented (Muchanga et al., 2021). Like Singapore, a lack of information sharing pertaining to women's health concerns was discussed, pointing out the scarcity of menopausal education for women within these countries (Drew et al., 2022; Muchanga et al., 2021). As reported by Salazar-Pousada et al. (2024), women residing in Ecuador also echo the same theme, as only 2 out of 140 participants display correct correlation of symptoms and menopause. A possible deduction to the high number of women that report not knowing what to expect during menopause may be due to the inability to recognize symptoms, thus skewing their attitudes regarding menopause. Mankar et al.'s (2024) study also recognize the same narrative. Women

residing in Iran also exhibit incorrect perceptions regarding menopause, including the belief that menopause is a disease, and some stating they believe women do not lose their fertility after menopause (Mankar et al., 2024). Iranian women also misunderstood symptoms congruent with menopause and concluded that symptoms may better be described as malnutrition or aging (Mankar et al., 2024).

Cultural considerations are crucial to examine women's attitudes towards menopause, as culture profoundly influences both individual experiences and societal expectations. The cultural lens through which menopause is viewed shapes how women perceive and articulate their symptoms, their willingness to seek out support, and the degree of stigma or acceptance they may encounter. Cultural norms, beliefs, and values, provide the framework for understanding menopause, and in turn, influence mental health during this phase of life.

### **Theme 3: The Medicalization of Menopause**

From a feminist perspective, the medicalization of menopause has significant impacts on women's view regarding this pivotal stage of life. As Evans et al. (2011) explain, when something is pathologized, the viewpoint of normality as it relates to the problem becomes ubiquitous with society's dominant point of view. The medicalization of menopause leads to viewing it as a disease or a problem needing to be fixed (Munshi & Garg, 2024). Males also experience a similar change in hormone levels during the latter stage of life defined as andropause (Segal & Mastroianni, 2003). However, andropause does not seem to hold the same sentiment as that of menopause, which is often viewed as a time of loss for women: loss of fertility, loss of beauty, and loss of youthfulness (Anderson & Nichols, 2022; Aririguzo et al., 2022; Durairaj & Venkateshvaran, 2022; Muchanga et al., 2021; Ong et al., 2019; Tariq et al., 2023). The experience of women during this transitional phase is influenced by the

medicalization of menopause and creates a desire to *fix* the problems associated with menopause. Hickey et al. (2022) emphasize the need to empower women during this time, such by “embracing the positive or neutral aspects of menopause including the freedom of menstruation, pregnancy, and contraception” while providing medicalized care as needed (p.1).

Within this context, socioeconomic factors which determine the accessibility of healthcare and culturally accepted forms of care must also be considered with respect to women’s views of menopause and accessing support.

### ***Subtheme 3A: Medical and Non-Medical Options of Care***

The management of symptoms varied throughout the findings, with attention given to accessing culturally appropriate methods of care. Some treatment options to relieve menopausal symptoms included hormone replacement therapy (HRT), exercise, traditional practices including mindfulness and meditation, and the ability to access supportive menopausal healthcare providers (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023). Diverse answers exemplify the influence of culture and social narratives; however, across cultures, there is an overwhelming desire to engage in non-hormonal therapies and to access compassionate healthcare providers (Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Ong et al., 2019; Tariq et al., 2023).

As revealed in Theme 1, women lack knowledge pertaining to menopause and menopausal symptoms. This should be noted, as the disconnect between information and knowledge greatly impact women’s ability to (a) recognize symptoms of menopause, and (b) utilize available treatment options. This was especially evident in the studies conducted in

Ecuador (Salazar-Pousada et al., 2024), India (Mankar et al., 2024) and the Democratic Republic of Congo (Muchanga et al., 2021). Women in each of these countries report not accessing any form of treatment for menopause. Inference is made that the lack of information regarding menopause may account for not engaging in any form of treatment. Across all studies and irrespective of available treatment options provided locally, women consistently appear to accept their experience during this period, whether positive or negative, with some women reporting suffering in silence without support (Aririguzo et al., 2022). The disconnect between women's experience of menopause and cross-cultural treatment of symptoms appears to align with the overarching pattern of oppressive and passive approaches to women's rights regarding health concerns.

### ***Subtheme 3B: Comorbidity of Health Concerns***

Women express unease regarding the comorbidity of other health concerns that accompany the transition into menopause. Specifically, the concern about developing cancer as a deterrent to utilizing HRT. This was voiced throughout the studies that discussed HRT, with researchers speculating that the pervasiveness of this concern continues due to misinformation (Abdelmola et al., 2024; Aririguzo et al., 2022; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Tariq et al., 2023). One study conducted in 2002 was discontinued prematurely when it suggested that estrogen plus progestin supplementation was linked to breast cancer and called for the immediate termination of HRT, which led to widespread fear among women and their healthcare providers (Cagnacci & Venier, 2019). Although early findings have since been overturned due to several flaws within the study, the narrative that HRT carries more risk than benefit continues to influence women's concerns, as shown in the findings.

### ***Subtheme 3C: Psychological Supports***

During menopause, women report psychological concerns such as depression, anxiety, and mental exhaustion (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023). Interestingly, increasing access to mental health support is only discussed within the context of research's future considerations (Abdelmola et al., 2024; Durairaj & Venkateshvaran, 2022; Mankar et al., 2024; Ong et al., 2019). As highlighted, most women are not aware of the extent of menopausal symptoms and may attribute symptoms of anxiety or depression to other social or psychological factors present in their lives. Given that women also report minimal access to physicians for menopause-related concerns, there appears to be a gap in physicians' ability to screen for psychological symptoms of menopause and refer to services appropriately.

### **Theme 4: The Perception of Womanhood**

As stated, much of women's bodily definition and self-worth is tied to societal norms and cultural influence (Anderson & Nichols, 2022). Discussions regarding women's experience of mental health during menopause should not only be directed internally but also encompass the broader societal landscape in which they live in order to account for social, political, and economic structures that directly influence these experiences (Evans et al., 2011). As Crocetti et al. (2022) explain, the way in which individuals derive self-worth is directly correlated to their sense of identity. Women throughout the findings endorsed a change in their identity during menopause, expressing both positive and negative viewpoints. Some studies endorsed a negative view regarding these changes in identity due to the perception of loss, silence and isolation, shame, and suffering (Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Ong et al., 2019; Tariq et al., 2023). In contrast, positive correlations to

menopause are also endorsed. Women residing in Saudi Arabia identify menopause as a delightful new phase and explain it as a second stage of maturity (Abdelmola et al., 2024). As Nusrat et al. (2008; as cited in Córdoba Iñesta et al., 2023) point out, eastern cultures tend to view menopause as a natural process, which could explain the positive correlation by women in Saudi Arabia. Additionally, First Nations women in Maskwacis, Alberta, identify menopause as a time to celebrate new spiritual freedom due to less restrictions when engaging in ceremonies that were once restricted by their moon time or menstrual cycle (Sydora et al., 2021).

It is important to note that in three studies from Ecuador, the Democratic Republic of Congo, and India, women identify having little to no knowledge of menopause, which may account for study participants not identifying positive or negative correlations of identity changes during menopause (Salazar-Pousada et al., 2024; Mankar, et al., 2024; Muchanga et al., 2021).

#### ***Subtheme 4A: Fertility Related to Womanhood in Menopause***

Many women identify menopause as a time signifying the loss of *womanhood*, as it marks the ending of fertility (Córdoba Iñesta et al., 2023; Hajesmaeel-Gogari et al., 2021; Mankar et al., 2023; Ong et al., 2019; Tariq et al., 2023). From an evolutionary standpoint, the role and identity of women is synonymous with procreation (Córdoba Iñesta et al., 2023). As Foucault (1995) points out, the idea of *normal* is a function of power (as cited in Anderson & Nichols, 2022). Foucault (1998) also adds, “if normal is a function of power, then a pervasive belief in one's abnormality could be a means of structural oppression” (p.6; as cited in Anderson & Nichols, 2022). If a woman who is no longer able to procreate is seen as ‘abnormal’, this diminishes her value within society. As menopause begins and fertility is no longer present, women lose their role as procreators, preluding to questions regarding purpose and identity. A woman in Aririguzo et al.’s (2020) study identified the importance of child rearing within

African American culture, and the devastation women feel regarding the loss of this integral part of life during menopause. This sentiment was echoed throughout the findings and clearly defines the significance that procreation accounts for in the identity of womanhood cross-culturally.

***Subtheme 4B: Relational Stress Related to Womanhood in Menopause***

Women endorse significant concerns regarding relational stress within romantic partnerships (Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Mankar et al., 2024; Ong et al., 2019; Sydora et al., 2021). Specifically, women associate relational stress to the menopausal symptoms of mood swings and lack of sexual desire, and how these factors impact their partners. Recognizing the intersection of gender and culture is paramount in understanding women's position within romantic partnerships and the expectations of women within diverse cultures. Ong et al. (2019) highlight that women residing in Singapore express deep concern regarding their ability to fulfill their duties as a wife during menopause. Singaporean culture, deeply rooted in patriarchal values, uphold the expectation that women contribute to relationships by fulfilling their husband's desires (Ong et al., 2019). Conversely, women residing in Saudi Arabia express no change in their ability and interest to satisfy their husbands (Abdelmola et al., 2024). These contrasting findings are intriguing, as both Singapore and Middle Eastern countries are deeply rooted in the cultural and religious framework of patriarchy that influences the subservient role of women in relationships (Aldossari & Calvard, 2022; Alswayied et al., 2024). Although women residing in Saudi Arabia do not report relational stress due to menopause, inference is made that the dismissal of concern may be due to the correlation of menopause and sexuality, as both are seen as taboo topics (Alswayied et al., 2024). Saudi Arabian women may be unwilling to discuss menopause-related concerns that negatively affect their duty as wives (Aldossari & Calvard, 2022).

### ***Subtheme 4C: Isolation and Shame During Menopause***

Concerns regarding isolation and shame emerged within the context of romantic relationships during menopause (Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Mankar et al., 2024; Ong et al., 2019; Sydora et al., 2021). The findings indicate that women feel unsupported by their partners during menopause, with many reporting they are unable to discuss their experience. As discussed, women often possess minimal knowledge about menopause and its symptoms, primarily due to the lack of shared factual information (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023). On a macro- and exo-systems level, the inability for any individual to easily access factual menopause information undoubtedly affects society's perception of menopause, often leading to misconceptions and stigma. This lack of awareness places the onus on women to articulate what is occurring for themselves in real time. Concurrently, on an individual level, the lack of menopausal knowledge inevitably affects the women's ability to articulate their experiences, leading to feelings of shame and isolation.

### **Gaps in Current Literature**

The findings of the literature review reveal gaps in current research related to menopause. Gaps in literature will be reviewed, specifically regarding the dissemination of factual information that contribute to menopausal knowledge.

### ***Integration of Menopausal Healthcare Within Primary Care***

The findings suggest women's desire to access compassionate and competent healthcare providers, yet there is limited literature on how to integrate menopausal mental healthcare in primary care settings. Additionally, it is important to consider the cultural influence regarding

what defines compassionate and competent healthcare providers. Cross-culturally, healthcare providers may incorporate various non-medical support such as, traditional healers, shamans, and spiritual leaders to offer a holistic approach to care.

From a Western lens, it would be beneficial to explore how primary care physicians address menopause-related mental health concerns and whether there are effective strategies for integrating menopausal mental health management into routine healthcare services, especially in marginalized settings. Additionally, the literature lacks comprehensive information regarding therapists' ability to provide menopausal education to women. Since the presence of anxiety and depression are heightened during menopause (Ping et al. 2022), women may already be accessing therapy for these concerns. Just as physicians should be well-versed in the psychological implications of menopause, therapists should also be able to conceptualize mental health concerns related to menopause and provide referrals to menopausal health supports as needed.

### ***Menopause Education and Information Dissemination***

The findings highlighted the gaps in women's health information needs, but there is a lack of research regarding how menopausal education is delivered. While women express a need for more information about menopause, the best delivery and format is not explored in depth. There is a gap in understanding whether digital health platforms, traditional media, or community-based education would best serve diverse populations, especially in regard to marginalized communities and culturally sensitive delivery options.

### ***Menopause Support Networks and Peer Support***

The findings highlight the role family and peers play in women's understanding of menopause. The findings suggest women are unsatisfied with the information shared with them,

however there is a gap in understanding how informal support systems such as peer groups, online communities, or familial support, could be better equipped to support the exchange of menopausal information. There is also limited research regarding men's understanding of menopause, as this relates to women's support networks. Research that examines how women interact with these support networks could provide insight regarding how to disseminate knowledge to a variety of populations.

### **Ethical Consideration**

The ethical guidelines for research are governed by the Canadian Code of Ethics for Psychologists (Canadian Psychological Association [CPA], 2017) and the TriCouncil Policy (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada [CIHR], 2022). The CPA (2017) Code of Ethics outlines principles that support the adherence to key ethical principles that guide psychological research, including respect for individuals, responsible care, integrity in relationships, and societal responsibility. Similarly, the TriCouncil Policy (CIHR, 2022) ensures the ethical treatment of all participants in human-focused research. Together, these documents establish the ethical framework and guiding principles for all clinical and research activities in psychology within Canada.

Informed consent, both verbal and written, was obtained from all study participants prior to commencing (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023), which ethically aligns with both the Canadian Code of Ethics (CPA, 2017) and the TriCouncil Policy Statement (CIHR, 2022). Ten out of the eleven studies were approved by

various local ethical boards to ensure studies were aligned with protocols relevant to local mandates (Abdelmola et al., 2024; Aririguzo et al., 2022; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023). Acknowledging the approval of the studies by ethical boards within each diverse culture and geographical locations also aligns with the key principles of the Code of Ethics (CPA 2017), specifically Principle IV.16 and IV.17, Respect for Society.

Consideration of whether the research provides benefits and mitigates risks of the participants should be carefully weighed. According to the TriCounsel Policy Statement, awareness of the following factors must be considered to ensure ethical conduct in research involving humans; (a) the presence of Western ideologies within research conducted in other cultures (b) cultural awareness of women's health, and (c) gendered oppression (CIHR, 2022). Given the diversity of cultures within the literature review and the interconnected influence of gender oppression on women's health concerns, additional awareness should be given in regard to the stigmatization of menopause in diverse cultures.

### **Summary of Findings**

When answering the research question, *what factors contribute to women's mental health concerns related to menopause?* the literature highlights four key themes: 1) the lack of consistent and factual information, which contributes to poor knowledge outcomes; 2) cultural and sociodemographic factors that influence both positive and negative attitudes; 3) discrepancy regarding treatment options, including both medical and non-medical approaches, and, 4) the perceptions of womanhood during menopause that directly effects identity and self-worth.

Although all four themes exhibit variations across cultural and geographical systems, each theme presented important underlying factors that contribute to women's mental health concerns globally. Firstly, women reported feeling unprepared for menopause. Throughout the studies, women consistently expressed that although they had received information from friends, family, and online platforms, the information was often fragmented and failed to provide a comprehensive understanding. Given the diverse ways in which menopausal symptoms are experienced, the desire for accessible and comprehensive education is understandable. The intersection of women's symptoms and their sociodemographic status were also identified and significantly influenced not only their ability to identify menopausal symptoms but also the formation of their attitudes toward menopause.

The findings presented a range of attitudes toward menopause, highlighting the polarity in women's views of menopause, sometimes occurring tandemly. Some women described menopause as a joyous time of second maturity, while others experienced feelings of despair, seeing it as a marker of approaching death. In this way, cultural context helps to explain how social narratives influence attitudes and perceptions. Additionally, social narratives regarding womanhood also informed women's shift in identity during menopause. Several women reported a sense of shifting identity, particularly noting the connection between womanhood and the loss of fertility, as well as a perceived loss of purpose.

The final factor, the medicalization of menopause, must be understood within its cultural context. In some cultures, menopause is seen as a natural life process, while in others, this model has prompted the notion that menopause is a stage that must be fixed. Treatment options further built on the themes, as evidence demonstrated the disconnect between socially endorsed forms of

treatment like HRT, and individually preferred treatment options that include non-medical interventions.

This literature review provides valuable insight regarding the factors that contribute to women's mental health concerns during menopause. It appears that all four themes affect women on a microsystem level, however, are influenced by meso-, macro- and exo- system level factors. The next chapter will explore therapeutic modalities and interventions that directly address the findings of the paper.

## **Chapter 4: Application to Clinical Practice**

This literature review highlights factors that contribute to women's mental health concerns related to the experience of menopause. Chapter Four discusses how the findings can be addressed in therapeutic practice, how cultural differences factor into the use of current research, and how this paper contributes to scientific knowledge. Lastly, I will discuss how the findings of the literature review demonstrate the need for new theoretical models including M-CBT and somatic therapies that address both the physical and cognitive aspects of menopause.

### **Application for Practitioners**

Literature findings show women experience a strong desire to be understood during menopause (Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Mankar et al., 2024; Ong et al., 2019; Sydora et al., 2021). Findings suggest there is disconnect between current research's focus on symptom management and how women experience menopause, thus impacting mental health outcomes (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023). Within the context of therapy, embracing menopause as a natural transition and fostering open, non-judgmental conversations will support women's desire to be understood (Hickey et al., 2022). Engaging women in open discussions about their experience of menopause and how it relates to their mental health concerns will support a new and empowered view of menopause. Supporting women to freely express their experience and offering psychoeducation regarding menopause will help cultivate a sense of understanding and empowerment during this phase of life.

## **Cultural Considerations**

Current research employs the Western biomedical model that emphasizes a clinical understanding of menopause. However, literature findings show that not all women globally may recognize their experience as menopause or categorize it as a distinct medical condition. As reported in the findings, some view this time as normal and inevitable phase of life with varying cultural practices and rituals surrounding the transition. In fact, every woman, regardless of cultural background or geographic location, undergoes this natural process. However, the meaning and significance attached to this transformative phase differs greatly depending on cultural beliefs, traditions, and social norms. It is crucial to consider the cross-cultural understanding of menopause, as perceptions and experiences vary widely across cultures and geographical regions.

The use of the Western biomedical model in current research, which often involves naming and pathologizing symptoms related to menopause, plays a central role in shaping how this transition is understood and treated (Munshi & Garg, 2024). Within current research, menopause is frequently framed as a condition that requires the management of symptoms through medical interventions like HRT or other approaches aimed at alleviating symptoms (Hickey et al., 2022). This phenomenon frames menopause as something that deviates from the *norm* of women's health, requiring a corrective action to restore balance or alleviate discomfort (Hickey et al., 2022). It is important to recognize the negative impact that this approach has on women's understanding of menopause, especially as it tends to overemphasize symptom management rather than a more holistic or culturally informed approach to care.

Findings from the literature review show that pathologizing menopause in this way can inadvertently devalue or overlook the diverse ways in which women across cultures have traditionally understood and treated their transition. This was exemplified in Muchanga et al.'s

(2021) study of Congolese women, where the cultural perspective of menopause differs from the medicalized view grounded in the Western framework. As discussed in Chapter Three, Congolese women reported having limited knowledge of menopause and unconventional practices. Within the study, researchers inquired about menopausal symptoms and women stated they were unaware of many of these symptoms, including sleep problems, depression and anxiety, mental exhaustion, sexual problems, joint and muscle pain, and weight gain (Muchanga et al., 2021). When asked about available treatment options, only 0.8% to 4.6% of participants acknowledged knowing treatment options, and two women reported using saliva as lubrication to support vaginal dryness (Muchanga et al., 2021). From the perspective of current research, Congolese women appear to lack insight regarding menopause; however, it is important to recognize the questions within Muchanga et al.'s (2021) study were based in the Western medical model of menopause. Women in the Democratic Republic of Congo experience some or all of the physiological symptoms of menopause, but may attribute them to other factors or not emphasize them at all. By failing to recognize how sociocultural factors influence this transition, current research may contribute to a form of cultural oppression of traditional knowledge. This process of pathologization and medicalization could also lead to the colonization of healthcare, wherein Western methods of treatment are imposed on diverse populations without regard for local customs, beliefs, or practices (Phiri et al., 2023). Given the findings of this paper, it is imperative for therapists to be aware of differing views of menopause and how this may relate to client concerns and mental health outcomes.

### **Contribution to Scientific Knowledge**

This paper fills a gap in current research by exploring factors that contribute to women's mental health concerns related to the experience of menopause. This paper raises awareness of

gender inequity within the field of research, specifically the lack of research regarding women's health concerns that ultimately results in the dissemination of misinformation about menopause. Current research focuses primarily on symptom management of menopause, implying that menopause is a negative time in women's lives that must be fixed. This paper serves to add valuable insight regarding underlying pervasive and oppressive rhetoric that continues to inform research, and the silencing of women's concerns regarding menopause that subsequently influence women's mental health outcomes. All four themes presented a disconnect between, a) current research focus of the biomedical understanding of menopause which negates other factors congruent with menopause and b) the lack of research that highlights women's experience of menopause and their identified needs during this time. Arguably, this paper's findings highlight the need for reflecting on the influence of gender inequality that influences the focus of research and continues to disregard the needs of women during menopause.

### **Recommendation for Theoretical Model**

The recommendation of M-CBT and somatic therapies will be discussed, as these models address the four themes identified within the literature findings. These two models consider the cognitive and somatic experiences that contribute to mental health concerns.

### ***Physical and Cognitive Aspects of Menopause***

Findings endorsed a desire to engage in non-medical treatment options, naming body-centered activities like movement, mindfulness, and meditation (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023). In menopause, physical symptoms such as hot flashes, sleep disturbances, and joint pain can profoundly impact mental

health. M-CBT and somatic therapies address the findings of the literature review by engaging in a bottom-up approach to therapy. M-CBT and somatic approaches argue that mental health concerns not only arise from maladaptive cognitive patterns, but also from a lack of awareness and understanding of the body's physical sensations (John et al. 2022; Levine, 2015).

As established, human beings derive meaning from cognitions that are shaped by the society in which they live. As the findings explored, social constructs regarding womanhood significantly influence women's shift in identity during menopause. M-CBT AND somatic-based therapy is especially beneficial in counteracting these oppressive constructs, as it directly supports women to understand their own experience of menopause (Darnell, 2023; Levine, 2015). This enables women's experience of menopause to occur organically, promoting self-knowing through the body and moves beyond the limitations that language can sometimes impose. By focusing on the body's responses during menopause, M-CBT and somatic therapy aims to promote individual awareness to create emotional balance, understanding, and overall well-being (Darnell, 2023; Levine, 2015).

### ***Mindfulness-Based Cognitive Behavioural Therapy (M-CBT)***

Within Chapter Three, findings identified poor attitudes towards menopause which were influenced by women's lack of understanding the comorbid physiological and psychological symptoms of menopause. M-CBT is a method that combines traditional CBT talk therapy with interventions rooted in mindfulness and meditation that support the connection of the physiological and psychological experience (Terikani et al., 2025). Unlike traditional CBT, M-CBT recognizes the benefits of adopting behavioural activation interventions like mindfulness and mediation (Terikani et al., 2025). Combining mindfulness and meditation with traditional CBT interventions assists women to address negative cognitions association with menopausal

symptoms (Samami et al., 2022; Terikani et al., 2025). Several studies show the efficacy of providing M-CBT to menopausal women to address the comorbid physiological and psychological symptoms influencing mental health concerns during this period (John et al, 2022; Samami et al., 2022; Terikani et al., 2025).

### ***Somatic-Based Therapies***

The findings consistently show uncertainty regarding the individual effects of menopause on mental and physical well-being (Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Mankar et al., 2024; Ong et al., 2019; Sydora et al., 2021). Somatic Experiencing, a type of somatic-based therapy, was developed by Peter Levine in the early 1970s (Levine, 2015). Somatic Experiencing supports the benefit of being aware of bodily sensations and how these sensations relate to emotions. Somatic Experiencing is a bottom-up therapeutic approach that emphasizes healing through the body's intelligence, encouraging individuals to tune in and understand the visceral (somatic perception) and musculoskeletal (kinesthesia) experiences that influences their overall mental health (Darnell, 2023; Kuhfuß et al., 2021; Levine, 2015). In this way, Somatic Experiencing targets the negative internal narratives associated with menopause. By focusing on the mind-body connection rather than only cognitive processing, Somatic Experiencing captures women's individual experience (Levine, 2015). This gentle acknowledgment serves as the foundation for strengthening the mind-body connection, ultimately promoting the integration of both within the therapy process.

The finding of the literature review identified the disconnect between understanding the physiological and psychological experience of menopause. Somatic Experiencing identifies the physiological dysregulated symptoms that occur from traumatic experiences and the psychological implications of these symptoms (Kuhfuß et al., 2021). While menopause itself

may not be classified as trauma, the challenges associated with menopause resemble some mental health outcomes that are also related to trauma including fatigue, anxiety, depression, avoidance of emotions, isolation, disorganized thinking, impaired affect regulation, dysfunction in relationship, and a distorted sense of self (Feriante & Sharma, 2023). Additionally, the intersectional oppression that women face including racism, sexism, and ageism, contribute to both covert and overt experiences of trauma (Ravi et al., 2023). These factors add layers to the already complex time of menopause. Given the overlap of symptoms and mental health outcomes between menopausal women and trauma clients, Somatic Experiences provides a tangible intervention for therapists to integrate into therapeutic practice.

### **Conclusion**

Enhancing awareness of how physical symptoms influence cognitive well-being can help women navigate menopause with greater understanding. As women tune into the bodily sensations of menopause, individual meaning can be made regarding how these symptoms influence their psychological concerns. This further endorses the benefit of incorporating M-CBT and somatic therapy as it aligns with the literature review findings. In this way, incorporating M-CBT and somatic-based therapy into mental health care offers a more comprehensive and person-centered approach to women's mental health during menopause.

## Chapter 5: Conclusion and Recommendations

### Synthesis of Key Points

In response to the research question “*what factors contribute to women’s mental health concerns related to the experience of menopause?*” several themes arose within the literature.

**Table 2**

#### *Themes From the Literature Review*

Theme	Subtheme	Evidence
1) Lack of knowledge regarding the expansive nature of menopause leads to women feeling lost, isolated, and ashamed of their experience.	A) <i>Socioeconomic factors and menopause</i>	Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023
2) Attitudes regarding menopause are influenced by various cultures beliefs, norms, and customs.	A) <i>Cultural influence on menopause</i>	Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023

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3) The medicalization of menopause influences perceptions.	<i>A) Medical and non-medical options of care</i>  <i>B) Comorbidity of health concerns</i>  <i>C) Psychological supports</i>	Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023
<hr/>		
4) The perception of womanhood deeply influences women's identity, impacting quality of life during menopause.	<i>A) Fertility related to womanhood</i>  <i>B) Relational stress related to womanhood</i>  <i>C) Isolation and shame</i>	Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023

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### Summary of the Findings

This paper explored the research question “*what factors contribute to women's mental health concerns related to the experience of menopause?*”. Lack of knowledge emerged as a critical reason for mental health concerns during menopause. The absence of factual and accessible information directly influences women's attitudes toward menopause, viewing menopause not as a natural biological transition, but often as a time of confusion and fear. These perceptions are compounded by the general disconnect of individual versus societal

understanding of beneficial supports during menopause, specific regarding medical and non-medical interventions. This leads to many women managing symptoms on their own. The historical underrepresentation of research regarding women's health concerns contributes to a lack of menopausal information. Compared to other reproductive phases, menopause remains one of the least studied and least discussed, both in academic literature and public discourse.

This silence has broader social implications. The findings show that women commonly report feeling unprepared for the onset of menopause and often name a disconnect between physical symptoms and psychological and emotional responses. This sense of disconnect contributes to feelings of confusion, frustration, and distress. Many women find themselves struggling with symptoms they don't recognize or understand, which further intensifies the emotional toll of this life transition. In particular, women emphasize difficulty integrating bodily experiences with internal mental narratives.

Attitudes regarding menopause vary across cultures and geographical locations. Findings identify menopause as both a stage of celebration and one of loss within the identity of woman. In many societies, fertility is closely tied to women's perceived value and identity. When fertility ends, women experience a sense of loss regarding their reproductive ability, their place within society, and their personal identity. This transition is deeply unsettling, especially in the absence of supportive narratives and guidance. As a result, the psychological toll of menopause is intensified, with many women experiencing increased anxiety, depression, and a sense of invisibility. Thus, the widespread lack of understanding is not only an issue of misinformation, but a significant factor contributing to the mental health struggles experienced during menopause.

### **Key-Takeaway**

Gender discrimination continues to influence inequity in research regarding women's health concerns and contributes to the dissemination of insufficient information regarding menopause. Women's experience of menopause is shaped by increased mental health concerns that are influenced by the lack of research and sharing of factual information, cultural narratives about menopause and womanhood, and a disconnect between preferred methods of care and societal approaches (Abdelmola et al., 2024; Aririguzo et al., 2022; Córdoba Iñesta et al., 2023; Durairaj & Venkateshvaran, 2022; Hajesmaeel-Gohari et al., 2021; Mankar et al., 2024; Muchanga et al., 2021; Ong et al., 2019; Salazar-Pousada et al., 2024; Sydora et al., 2021; Tariq et al., 2023 ). Supporting women to understand and integrate physiological and psychological components will contribute to a better understanding of the various factors that influence the experience of menopause (Darnell, 2023; John et al. 2022; Levine, 2015; Kuhfuß et al., 2021; Terikani et al., 2025). This will support the restoration of the mind-body relationship that often feels fractured during this time (Levine, 2015; Kuhfuß et al., 2021; Samami et al., 2022; Terikani et al., 2025). Within the therapeutic setting, incorporating interventions that encourage clients to recognize and understand how symptoms manifest within the bodies can be a powerful act of validation and provide women with compassionate, person-centered care. Understanding what is felt within the body can shift a woman's experience of menopause from one of helplessness to one of self-agency and empowerment.

### **Recommendations for Future Research**

This research highlights the wide range of factors that contribute to women's mental health concerns during menopause. As stated, there is very little literature regarding the benefits of identifying menopause symptoms within therapeutic assessments. Future research may focus on the benefit of administering the Greene Climacteric Scale (Greene, 1976) to women of

menopausal age during the assessment process (*see appendix 1*). The Greene Climacteric Scale provides a brief screening of psychological, vasomotor, and physical symptoms that are congruent with menopause (Greene, 1976). A potential question to direct future research may be *“What are the benefits of administering the Greene Climacteric Scale in therapy to support women’s understanding of menopause?”*

Additionally, I recommend that future research focuses on the media representation of menopause. As shown in the findings, perceptions and attitudes towards menopause are influenced by social narratives. A future question may be *“How does the portrayal of menopause in social media influence women’s perceptions of menopause?”*.

### **Final Reflection**

The process of completing this project has been both rewarding and challenging. As I reflect on this journey, I appreciate the knowledge I have gained regarding the topic. However, I find myself emerging with as many questions about menopause as were expressed by the participants within the studies. The research highlights a pervasive, cross-cultural narrative; one that reveals a persistent lack of consideration for women’s health concerns. As a therapist, this further emphasizes the importance of providing culturally sensitive, individualized care.

Throughout my research, I found myself continually examining the Westernized perspective that influenced my findings, particularly my inclination to *fix* the factors contributing to women’s mental health challenges during menopause. Several ideas came to mind, including the integration of psychoeducation about HRT as a first-line treatment; creating focus groups to educate men about menopause; and facilitating women’s groups to encourage the sharing of menopausal experiences. While these applications align with the findings and would certainly support women’s mental health during menopause, they fall short of addressing the deeper issue;

the need to empower women to reconnect with the intuitive understanding of their own bodies during menopause.

Throughout history, women have been told how to feel, behave, and respond. In this research, I intentionally sought to move away from this narrative by researching and amplifying women's nuanced and diverse experience of menopause. As an emerging therapist, I continue to grapple with the power dynamics inherent in the therapeutic relationship, where clients often look to us for answers and direction. This paper offered an enlightening reminder that clients are the true experts of their lives. My role is not to lead, but to walk alongside them, supporting their journey, honoring their wisdom, and co-creating a path towards healing.

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## Appendix 1

### [Greene Climacteric Scale](#)

(Greene, 1976)

*\*Click on the link above to access the table.*