

Running head: WOMEN'S SELF-CONCEPT DURING MENOPAUSE

A Qualitative Study of Women's Self-Concept During Menopause

Leanne Kelly

17521573

Supervisor: Dr. Caoimhe Hannigan

Thesis Presented in Partial Fulfillment of the Requirements for the Bachelor of Arts (Hons)

Degree in Psychology, Submitted to the National College of Ireland, March 2020.

Submission of Thesis to Norma Smurfit Library, National College of Ireland**Student name:** Leanne Kelly **Student number:** 17521573**School:** School of Business **Course:** Psychology**Degree to be awarded:** B.A. (Hons) in Psychology**Title of Thesis:** A Qualitative Study of Women's Self-Concept During Menopause

One hard bound copy of your thesis will be lodged in the Norma Smurfit Library and will be available for consultation. The electronic copy will be accessible in TRAP (<http://trap.ncirl.ie/>), the National College of Ireland's Institutional Repository. In accordance with normal academic library practice all theses lodged in the National College of Ireland Institutional Repository (TRAP) are made available on open access.

I agree to a hard-bound copy of my thesis being available for consultation in the library. I also agree to an electronic copy of my thesis being made publicly available on the National College of Ireland's Institutional Repository TRAP.

Signature of Candidate:Leanne Kelly**For completion by the School:****The aforementioned thesis was received by** _____ **Date:** _____

Submission of Thesis and Dissertation

National College of Ireland
Research Students Declaration Form
(Thesis/Author Declaration Form)

Name: Leanne Kelly

Student Number: 17521573

Degree for which thesis is submitted: B.A. (Hons) in Psychology

Material submitted for award

- (a) I declare that the work has been composed by myself.
- (b) I declare that all verbatim extracts contained in the thesis have been distinguished by quotation marks and the sources of information specifically acknowledged.
- (c) My thesis will be included in electronic format in the College Institutional Repository TRAP (thesis reports and projects)
- (d) I declare that no material contained in the thesis has been used in any other submission for an academic award.

Signature of research student: Leanne Kelly

Date: 28/02/2020

Acknowledgements

Firstly, I would like to thank the participants who gave up their time to help me conduct this research - I greatly appreciate it. I would like to thank my supervisor, Caoimhe, who has guided and reassured me every step of the way, and all the staff at NCI who have provided me with the tools to progress to this stage in my degree. My amazing Mam, my Dad, my Nanny, and my wonderful boyfriend, Jordan, who have all put up with me through the trials and tribulations of this research project. And last, but by no means least, my amazing friends – my hot girl scholars – who have supported and motivated me every day without fail; I couldn't have done it without you all.

Abstract

Background and Aims: Much like puberty in adolescents, the mid-life transition to menopause by women is characterized by many physical, social and psychological changes. Previous research has investigated various aspects of women's experience of and attitudes towards menopause, but little qualitative research has examined women's self-concept during this phase. There is also limited research surrounding menopause in general within an Irish context.

Therefore, the aim of this research was to explore Irish women's experience of the menopausal transition and to understand if and how their experience has impacted their self-concept.

Method: Participants who had experienced symptoms associated with the natural menopause transition in the previous two years were recruited via convenience sampling ($N = 10$). All participants were Irish, and their ages ranged from 43-54 years ($M = 49.70$, $SD = 3.65$). Semi-structured interviews were conducted with each participant which included questions relating to various dimensions of women's self-concept (e.g. self-esteem and body-image). The data were analysed with adherence to Braun and Clarke's (2006) six phases of thematic analysis. **Results:** Four key themes were identified: (i) Loss of identity, womanhood and control, (ii) Negative self-appraisal, (iii) Impact of menopause and self-concept on quality of life, (iv) Positive changes in self-concept; a time for self-compassion and self-acceptance. **Conclusions:** The experience of menopause is unique to every woman. The negative impact that the experience can have on one's self-concept should be considered by health care practitioners to maximize support for women during this significant developmental period.

Keywords: Menopause; self-concept; identity; self-image; body-image; thematic analysis

Table of Contents

A Qualitative Study of Women's Self-Concept During Menopause.....	1
Methods.....	13
Participants.....	13
Data Collection	14
Study Procedure	15
Ethical Considerations	16
Data Analysis	17
Data Analysis Procedure	17
Results.....	18
Loss of identity, womanhood and control.....	19
Negative self-appraisal.....	23
Negative impact of menopause and self-concept on quality of life.....	26
Positive changes in self-concept; a time for self-compassion and self-acceptance	29
Discussion.....	31
Strengths and Limitations	35
Implications and Future Research.....	36
References.....	38
Appendices.....	49

A Qualitative Study of Women's Self-Concept During Menopause

The human life cycle encompasses a wide range of biologically determined critical points (Beyene, 1986). Much like puberty in adolescents, the mid-life transition into menopause by women is characterized by many physical, social and psychological changes (Kumari, Stafford, & Marmot, 2005). The beginning of what one would typically consider 'menopause', is known as the perimenopausal transition; characterised by deviations in normal ovulatory cycles, and menstrual irregularities, including the onset of menopausal symptoms (Speroff, 2002). The typical age range for entry into this stage is 39-51 years, with an average duration of five years (Treloar, 1981). Common symptoms that are experienced by women in this phase include hot flashes, heavy and irregular periods, urinary incontinence and infections, vaginal atrophy, reduced sexual function, sleep disturbances and cognitive disturbances (Woods & Mitchell, 2005). Menopause occurs with the loss of ovarian follicular function, resulting in the permanent cessation of menstruation, which is clinically diagnosed when twelve consecutive months of amenorrhea have occurred (Kahwati, Haigler, & Rideout, 2005). According to the longitudinal Massachusetts Women's Health Study (McKinlay, Brambilla, & Posner, 1992), menopause is reached at an average age of 51 years, with an age range of 44-56 years (Treloar, 1974). The transition to menopause may also increase the risk of some chronic conditions including coronary heart disease and osteoporosis, with some epidemiological studies showing possible associations with increased incidence of arthritis, Alzheimer's disease, periodontal disease, skin atrophy, and cancer (Greendale, Lee, & Arriola, 1999). Most women experience similar menopausal symptoms, with approximately 85% reporting that they have experienced ≥ 1 symptom (McKinlay et al., 1992). In a sample of 6201 menopausal women from the US, 60% reported seeking health care for their menopausal symptoms, with 50% reporting that they use

hormone replacement therapy (HRT) or HRT and alternative medicines combined (Williams et al., 2007).

In addition to physiological symptoms, the menopausal transition is associated with a range of psychological and social outcomes. It is important to note that menopause does not occur in isolation from any social or psychological changes that may also occur at this phase in a woman's life (Deeks, 2003). Deeks (2003) stresses the importance of incorporating the context of a woman's life into our understanding of menopause, including due regard to her psychological state, cultural and social background, the age at which menopause was reached, etc. As previously mentioned, some women experience cognitive disturbances during this phase, as well as depression, anxiety and irritability (George, 2002). However, to give meaning to the concept of menopause, one must also consider co-occurring psychosocial factors such as stressful life events, role demands, inadequate coping skills and possible past psychiatric disorders (Avis, Brambilla, McKinlay, & Vass, 1994; Kaufert et al., 1992; Woods & Mitchell, 1997). For instance, studies have found that various psychosocial factors are linked with depression during menopause, including self-concept, attitudes, social learning, coping skills and changes in health status during their transition to menopause (Avis & McKinlay, 1991; Kaufert et al., 1992). Both the physical and psychosocial implications of menopause have been found to impact various aspects of women's lives, including their relationships, their family and their work (Hvas & Gannik, 2008; Parish, Faubion, Weinberg, Bernick, & Mirkin, 2019).

However, these impacts of the menopause vary widely among women due to differences in social, cultural and individual attitudes and perceptions (Avis & Crawford, 2008; Beyene, 1986; Martin, Block, Sanchez, Arnaud, & Beyene, 1993; Richters, 1997; Robinson, 1996).

Beyene (1986) noted that if menopause is primarily a hormonal event, it would suffice to say that

all women would experience symptoms in the same way, which is not the case. Nevertheless, for many years, menopause has been viewed from a narrow biomedical perspective, which has proved problematic for many women and has led to the development of multiple negative stereotypes surrounding menopause (Rostosky & Travis, 1996). In earlier Western society, menopause was often defined as an estrogen-deficiency disease or ovarian dysfunction that results in a number of illnesses (Greenblatt & Bruneteau, 1974). Rostosky and Travis (1996) analysed articles published in various journals between 1984-1994 and found that the majority of publications, whether in medical or psychology journals, are based directly or indirectly on a biomedical model of menopause as a deficiency disease. Although menopause is now more widely accepted as a normal and natural event in the life cycle of females, the 'medicalization' of menopause in Western societies is still occurring, and has been thought to contribute to the high prevalence of menopausal symptom reporting in Europe and North America (Beyene, 1986; Freeman & Sherif, 2007), and an increase in the use of HRT (see Stuenkel et al., 2015).

However, due to the large variance among women's experience of menopause, it is suggested that the transition should be considered as a bio-psycho-social-cultural transition, rather than being understood solely from a biomedical perspective (Hunter & Rendall, 2007). The necessity for a shift in perspective is not limited to menopause; it has long since been recognised that there are major limitations to the traditional biomedical model of health within the domain of health care and general practice. Engel (1977) proposed the idea of a new model of health and illness, acknowledging that the boundaries between 'health' and 'disease' will never be clear and will never be fully explained by biological criteria, as they are diffused by cultural, social and psychological factors.

Social Influences

The biomedical discourse was recently highlighted in Hvas and Gannik's (2008) exploratory research as something that women experiencing menopause relate to. In their study, nearly all women referred to biomedical terms when speaking about their experience of menopause (e.g. 'a period of decline and decay') even if they did not agree with this view. They also identified six other discourses: (i) 'Forever young' discourse - menopause as a barrier to youthfulness and longevity; (ii) Health-promoting discourse - menopause as a barrier to good health and physical fitness, (iii) Consumer discourse - menopause as a process for which women can make informed and educated choices with the help of health care practitioners, (iv) Alternative discourse - menopause as a positive, natural process but also as an imbalance in the body which can be treated with natural substances, (v) Feminist/critical discourse - menopause as a natural, positive event which is medicalized by the medical profession, and (vi) Existential discourse - menopause as a time of self-discovery and personal growth. These discourses highlight the significance of how the menopausal transition is portrayed in a social context; women's experience of menopause is influenced by the way it is talked about within society, which ultimately affects many aspects of their social and personal lives, including marriage, work and family (Hvas & Gannik, 2008). Similarly, Gannon and Ekstrom (1993) conducted a study with 372 women and 209 men who were randomly assigned to three groups. They were asked to complete questionnaires on their attitudes towards either (i) three medical issues, (ii) three life transitions or (iii) three aspects of ageing, all of which included menopause. Those who were assigned to the medical issues group had significantly more negative attitudes towards menopause than those who were assigned to the other two sociocultural paradigms. Again, this highlights the significance of how menopause is spoken about and portrayed in a social context.

Cultural Influences

In addition to the aforementioned social influences, differences in women's experience of menopause can be seen cross-culturally. Beyene (1986) found that many Mayan women viewed pregnancy as a dangerous and stressful experience, which according to interviews with their medical personnel, was the greatest gynaecological problem among Mayan women - not menopause. In contrast to their negative experience of childbearing, menopause was described by these women as a new sense of freedom and youth, and a sense of relief from menstruation and anxiety surrounding pregnancy, which resulted in improved sexual relationships with their husbands. Similarly, Stewart (2003) found that many Guatemalan Mayan women are overjoyed when they reach menopause due to the freedom and status that it is associated with. However, in societies where fertility is highly valued, women tend to hold more negative attitudes towards menopause (Khademi & Cooke, 2003). Researchers have suggested that the variance in menopausal experience and symptoms can be attributed to variance in culture, as studies have found that menopausal women in non-western societies tend to report fewer symptoms than menopausal women in Europe and the United States (e.g. Dennerstein, 1996; Lock, 1994). It should be noted however, that there appears to be a lack of research around Irish women's experience of menopause (Carolan, 2000). The main themes identified within Carolan's (2000) study were that women of high parity in rural Ireland experienced a shared sense of relief at reaching menopause, particularly related to the end of their childbearing years; a sense of acceptance of menopause as a natural event in a woman's life cycle; and a sense of satisfaction after successfully raising their families. Carolan (2000) recommends that further research is needed to develop a more comprehensive understanding of Irish women's experiences of menopause. Hoga, Rodolpho, Gonçalves, and Quirino (2015) recently conducted a systematic review of qualitative studies investigating women's experience of natural menopause worldwide.

Although only 24 studies met the inclusion criteria ($N = 575$), an indicator of a lack of research in this area, the six primary findings were that menopause is a natural event in a woman's life that is closely associated with psychosocial events of midlife and aging; the physical and emotional changes of menopause strongly affect women; menopause is a time characterized by gains and losses; resilience is improved and coping strategies are adopted to enhance wellbeing; health issues, family and marital relations, sociocultural backgrounds and the meanings attributed to the women's sex life determine sexual satisfaction during menopause; and that women should be prepared and have their needs supported.

Individual Influences

In addition to social and cultural influences, individual perceptions and attitudes have also been found to impact women's experience of menopause and their psychological adjustment during this phase. These individual differences are crucial for providing effective and tailored care, which is why healthcare professionals should acquire a "capacity to understand the patient's inner world – the values she lives by, her thoughts, feelings and fears; her perception of the [injury] and its effect on her life." (McWhinney, 1997, p.64). Extensive research has been conducted on women's attitudes towards the menopausal transition. Women are more likely to report menopausal symptoms - and suffer more from them - if they hold negative attitudes towards the transition, than women who hold more positive attitudes (Avis, Crawford, & McKinlay, 1997; Ayers, Forshaw & Hunter, 2010; Bloch, 2002; Sievert & Espinosa-Hernandez, 2003). By contrast, those who hold more positive attitudes towards menopause tend to view the transition as a natural life process (Ayers et al., 2010; Dolińska-Zygmunt & Włodarczyk, 2012).

Women's attitudes towards menopause have also been found to vary across stages of their transition. For example, most women who are only beginning to experience symptoms of

menopause describe it very negatively (Marvan, Castillo-López, & Arroyo, 2013), while those who are post-menopausal often describe the transition as a sense of relief and satisfaction (e.g. Carolan, 2000). Brown, Brown, Judd, and Bryant (2017) also found that within a sample of 387 women at various stages of the menopause, those who reported themselves as postmenopausal had significantly more positive cognitive and emotional representations of the menopause than those who were premenopausal and perimenopausal. Longitudinal studies have shown that these differences in attitudes are not static. For example, Busch, Barth-Olofsson, Rosenhagen and Collins (2003) assessed 130 healthy women over the course of five years through both quantitative and qualitative methods, finding that 57% held neutral beliefs about menopause, 31% had negative beliefs (pessimistic), and 12% had positive beliefs (optimistic), with negative appraisals significantly relating to higher levels of symptom reporting. However, at the last follow up, 67% of the women appraised menopause positively, compared with the previous 12%, which was found to be associated with statements of personal growth among the previously pessimistic appraisal group.

Associations have been found between attitudes towards menopause and well-being and quality of life. Within a sample of 1503 Australian-born women at various stages of the menopausal transition, Dennerstein, Smith and Morse (1994) found that menopausal status did not significantly affect well-being, but well-being was significantly related to current health status (psychosomatic symptoms and respiratory symptoms), history of premenstrual complaints, overall health, interpersonal stress, and attitudes to ageing and to menopause. Despite these variations, numerous studies have found that attitudes towards menopause, and not menopausal status, are significantly related to well-being/quality of life (e.g. Dennerstein, Smith, & Morse, 1994; Dennerstein, 1996), with negative attitudes resulting in negative moods (Dennerstein,

1996) and maladaptive schemas, e.g. vulnerability/isolation, which affects well-being (Hashemipour, Jafari, & Zabihi, 2019). Well-being and quality of life have repeatedly been associated with dimensions of self-concept such as self-esteem across various populations (e.g. Diener & Diener, 2009; Mohanty & Sahoo, 2015; Ritchie, Sedikides, Wildschut, Arndt, & Gidron, 2011; Sowislo & Orth, 2013). If attitudes and perceptions of menopause have been shown to impact experience of menopause, well-being and quality of life, and these constructs have been associated with self-concept and self-esteem, then it may be the case that self-concept might be impacted by the menopause.

Menopause and Self-Concept

To understand adult development and ageing, many lifespan researchers have concluded that the self is an important element which must be considered (Baltes & Baltes, 1990; Whitbourne, 1985). According to humanistic theorist Carl Rogers (1959), the self-concept is composed of one's self-image, self-esteem or self-worth, and one's ideal self. It is the product of a collection of self-schemas, defined through self-evaluations, that makes up one's overall self-concept (Beck, Steer, Epstein, & Brown, 1990). At present, the majority of researchers adopt a multidimensional perspective of self-concept, based on the multidimensional hierarchical model of self-concept (Shavelson, Hubner, & Stanton, 1976), which incorporates various domains into self-concept, e.g. social, emotional and academic contexts. Self-concept is often seen as a component within the broad construct of identity (Adamson, Hartman, & Lyxell, 1999), which is comprised of the individual's mental representation of themselves. Individuals' self-concept develops and changes throughout the lifespan with exposure to sensory and behavioural experience, physical body changes and societal norms (O'Brien, 1980; Pasquali, 1999). Identity and self-concept have been studied across a range of populations, with a particular focus on

adolescents and, notably, their academic self-concept (e.g. von Keyserlingk, Becker, & Jansen, 2019). Most of these studies have utilized quantitative methodology, for example the Beck Self-Concept Test (Beck et al., 1990). Across populations, self-concept clarity has been negatively related to measures of psychological distress (e.g., anxiety and negative affect) and is associated with an increase in subjective well-being (Campbell et al., 1996; De Cremer & Sedikides, 2005; Lavalley & Campbell, 1995; Slotter, Gardner, & Finkel, 2010).

Shu, Luh, Li, and Lu (2007) investigated self-concept in a sample of Taiwanese women at varying stages of menopause. A Chinese version of the Tennessee Self-Concept Scale (Fitts & Roid, 1964) was used to measure physical self, moral-ethical self, psychological self, family self, social self and academic attainment self. 92.5% of the women's self-concept were within the normal range, but slightly lower than that of the adult population of Taiwan, while 7.5% had an abnormal score, scoring most poorly on measures of physical self and academic self. Low physical self scores were a significant predictor of psychological and physiological menopause symptoms, which led the authors to conclude that a positive self-concept is a protective factor for psychological distress and physiological symptoms associated with menopause. Self-esteem and other dimensions of self-concept were also found to predict life satisfaction in 40.3% of a sample of 404 perimenopausal and postmenopausal women (Martínez, González-Arratia, Oudhof van Barneveld, Domínguez-Espinosa, & Olivos-Rubio, 2012). Similarly, Castiglione, Licciardello, and Rampullo (2015) found that women who hold a positive representation of the self, adapt better to menopausal changes than those with negative representations of the self. From a qualitative approach, Svenson (2005) interviewed ten menopausal women to investigate their sense of self, as he notes that there is a lack of literature surrounding women's identity consolidation during this phase of life. By contrast to the findings proposed by Shu et al. (2007),

Svenson (2005) found that women's experience of physical and emotional disruption can affect their sense of self, with many participants describing changes in self-identity.

Body-image, a physical dimension of self-concept, can be defined as an individual's "internal, subjective representation of physical appearance and bodily experience" (Pruzinsky & Cash, 1990, p.338) and is integral to one's identity and self-concept. Body image attitudes are closely linked with self-esteem, confidence, eating and exercise behaviours, emotional stability and sexual behaviours (Cash, 1990; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999), however the influences of body image in specific life contexts are often ignored in research (Pruzinsky & Cash, 1990), despite the growing prevalence of negative body image, especially among women (Cash, 1997; Cash & Fleming, 2002). Beauty and youth are often seen as synonymous in society (Alderson, 1991), which can result in the experience of body image disturbances by women in their mid/older adult life. Vasomotor instability (e.g., hot flashes, night sweats) in menopausal women can lead to irregularities in body image and can often make women feel like they are not in control of their bodies (Chrisler & Ghiz, 1993). The bodily changes that occur during a woman's transition through menopause can alter the way they think or feel about themselves and their body (Chrisler & Ghiz, 1993). Despite this, few empirical studies have assessed body image among women experiencing menopause, particularly perceptions of body image (Deeks & McCabe, 2001). However, Deeks and McCabe (2001) did find that menopausal women within their sample were characterized by a negative body image and experiencing negative emotions regarding the appearance and function of their bodies. Walter (2000) used qualitative methods by interviewing a sample of 21 menopausal women and uncovered a range of ideas of how menopause influences women's sense of self; physically, emotionally, socially, and cognitively. They identified an underlying theme of uncertainty

amongst menopausal women; many women spoke of feeling out of control, vulnerable, and disconnected from their bodies. Perimenopausal and menopausal women have also been shown to be less positive about their appearance and fitness and score lower on measures related to attractiveness and the way women feel about the way they look, than premenopausal women (Deeks & McCabe, 2001). However, as previously mentioned, it should be noted that this may also be influenced by the broader process of ageing and other psychosocial factors.

Self-esteem is a dimension of self-concept which is related to self-awareness, emotions, cognitions, behaviour, lifestyle and socio-economic factors (Greenberg, 2008). Typically, high self-esteem is related to positive components such as optimism, psychological well-being and successful coping (Harrington & Loffredo, 2001), which have been associated with decreases in all-cause mortality (Chida & Steptoe, 2008). Those who experience low self-esteem are usually more susceptible to anxious thoughts, depressed moods and increased health problems (Chedraui et al., 2010). However, Chedraui et al. (2010) surprisingly found that in a sample of 149 women, age, menopausal status and time since menopause onset were not predictive of self-esteem scores. They suggest that self-esteem of menopausal women may be influenced by social factors such as changing roles, co-occurring life events or dissatisfaction with one's body image. Pérez-López, Chedraui, Gilbert and Pérez-Roncero (2009) also suggest that low self-esteem may be due to co-morbid conditions such as sleep disorders, depression, anxiety, elevated body weight, eating disorders or musculoskeletal disorders. However, Pinqart and Sorensen (2001) argue that self-esteem in the later stages of life should not be underestimated, as their meta-analysis found that older women scored significantly lower on subjective well-being (e.g. happiness, self-esteem, life satisfaction) than their male counterparts. Similarly, women's experience of low self-

esteem is cause for concern as it has been highlighted as a risk factor for depression and feelings of helplessness (Beutel, Glaesmer, Decker, Fischbeck, & Brähler, 2009).

Guérin, Goldfield and Prud'homme (2017) found that women transitioning through menopause who scored higher on self-esteem, body image and general health perceptions were more likely to experience greater positive psychological outcomes over a five year period, implying that more focus on women's self-concept may allow for a healthier psychological adjustment during this period. Numerous studies have investigated dimensions of self-concept in those who experienced premature menopause due to medical intervention (e.g. Liao, Wood, & Conway, 2000; Shepard, 1990; Parlee, 1990; Pasquali, 1999), or have used quantitative methods to assess self-concept (e.g. Heidari, Ghodusi, & Rafiei, 2017; Shu et al., 2007), but few studies have assessed self-concept within women experiencing natural menopause from a qualitative approach. Similarly, very little research has examined the self-concepts or experiences of menopausal women within Irish populations (Carolan, 2000). As most of the research has investigated women's attitudes towards menopause itself (e.g. Avis et al., 1997; Ayers et al., 2010; Brown et al., 2017; Busch et al., 2003; Khademi & Cooke, 2003; Marvan et al., 2013; Sievert & Espinosa-Hernandez, 2003), the literature fails to capture women's self-concept and identity during this critical developmental period.

The Current Study

The current study will adopt an inductive approach to uncover any and all relevant themes surrounding women's self-concept. It will address the following question: How do women describe their self-concept during their experience of natural menopause? The aim of this research is to explore Irish women's experience of the menopausal transition and to understand if and how their experience has impacted their self-concept. Ultimately, this will lead to a greater

understanding of their experience and shape the way for interventions to promote more positive developmental outcomes for women during this significant life transition.

Methods

Participants

Participants were recruited online via convenience sampling. Posts outlining the nature of the study were placed in various women's/menopause support groups on Facebook, e.g. The Irish Menopause, and the researcher's personal Facebook page, where potential eligible participants were invited to email the researcher at the contact details provided, should they wish to partake. Inclusion criteria for the current study were women over the age of 18 years, who have experienced symptoms associated with the *natural* menopausal transition in the previous two years, at the exclusion of women who were experiencing symptoms of early menopause due to medical intervention (e.g. chemotherapy, hysterectomy). This distinction has been made due to the notable differences in women's experiences of natural and medically induced menopause. Kaufert (1990) mentions that "methodologically speaking, the naturally and the artificially menopausal should neither be combined in the same study population, nor should generalism be made from one set of women to the other. Yet, both these practices are common" (p. 117).

There is a lack of agreement in the literature on appropriate sample size for qualitative studies. The literature often specifies that a sufficient sample must be recruited to achieve data saturation. Guest, Bunce, and Johnson (2006) define data saturation as 'the point in data collection and analysis when new information produces little or no change to the codebook' (p. 65). Data saturation has often been described as the 'gold standard' for determining sample size in qualitative research (e.g. Guest et al., 2006), however, few researchers agree on how or when this saturation is achieved, as noted in a recent review by Braun and Clarke (2019). For example,

after conducting sixty in-depth interviews and conducting a thematic analysis on the data, Guest et al. (2006) claim that saturation and variability occurred within the first twelve interviews. By contrast, Eynon, Donnell, and Williams (2018) reported that data saturation had been achieved after the analysis of eight interview transcripts. Braun and Clarke (2019) advise that researchers should determine their sample size within the process of data collection, with due regard to the adequacy (richness and complexity) of the data for addressing the research question.

For the current study, a total of 14 women demonstrated an interest in partaking. However, due to cancellations, geographical distance, and lack of participants' availability during the time scale the interviews were due to take place, the final sample consisted of 10 women. Six participants, including the participant who partook in the pilot study, were recruited via the researcher's personal Facebook page, while four were recruited from the specific support pages. Participants ages ranged from 43-54 years ($M = 49.70$, $SD = 3.65$). All participants were Irish and identified as female.

Data Collection

As this study is qualitative by design, semi-structured interviews were conducted by the researcher on a one-to-one basis, to enable participants to explore their own experience of menopause, without having to adhere to a rigid schedule. This broad schedule (See Appendix A) was devised by the researcher with due regard to the proposed research question and aims, and included both general and specific questions relating to women's self-concept, self-image, self-esteem, identity, body-image, etc. It includes open-ended questions and prompts to capture the essence of participants' experience. The schedule was used flexibly, with some questions being omitted or altered depending on the context of each interview.

As this interview schedule has not previously been used, a pilot study was conducted with one participant to ensure that data relevant to the research question was obtained. The pilot study was successful, and the data obtained was included for analysis. All interviews were transcribed verbatim for analysis.

Study Procedure

After potential participants demonstrated an interest in participating via email, they were forwarded the relevant details, such as an in-depth information sheet (See Appendix B) and consent form (See Appendix C). Interviews were then arranged via email, at a time and place of the participants' convenience. Three interviews were held in a private room in the National College of Ireland, while the other seven were arranged at alternative, suitable locations.

Upon meeting, each participant was briefed with reference to the information sheet and given the opportunity to ask any questions. Participants were then asked to read through the consent form provided and to answer the two demographic questions, age and gender, followed by signing if they gave their informed consent to partake in the interview.

Once informed consent was obtained, the interviews proceeded. The interview schedule was used to facilitate the interviews but based on the nature of the interaction and the semi-structured approach, a flexible approach was used in terms of the sequence and adaptation of questions.

Interviews were audio recorded via recording and transcription applications on two mobile phones until the end of the interview. The interviews ranged in time from 11-43 minutes ($M = 25$), excluding the time spent on briefing and debriefing participants. This large time range was due to some participants not having as much to say about their experience, i.e. their self-concept was not as affected as some of the other participants.

Participants were fully debriefed after the interview, which included verbal acknowledgement of their participation, a recap of the aims of the interview and their rights with regard to withdrawal and access to data, further reassurance of their anonymity and confidentiality, providing the opportunity to ask questions, and providing them with relevant contact details of support forums/helplines in a printed debrief form (See Appendix D).

Ethical Considerations

The current study adhered to the ethical guidelines provided by the Psychological Society of Ireland and the National College of Ireland. Ethical approval for this research was granted by the National College of Ireland's Psychology Department's Undergraduate Ethics Committee.

Informed consent was obtained to ensure beneficence and to protect participants. The purpose and nature of the research was made completely transparent to participants at the recruitment and data collection stage and it was ensured that all participants fully understood what their participation would involve. Additionally, participants were informed of their right to withdraw consent and their right to access their data under Freedom of Information legislation, which is also outlined in the information sheet, consent form and debriefing sheet.

To safeguard anonymity and confidentiality, any potentially identifiable information was omitted from the data upon transcription, and audio recordings were immediately destroyed after this process. These transcripts were stored on a personal computer to which only the researcher had access. These documents were password-protected and stored under a unique participant number that was assigned to each participant to protect their identity.

As the study explores participants' subjective experiences, the topic of menopause may be sensitive to some. The risk of emotional distress during the interview process was minimised by restating the participants' right to withdraw consent of participation at any point. Some

participants did become emotional during the interviews; these participants were offered breaks and given the opportunity to finish the interview if they wished to do so. However, all participants were happy to continue. A full debrief, as previously mentioned, was carried out with each participant.

Data Analysis

As this is a qualitative piece of research, it is essential to acknowledge that the beliefs and assumptions of the researcher can influence interpretation of data. With this in mind, it should be noted that the researcher was interested in studying self-concept within menopausal women due to the impact the experience had on some family members. It was apparent that some women found the transition extremely unsettling and demonstrated a notable change in their self-concept, while others found that it was a relatively easy and non-impactful experience. Therefore, the interviews were designed in a way that allowed for the flexible exploration of women's self-concept during this phase of life.

Data Analysis Procedure

Once all the data was transcribed to text from the audio tapes, an inductive thematic analysis was conducted. This is a process of identifying, analysing and reporting patterns/themes within the data. As this type of analysis is independent of theory and epistemology (Braun & Clarke, 2006), it fits well with the social constructivist approach which argues that knowledge is subjective and consists of our own representations of reality (Burr, 2003). Rather than testing theory, this research sought to generate data from which a greater understanding of the research topic might arise. This inductive approach allows for an analysis that is data-driven. Themes were primarily identified at a semantic level, with some allowance for analysis beyond the surface of the data, i.e. underlying ideas or assumptions. The theoretical freedom of thematic

analysis allowed the researcher to adopt an essentialist approach, reporting experiences, meanings and the realities of participants. Due to the subjective nature of the research, this type of analysis is well-suited.

The data was analysed with adherence to Braun and Clarke's (2006) six phases of thematic analysis. To begin, the individual transcripts were read repeatedly to increase familiarity and to begin searching for patterns within the data. Codes were then produced manually by writing notes and highlighting patterns on the printed transcripts to identify interesting features of the data and to sort them into meaningful groups. Next, the groups of codes were organized into possible themes and sub-themes, with each theme capturing something important relating to the research question. These groups were continuously revised and refined, which involved combining and altering themes where needed, to warrant coherent distinctions between themes. An initial thematic map was then produced manually (See Appendix E), in which themes were defined; ensuring that they captured the essence of each concept and the reason why they are an interesting feature of the data. The individual themes were then finalised with regard to all other themes, ensuring that there is a comprehensible 'story' for each that fits the overall narrative of the data.

Results

During the analysis of the interview transcripts, four key themes captured the essence of the data: (i) Loss of identity, womanhood and control, (ii) Negative changes in self-concept, (iii) Impact of menopause and self-concept on quality of life, (iv) Positive changes in self-concept; a time for self-compassion and self-acceptance. See Appendix E for an illustrative map of these themes and the emerging ideas within them.

Loss of identity, womanhood and control

"I'm losing my womanhood, I'm losing my fertility, I'm losing everything." (P1)

Women's identity and sense of control appeared to be very impacted during their transition to menopause. Various complex elements comprise this theme, including significant changes to self-image and identity, the impacts of loss of fertility and loss of womanhood, a sense of remorse upon ageing, and an overall feeling of loss of control.

Many participants described feeling that they had lost who they were before their menopausal transition: "You're not who you used to be. So, you're losing that self-identity, your own identity." (P1). Many women described significant changes to their self-concept and identity: "I just became pretty much like a shell, like a shell of myself (...) I was nearly forcing myself to be human." (P6) Participant 1 also felt like *others* didn't view her as a person anymore and described a new feeling of invisibility: "I just felt I was invisible. I just felt like I was a nobody." (P1). This loss of identity was captured in the way many women spoke about being "back to" themselves at the end of perimenopause/reaching menopause: "I'm back to my old self again." (P4) Significant changes in identity can also be seen in women who described themselves before and after their use of HRT. When Participant 6 began using HRT, she described herself as being "restored":

I took a chance on a doctor, a very expensive doctor. And he listened to me and said to me, you're not mad, you need hormones. That was it, I haven't gone back since. And [name in third person] as we know her and always was, was *back* (...) it's like as if I'd just been reset.

When asked how she viewed herself before her menopausal transition, her reply was:

A perfectly normal human being, like I probably am now - I don't know if I come across as normal. I was active, I was busy, I was always really good at my job, I was articulate, I loved to have a laugh, I never stopped talking. I'm back to that now.

This clearly demonstrates the large impact that menopause has had on this participant's identity, as her self-image before menopause was completely different to her self-image during her menopausal transition.

A large part of the impact on women's identity was the feeling of losing their womanhood. Participant 1 in particular described intense feelings of loss surrounding her womanhood:

And obviously, the way you think in your head about who you are, you don't rate yourself as a person or as a *woman* anymore (...) I felt as a woman, I was losing being a woman, basically, if I was losing my periods and I was losing all of that end of things.

This participant also felt apprehensive when speaking to men about menopause for fear that they would view her as "less of a woman." Similarly, Participant 3 described feeling more like a man during her transition:

There are days I felt like I was turning into a man like, you know. Cos I'm putting on weight, I'm cross, sometimes I'm grumpy and can't tolerate the child (...) I felt like I was turning into a man.

Participant 5 described the loss of fertility experienced with menopause as having a significant impact on them:

I think there was a grief, there's a *grieving* process that I think I went through. Losing my fertility, I can't have any more kids, and feeling like you're just fading into the background that you're not young and vibrant anymore - I mean there is that fear of aging. And when you don't get your period, you go right that's it, I'm moving on to- it's a different phase.

This participant described the loss of her fertility as the biggest impact of menopause for her, particularly because she "had such a hard time having kids" previously. By contrast, the majority of participants failed to mention this aspect of the transition or described the loss of their periods as being non-impactful. For example, Participant 8 stated that she was not impacted by the loss of her fertility:

I know people, you know, kind of nearly mourn it because it's the end of their childbearing years, but I wasn't having any more children anyways. So, I just looked at it as being rid of a nuisance basically.

Other participants said things like “the best thing was to get rid of it” (P9) and that “it’s going to happen whether you stress and worry or not” (P10), highlighting their indifference to this change.

Accompanying these effects on women’s self-concept was an overriding feeling of loss of control. Some participants described a lack of control over intrusive thoughts and intense mood swings: “I knew they were irrational, but I couldn’t stop them.” (P1). However, it seems that the lack of control is mostly described in terms of the overall experience of menopause itself, with some participants describing the feeling of being “trapped,” highlighting their passive role in the transition. A link can be seen between the feelings of loss of control and the view taken by some participants that menopause is a marker of age: “The most important part of my life was gone was done and I was, in a sense, not in control of my life anymore.” (P1) Some participants described menopause as a period of “decay”, “decline” or a “natural progression to death”, which evidently impacted their self-concept: “People used to say to me, ‘ah no you're too young.’ I still think that I'm very young, you know what I mean? And I'm not probably old enough to be going through the menopause. That impacted me.” (P2) Many other participants noted the impact that their “young” age had on their experience and self-concept:

I think my age, full stop, has been the trickiest part of this whole thing, including the doctors not listening because of my age. If I had have walked into any doctor at age 49/50 and said I'm having hot flushes at night, straight away they'd know what it was. 37/38 - no you're mad, have an anti-anxiety tablet.

Although most participants made this association between menopause and ageing, some did not share this view: "I don't look at it as getting old because, I'm just me. I'm not different." (P8).

The lack of control over menopause and ageing in this case did not impact their self-concept.

Negative self-appraisal

"My mental thoughts were hugely affected by it, as much, if not more a lot of the time, than the physical symptoms." (P1)

The data illustrated a predominantly negative impact of the menopause on women's self-concept. This included negative descriptions of self-image and body-image, low self-esteem and confidence, shame and preoccupation with others' opinions.

Almost all participants described themselves in negative terms at some point during the interviews. The language participants used to describe themselves was striking and consistent. Some frequently used descriptions include: "crazy", "headcase", "wired", "raving lunatic", "going off my head", "losing my marbles", and "losing my mind." Most participants described this sense of "craziness" as being a part of the transition: "There's a certain madness that seems to come along with menopause." (P7) It had a significant impact on some participants: "I believed that I had some crazy psychiatric thing and that I was done. I was going to end up locked up in an asylum like that's what I genuinely believed. I constantly doubted myself." (P6)

Feelings of hopelessness and worthlessness were also shared by some participants, particularly for Participant 6 who was very negatively impacted by the experience:

I was suicidal at one point, probably for most of it (...) there was *no* reason whatsoever to live, because every moment of every day was pure agony physically and mentally. The

only peace I ever got was when I was asleep (...) I still don't really get my head around how I'm still here or *why* did I hang on? (P6)

These feelings of worthlessness were also experienced by Participant 1, who had thoughts of, "What's the point of being here? Nobody really needs me anyway." She explained that she suffered from "a depression" when she started going through menopause. Other participants felt feelings of worthlessness at a less extreme level, describing that they felt like a "failure" due to their inability to carry out every-day tasks as a result of tiredness.

Many participants provided an insight into their body-image during this phase, with the majority describing their appearance as undesirable. The largest impact of body-image on women's self-concept appeared to be weight gain, with women describing their experiences of not being able to lose weight in this phase of their life as "disheartening," and that it affected their confidence. Some women's body-image concerns were not related to their weight, particularly those who reported having recently lost weight. However, these participants were more concerned with other physical changes to their hair, skin, etc.: "I didn't like the changes physically in me of getting older. And menopause has a lot to do with that as well. And it just has a huge mental impact." (P1) Some participants described the negative self-talk that they experienced: "It can be raging like, you know, the self-talk, the self-critique. You know, god your hair, your face, your skin, your body's falling apart. You know, 'ugh', that that sense of 'UGH'." (P5) The aforementioned feeling of loss of womanhood was also seen in the way women spoke about their appearance: "Someone said to me the other day, 'Have you got hair on your face?,' and I'm like, I'm *totally* turning into a man." (P3) Interestingly, women who had previous issues with their bodies did not seem to be affected in this regard when going through menopause:

“Sure I never would have been really, body-confident anyway so I don't think it's any worse than it was before.” (P10)

These negative descriptions of themselves came hand in hand with low self-esteem and confidence, embarrassment, shame, and a preoccupation with other people's opinions. Some participants reported feelings of embarrassment and shame due to their experience of menopause:

And I suppose again, it's a bit of a shame in yourself, you're a bit shameful or, you know, you feel shame that you're going through it. Why should you feel shame for something that happens naturally to every single woman? But I think there is a level of shame attached to it. (P1)

Embarrassment was experienced in the workplace by some participants who described the experience of hot flashes:

I had day sweats where I'd be in a meeting or whatever and this sweat would just start pouring down my face and people would think I was going to get sick, and that started to become embarrassing (...) they're looking and you can see them *looking* at the beads of sweat, so that doesn't do your self-confidence any good, or to be constantly feeling that you have to have a shower. (P10)

Participant 1 in particular described herself as a very confident person before her menopausal transition, so this loss of confidence was something that was new to her. Other

participants also mentioned that they just “weren’t happy” with themselves or “didn’t like” themselves during their transition. This also resulted in women ruminating over other’s opinions: “And I remember thinking to myself, I know they’re looking at me thinking I’m off my head and I even think I’m off my head so why *wouldn’t* they think I’m off my head.” (P1) Most participants said that they would only speak to close friends about certain aspects of menopause, mainly the “mental aspect”, for fear of judgement by others. Participant 3 even commented saying that it’s best to explain to people what is going on, otherwise “they’re thinking you *definitely* have lost it.” On the other hand, many participants said that they did not care much about others’ opinions: “I wouldn’t really mind how other people see me, that wouldn’t bother me.” (P2) This highlights the striking individual differences in women’s experiences and self-concept.

Negative impact of menopause and self-concept on quality of life

“I had no quality of life.” (P1)

The experience of menopause and its impact on the participants’ self-concept was made apparent in the way they spoke about its effect on different aspects of their lives. Some participants withdrew and isolated themselves, missed out on opportunities, resorted to alcohol as a coping mechanism, and spoke about the impact on family, relationships and work.

Many participants mentioned that they began to isolate themselves during this phase of their life due to the impact of physical symptoms (e.g. “If I knew that it was going to be very warm somewhere, I would probably choose not to go.” (P1)) and due to their own wish to be alone:

I did distance myself from certain situations and going to certain places, and maybe not necessarily over the physical end of it, but possibly more in my own head I just didn't

want to be with other people. (...) I can remember making conscious calls and excuses of why not to go to places and why it'd be better to stay at home. (P1)

Other women explained that they didn't feel like they were "good company" because they were feeling "down" and therefore "didn't want to be mixing with people." (P3) As a result, some participants mentioned that they missed out on certain opportunities and life events, like Participant 6 who described herself as having "missed out on really good years":

I missed out on four years of my life. I didn't go out. I functioned, sort of. I went to work because I had to and that was it like I'd no social life, I'd no nothing. All I ever wanted was the bed.

This participant started resorting to alcohol in order to "function," saying she "was held together by a bottle of white wine" to get her through important family events. Another participant, who said she just wanted to "keep away from people" described herself as using alcohol as a reward to make her feel comfortable: "I think it was just my comfort zone at the time, and it helped me through." (P7) However, she reveals that she "could have gone down a very slippery slope of drinking a lot."

These factors appeared to impact on women's family life. Most participants expressed that their families "got the brunt of" the impact of the menopause. Intense feelings of guilt could be seen, particularly in Participant 1 and Participant 6, who became upset when talking about the impact of the experience on their family:

I think if you were to ask my family what I was like to live with back then they would probably turn around and say you were a nightmare. And it probably was a nightmare and it probably was horrible for them. But you can't turn back the clock, you can only apologize and say I wasn't in my right mind or- [becomes visibly upset] (P1)

I feel the biggest impact for me would have been my daughter. It was always the guilt. Always a huge guilt. I always found it so hard. And also, because of what was going on I had no idea, I *really* didn't know what was wrong with me (...) I didn't have any confirmation from any doctors and a part of me believed I was very ill and dying. And that was the hardest part, I remember I used to put her to bed at night and I'd just feel so sad because I didn't know if I was going to wake up the next morning. And it was hard for her, cos I remember one time her asking, 'Is mammy going to die?' [becomes visibly upset] (P6)

Relationships were also impacted by menopause and its impact on women's self-concept for some participants. Participant 3 described their partner as viewing them as a "nuisance", while Participant 7 explained how herself and her husband almost split up due to large arguments which she attributes to the menopause, as well as finding his lack of support quite difficult to accept: "I actually can't relate to my husband and say to him, 'I don't feel good today,' because he can't handle it. So, I found it really difficult because I *tried* to talk to him." (P7)

Some participants also spoke about how the symptoms of menopause and their lack of confidence impacted their work and relationships with colleagues. Participant 1 described that she feels her colleagues are still "on eggshells" with her because of the way she was before

taking HRT and that this has knocked her confidence. Similarly, Participant 10 explained how her experience of hot flushes makes it “hard to concentrate” in meetings and affects her “performance” at work. However, Participant 5 described a new “drive” within her to focus on her work: “I feel like, oh God, I’m running out of time here I need to- I need to get the work done, I need to get *my* work done. So that has been a big change. I’m very motivated.” In this way, she found that her experience of menopause reflected positively on her work as an artist.

Positive changes in self-concept; a time for self-compassion and self-acceptance

“I look at it as a positive thing, not as a negative.” (P8)

Although the majority of participants acknowledged the negative impacts of their menopause experience, a smaller number of participants demonstrated that their experience of menopause has had a positive impact on their self-concept, including things like a more positive self-image and body-image, greater self-esteem, and a newfound sense of resilience, self-acceptance and self-compassion.

This theme was captured primarily from Participant 5 and Participant 8’s experience. Participant 8 explained that she had a horrific experience with menstruation all her life which resulted in many undesirable symptoms alongside low moods and low self-esteem. For her, menopause has been an ultimately positive experience: “But *all* of that went. It seemed like it just disappeared when I hit menopause.” She described feeling “happier in herself” upon reaching menopause and explained that there is a new “lightness” about her. It should also be noted that this participant did not make an association between menopause and age: “I don’t look at it as getting old because I’m just me. I’m not different.”

Participant 5 experienced positive changes in her body-image. She describes that she now accepts her curly hair which she hated for most of her life and doesn’t feel the need to wear

makeup anymore which she used to “mask” herself with: “That's something that's changed for me. And I think it is menopause that has done that for me. I've become more accepting of myself.” She does not deny that she experiences negative self-talk like the majority of women, but she explains that she is able to “rationalize” it:

You *do* feel all those things. But I think my brain and myself have decided it's just a whole load of nonsense, it really is. So yeah, I wouldn't say I have *more* confidence. But I don't have less. I think I'm more accepting of this is the way I am now.

She described this self-acceptance as a new “resilience” that she hadn't experienced before. With this self-acceptance came a co-existing sense of “self-compassion,” as described by Participant 5. She spoke of how this transition has made her “more protective of (her) tenderness” and “gentler” on herself. She explained what she meant by this:

I'm saying *no* a lot more. Yeah, my self-care has risen and my behaviour has changed. There are days when I go; I'm not putting on makeup today. I'm not going out. I'm not doing it. I'm taking care of me. I'm watching a movie. I'm going out with my daughter. *Me* first. Yeah, because you can feel kind of ‘bleh’, you feel old, you feel whatever. So yeah, my behaviour has changed, but it's been in a more positive way.

She talks of how she views menopause as a positive opportunity for “self-reflection” and “claiming back” her “*me time*,” particularly since her children are older now:

Up to this we've been so busy. You're busy, busy, busy work, work, work. And this is kind of a slap in the face, where you have to stop and slow down and think. And yeah, you start realizing how valuable your family is and how valuable *you* are, and you've worked so hard all your life now you need to give yourself a break. Don't be so hard on yourself.

Thus, it can be seen that for some women, this experience has positively impacted their self-concept and has proven to be quite a positive experience.

Discussion

The aim of this research was to explore Irish women's experience of the menopausal transition and to understand if and how their experience has impacted their self-concept. Upon analysing the interview transcripts, four key themes were constructed from the data: (i) Loss of identity, womanhood and control, (ii) Negative self-appraisal, (iii) Impact of menopause and self-concept on quality of life, (iv) Positive changes in self-concept; a time for self-compassion and self-acceptance.

In the current study, most women described a predominantly negative self-concept during this phase. However, some women experienced positive changes in their self-concept, while others described themselves as not being very impacted by the transition at all. For those whose self-concept was negatively impacted, they described large changes in their self-image and identity such as having lost themselves, their fertility, their womanhood, and their control. Similarly, they provide negative descriptions of themselves and their bodies, which subsequently impacted their self-esteem and confidence in various contexts, resulting in shame and embarrassment. Family, work, and relationships were mostly impacted by these changes which often led to guilt, as well as women's quality of life being compromised due to isolating

themselves and some using alcohol as a coping mechanism. A few participants were also impacted by depression and some experienced suicidal thoughts during this time. On the other end of the spectrum, some participants were not impacted by the aforementioned issues, and some even experienced a positive change in their self-concept. For these women, greater moods and self-esteem came with the freedom from troublesome menstruation, while others used their new-found resilience to strive for more self-acceptance and self-compassion during a time which they deemed to be about focusing more on themselves.

Consistent with Beyene (1986) and Deeks' (2003) ideas that menopause is not solely a hormonal event and the context of a woman's life is crucial in understanding one's experience of menopause, it is clear that various psychosocial events adjacent to menopause had an impact on participants' self-concept in this study. For example, the impact of loss of fertility on a participant who had previous difficulties having children, was quite different to that of the improved mood and self-esteem for a participant who experienced great difficulty with menstruation all of her life. It appears that no two women experience menopause in the same way.

Although self-concept in menopausal women has been investigated by very few researchers, some aspects of the themes identified can be seen in previous literature relating to women's experience of menopause. For example, most participants mentioned the impact that menopause and self-concept had on their relationships, family and work, which has previously been reported (Parish et al., 2019; Hvas & Gannik, 2008). Similarly, it could be seen within the data that attitudes towards menopause varied for women at different stages of the transition, which is consistent with previous literature (Brown et al., 2017; Busch et al., 2003). Overlapping ideas could be seen between the current findings and the themes within the systematic review

conducted by Hoga et al. (2015); particularly the concept that women perceive menopause as a time of gains and losses, that the physical and emotional changes of menopause strongly affect them, and that resilience and coping strategies are improved to enhance wellbeing. With regards to gains and losses, it appeared within the current study that very few women acknowledged both within their experience; most women were concerned primarily with either the gains or the losses associated with menopause. It is also clear from some of the heart-breaking descriptions from participants that the changes of menopause strongly affected them, to the point of suicidal ideation for some. They were also strongly affected by their body-image, which most women in the current study described with negative terms, which is consistent with similar studies (e.g. Deeks & McCabe, 2001; Walter, 2000). Resilience within the current study was used in a positive way, however, the coping mechanisms mentioned (e.g. isolation and using alcohol) were maladaptive, and therefore not used to enhance wellbeing.

Some of the discourses highlighted in Hvas and Gannik's (2008) study could also be seen in the way women spoke about their experience. The biomedical and forever young discourse could be seen in the way many participants primarily associated menopause with physiological symptoms, ageing and decline throughout the course of the interviews. All ten participants mentioned doctors, HRT and age at some point during the interviews, either from a positive or negative viewpoint. The alternative and existential discourse was also observed in some participants, who were more likely to describe menopause as a natural and positive process full of opportunity for self-reflection and personal growth.

By contrast to Carolan's (2000) findings which highlighted that the rural Irish women in their sample had a positive experience of menopause, the participants in this study experienced a loss of identity, womanhood and control, negative self-appraisal and negative impacts on their

quality of life in addition to some positive changes in their self-concept. Little inferences can be made due to the lag between the two studies and the fact that their sample only included rural Irish women; however, the current findings greatly contribute to the limited research on the experience of menopause within Irish populations.

Findings which have suggested that a positive self-concept predicts greater life satisfaction, fewer physiological symptoms and less psychological distress during menopause (Castiglione et al., 2015; Martínez et al., 2012; Shu et al., 2007) are reflected within the current study, as those who described a more positive self-concept talked about fewer symptoms and less distress during their experience of menopause. Consistent with Svenson's (2005) findings, the physical and emotional disruption of menopause also affected participants' sense of self and self-identity within the current study. The current study builds on this, and significantly adds to the limited research surrounding women's self-concept during menopause, particularly from a qualitative approach.

It has been suggested that changes in self-concept during adolescence reflect a u-shaped curve, with gradual increases in stability over time due to their sense of self becoming more integrated and consistent (Harter, 1988). These self-perceptions have been found to be influenced by biological (e.g. puberty) and cognitive factors, school transitions, etc. (Eccles et al., 1993). If it is known that self-concept develops and changes throughout the lifespan (O'Brien, 1980; Pasquali, 1999), there is no excuse for the lack of research into this construct during one of the biggest biopsychological transitions in a woman's life. Self-concept clarity has been related to subjective well-being (Campbell et al., 1996; De Cremer & Sedikides, 2005; Lavalley & Campbell, 1995; Slotter et al., 2010) and depression (Avis & McKinlay, 1991; Kaufert et al., 1992), while positive self-concept dimensions have been associated with greater life satisfaction

(Martínez et al., 2012), fewer psychological and physiological menopause symptoms (Shu et al., 2007) and better adaptation to menopausal changes (Castiglione et al., 2015). Therefore, as noted by Guérin et al. (2017), more focus on women's self-concept may allow for a healthier psychological adjustment during this period.

Strengths and Limitations

One major strength of this study was the population that was investigated, as Carolan (2000) had outlined the lack of research surrounding Irish women's experience of menopause. The research also addressed an apparent gap within the literature; the investigation of women's self-concept during menopause using a qualitative approach. As qualitative studies look at individual experiences, the current study adds to the qualitative evidence, which provides a very different insight to quantitative research. The qualitative methodology employed allowed for an exploratory design and the use of thematic analysis in particular allowed for a non-rigid analysis and interpretation of data. The use of one-to-one interviews were also beneficial as some of the content that was discussed was quite emotional; these insights into women's experience may not have been obtained from the likes of focus groups.

However, some limitations of the study warrant mention. It should be noted that the sampling strategy may have led to some bias within the findings, as it can be assumed that those who were recruited within the menopause support groups were seeking support due to difficulties encountered with their experience. Although the data provide a rich insight to the experience of menopause for these 10 women, generalization to the larger population of Irish women is limited. Data was not collected on whether participants were in receipt of HRT, or had been suffering with comorbid psychiatric disorders, which may have impacted women's self-concept. Although all women within the sample met the inclusion criteria of experiencing menopausal

symptoms in the previous two years, data was not collected on the exact stage of the transition they were at, i.e. perimenopause or post-menopause, which may account for some variance within the data.

Implications and Future Research

The current findings highlight that every woman's experience of menopause is different. Along with the physical and psychological symptoms, women may experience negative changes in their self-concept during menopause, including concerns with their changing identity, negative self-appraisals, low self-esteem, etc., which may in turn impact on their quality of life and other aspects of their lives such as family, relationships and work. By contrast, some women can experience positive changes in their self-concept, or will not be impacted by the menopausal transition at all.

These findings should inform health care practitioners in order to maximize support for women during this developmental transition. Health care needs to be personal and tailored to the individual needs, preferences and expectations of women, with due regard to social and cultural contexts. Coping strategies should be developed to enable women who are struggling to manage the psychological impact of menopause. The psychological implications of the menopausal transition should not be neglected, as it is clear that menopause is experienced differently by every woman.

The current study is a good foundation for which further research is needed. Such studies might explore self-concept between distinct stages of the menopause transition; for example, investigate self-concept within premenopausal, perimenopausal and postmenopausal women, to see which groups may be most at risk of these negative implications. Some longitudinal research might be necessary to investigate the direction of the relationship; the experience of menopause

may impact self-concept, but pre-existing self-concept might also impact psychological adjustment during menopause.

In conclusion, the current study contributes to both the limited literature surrounding Irish women's experience of menopause, and the lack of studies which have investigated self-concept in menopausal women, particularly using qualitative methodology. Four key themes captured the essence of the data: (i) Loss of identity, womanhood and control, (ii) Negative self-appraisal, (iii) Impact of menopause and self-concept on quality of life, (iv) Positive changes in self-concept; a time for self-compassion and self-acceptance. These findings highlight the changes in self-concept experienced by women during menopause and should be considered by health care practitioners in order to maximize psychological outcomes for women during this developmental transition.

References

- Adamson, L., Hartman, S. G., & Lyxell, B. (1999). Adolescent identity - a qualitative approach: Self-concept, existential questions and adult contacts. *Scandinavian Journal of Psychology, 40*(1), 21-31.
- Alderson, B. W. (1991). An overview of emotional issues faced by women over 50. In *meeting of the Association for Women in Psychology*. Hartford, CT.
- Avis, N. E., & Crawford, S. (2008). Cultural differences in symptoms and attitudes toward menopause. *Menopause Management, 17*(3), 8.
- Avis, N. E., & McKinlay, S. M. (1991). A longitudinal analysis of women's attitudes toward the menopause: Results from the Massachusetts Women's Health Study. *Maturitas, 13*(1), 65-79.
- Avis, N. E., Brambilla, D., McKinlay, S. M., & Vass, K. (1994). A longitudinal analysis of the association between menopause and depression: Results from the Massachusetts women's health study. *Annals of Epidemiology, 4*(3), 214-220.
- Avis, N. E., Crawford, S. L., & McKinlay, S. M. (1997). Psychosocial, behavioral, and health factors related to menopause symptomatology. *Women's Health, 3*(2), 103-120.
- Ayers, B., Forshaw, M., & Hunter, M. S. (2010). The impact of attitudes towards the menopause on women's symptom experience: a systematic review. *Maturitas, 65*(1), 28-36.
- Baltes, P. B., & Baltes, M. M. (1990). Psychological perspectives on successful aging: The model of selective optimization with compensation. *Successful aging: Perspectives from the Behavioral Sciences, 1*(1), 1-34.
- Beck, A. T., Steer, R. A., Epstein, N., & Brown, G. (1990). Beck self-concept test. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 2*(2), 191.

- Beutel, M. E., Glaesmer, H., Decker, O., Fischbeck, S., & Brähler, E. (2009). Life satisfaction, distress, and resiliency across the life span of women. *Menopause, 16*(6), 1132-1138.
- Beyene, Y. (1986). Cultural significance and physiological manifestations of menopause: A biocultural analysis. *Culture, Medicine and Psychiatry, 10*(1), 47-71.
- Bloch, A. (2002). Self-awareness during the menopause. *Maturitas, 41*(1), 61–68.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Braun, V., & Clarke, V. (2019). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health, 1-16*.
- Brown, L., Brown, V., Judd, F., & Bryant, C. (2017). It's not as bad as you think: menopausal representations are more positive in postmenopausal women. *Journal of Psychosomatic Obstetrics & Gynecology, 1–8*.
- Burr, V. (2003). *Social constructionism*. East Sussex, UK: Routledge.
- Busch, H., Barth-Olofsson, A. S., Rosenhagen, S., & Collins, A. (2003). Menopausal transition and psychological development. *Menopause, 10*(2), 179-187.
- Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. M., Lavalley, L. F., & Lehman, D. R. (1996). Self-concept clarity: Measurement, personality correlates, and cultural boundaries. *Journal of Personality and Social Psychology, 70*, 141-156.
- Carolan, M. (2000). Menopause: Irish women's voices. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 29*, 397-404.

- Cash, T. F. (1990). The psychology of physical appearance: Aesthetics, attributes, and images. In T. F. Cash & T. Pruzinsky (Eds.), *Body images: Development, deviance, and change* (pp. 51-79). New York, NY: Guilford Press.
- Cash, T. F. (1997). *The body image workbook: An 8-step program for learning to like your looks*. Oakland, CA: New Harbinger.
- Cash, T. F., & Fleming, E. C. (2002). The impact of body image experiences: development of the body image quality of life inventory. *International Journal of Eating Disorders, 31*(4), 455-460.
- Castiglione, C., Licciardello, O., & Rampullo, A. (2015). Possible future changes in menopausal women. *Life Span and Disability, 18*(2), 189-205.
- Chedraui, P., Pérez-López, F. R., Mendoza, M., Leimberg, M. L., Martínez, M. A., Vallarino, V., & Hidalgo, L. (2010). Assessment of self-esteem in mid-aged women. *Maturitas, 66*(1), 77-82.
- Chida, Y., & Steptoe, A. (2008). Positive psychological well-being and mortality: a quantitative review of prospective observational studies. *Psychosomatic Medicine, 70*(7), 741-756.
- Chrisler, J. C., & Ghiz, L. (1993). Body Image Issues of Older Women. *Women & Therapy, 14*(1-2), 67-75.
- De Cremer, D., & Sedikides, C. (2005). Self-uncertainty and responsiveness to procedural justice. *Journal of Experimental Social Psychology, 41*, 157-173.
- Deeks, A. A. (2003). Psychological aspects of menopause management. *Best Practice & Research: Clinical Endocrinology & Metabolism, 17*(1), 17-31.
- Deeks, A. A., & McCabe, M. P. (2001). Menopausal stage and age and perceptions of body image. *Psychology & Health, 16*(3), 367-379.

- Dennerstein, L. (1996). Well-being, symptoms and the menopausal transition. *Maturitas*, 23(2), 147–157.
- Dennerstein, L., Smith, A. M., & Morse, C. (1994). Psychological well-being, mid-life and the menopause. *Maturitas*, 20(1), 1–11.
- Diener, E., & Diener, M. (2009). Cross-cultural correlates of life satisfaction and self-esteem. In *Culture and Well-being* (pp. 71-91). Dordrecht, The Netherlands: Springer
- Dolińska-Zygmunt, G., & Włodarczyk, M. (2012). Woman's image in the menopausal period. *Polish Journal of Applied Psychology*, 10(1), 65-74.
- Eccles, J. S., Midgley, C., Wigfield, A., Miller-Buchanan, C., Reuman, D., Flanagan, C., et al. (1993). Development during adolescence: The impact of stage-environment fit on young adolescent's experiences in schools and families. *American Psychologist*, 48, 90-101.
- Engel, G. L. (1977). The need for a new medical model: a challenge for biomedicine. *Science*, 196(4286), 129-136.
- Eynon, M. J., O'Donnell, C., & Williams, L. (2018). Gaining qualitative insight into the subjective experiences of adherers to an exercise referral scheme: A thematic analysis. *Journal of Health Psychology*, 23(11), 1476-1487.
- Fitts, W. H., & Roid, G. H. (1964). Tennessee self concept scale. Nashville, TN: Counselor Recordings and Tests.
- Freeman, E. W., & Sherif, K. (2007). Prevalence of hot flushes and night sweats around the world: a systematic review. *Climacteric*, 10(3), 197–214.
- Gannon, L., & Ekstrom, B. (1993). Attitudes toward menopause: The influence of sociocultural paradigms. *Psychology of Women Quarterly*, 17(3), 275-288.

- George, S. A. (2002). The menopause experience: a woman's perspective. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 31*(1), 77-85.
- Greenberg, J. (2008). Understanding the vital human quest for self-esteem. *Perspectives on Psychological Science, 3*(1), 48-55.
- Greenblatt, R. B., & Bruneteau, D. W. (1974). Menopausal headaches - psychogenic or metabolic? *Journal of the American Geriatrics Society, 22*(4), 186-190.
- Greendale, G. A., Lee, N. P., & Arriola, E. R. (1999). The menopause. *The Lancet, 353*(9152), 571-580.
- Guérin, E., Goldfield, G., & Prud'homme, D. (2017). Trajectories of mood and stress and relationships with protective factors during the transition to menopause: Results using latent class growth modeling in a Canadian cohort. *Archives of Women's Mental Health, 20*(6), 733-745.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods, 18*(1), 59-82.
- Harrington, R., & Loffredo, D. A. (2001). The relationship between life satisfaction, self-consciousness, and the Myers-Briggs type inventory dimensions. *The Journal of Psychology, 135*(4), 439-450.
- Harter, S. (1988). Causes, correlates, and the functional role of global self worth: A life-span perspective. In J. Kolligian & R. Sternberg (Eds.), *Perceptions of competence and incompetence across the life-span* (pp. 67-97). New Haven, CT: Yale University Press.
- Hashemipoor, F., Jafari, F., & Zabihi, R. (2019). Maladaptive schemas and psychological well-being in premenopausal and postmenopausal women. *Przegląd menopauzalny, Menopause review, 18*(1), 33.

- Heidari, M., Ghodusi, M., & Rafiei, H. (2017). Sexual Self-concept and its Relationship to Depression, Stress and Anxiety in Postmenopausal Women. *Journal of Menopausal Medicine*, 23(1), 42.
- Hoga, L., Rodolpho, J., Gonçalves, B., & Quirino, B. (2015). Women's experience of menopause: a systematic review of qualitative evidence. *JBI Database of Systematic Reviews and Implementation Reports*, 13(8), 250-337.
- Hunter, M., & Rendall, M. (2007). Bio-psycho-socio-cultural perspectives on menopause. *Best Practice & Research: Clinical Obstetrics & Gynaecology*, 21(2), 261-274.
- Hvas, L., & Gannik, D. E. (2008). Discourses on menopause - Part II: How do women talk about menopause? *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 12(2), 177-192.
- Kahwati, L. C., Haigler, L., & Rideout, S. (2005). What is the best way to diagnose menopause? *Journal of Family Practice*, 54(11), 1000-1002.
- Kaufert, P. A., Gilbert, P., & Tate, R. (1992). The Manitoba Project: a re-examination of the link between menopause and depression. *Maturitas*, 14(2), 143-155.
- Kaufert, P. L. (1990). Methodological issue in menopause research. *Annals of the New York Academy of Sciences*, 592, 114-122.
- Khademi, S., & Cooke, M. S. (2003). Comparing the attitudes of urban and rural Iranian women towards menopause. *Maturitas*, 46(2), 113-122.
- Kumari, M., Stafford, M., & Marmot, M. (2005). The menopausal transition was associated in a prospective study with decreased health functioning in women who report menopausal symptoms. *Journal of Clinical Epidemiology*, 58(7), 719-727.

- Lavallee, L. F., & Campbell, J. D. (1995). Impact of personal goals on self-regulation processes elicited by daily negative events. *Journal of Personality and Social Psychology, 69*, 341-352.
- Liao, K. L. M., Wood, N., & Conway, G. S. (2000). Premature menopause and psychological well-being. *Journal of Psychosomatic Obstetrics & Gynecology, 21*(3), 167–174.
- Lock, M. (1994). Menopause in cultural context. *Experimental Gerontology, 29*(3-4), 307-317.
- Martin, M. C., Block, J. E., Sanchez, S. D., Arnaud, C. D., & Beyene, Y. (1993). Menopause without symptoms: the endocrinology of menopause among rural Mayan Indians. *American Journal of Obstetrics and Gynecology, 168*(6), 1839-1845.
- Martínez, M. D., González-Arratia, N. I., Oudhof van Barneveld, J., Domínguez-Espinosa, A. D. C., & Olivos-Rubio, M. (2012). Psychosocial Predictors of Satisfaction with Life during Perimenopause and Postmenopause. *Aquichan, 12*(3), 298-307.
- Marvan, M. L., Castillo-López, R. L., & Arroyo, L. (2013). Mexican beliefs and attitudes toward menopause and menopausal-related symptoms. *Journal of Psychosomatic Obstetrics & Gynecology, 34*(1), 39-45.
- McKinlay, S. M., Brambilla, D. J., & Posner, J. G. (1992). The normal menopause transition. *Maturitas, 14*(2), 103-115.
- McWhinney, I. R. (1997). *A textbook of family medicine*. New York, NY: Oxford University Press.
- Mohanty, N., & Sahoo, P. (2015). Self-concept and well-being of young adults: An empirical study. *Indian Journal of Health & Wellbeing, 6*(1), 8–12.
- O'Brien, J. (1980). Body image: mirror, mirror, why me? *Nursing mirror, 150*(17), 36.

- Parish, S. J., Faubion, S. S., Weinberg, M., Bernick, B., & Mirkin, S. (2019). The MATE survey: men's perceptions and attitudes towards menopause and their role in partners' menopausal transition. *Menopause, 26*(10), 1110-1116.
- Parlee, M. B. (1990). Integrating biological and social scientific research on menopause. In M. Flint, F. Kronenberg, & W. Utian (Eds.), *Multidisciplinary perspectives on menopause: Annals of the New York Academy of Sciences* (vol. 592, pp. 378-389). New York, NY: The New York Academy of Sciences.
- Pasquali, E. A. (1999). The Impact of Premature Menopause on Women's Experience of Self. *Journal of Holistic Nursing, 17*(4), 346-364.
- Pérez-López, F. R., Chedraui, P., Gilbert, J. J., & Pérez-Roncero, G. (2009). Cardiovascular risk in menopausal women and prevalent related co-morbid conditions: facing the post-Women's Health Initiative era. *Fertility and Sterility, 92*(4), 1171-1186.
- Pinquart, M., & Sorensen, S. (2001). Gender Differences in Self-Concept and Psychological Well-Being in Old Age: A Meta-Analysis. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 56*(4), 195-213.
- Pruzinsky, T., & Cash, T. F. (1990). Integrative themes in body image development, deviance, and change. In T. F. Cash, & T. Pruzinsky (Eds.), *Body images: Development, deviance, and change* (pp. 337-349). New York, NY: Guilford Press.
- Richters, J. M. A. (1997). Menopause in different cultures. *Journal of Psychosomatic Obstetrics & Gynecology, 18*(2), 73-80.
- Ritchie, T. D., Sedikides, C., Wildschut, T., Arndt, J., & Gidron, Y. (2011). Self-concept clarity mediates the relation between stress and subjective well-being. *Self and Identity, 10*, 493-508.

- Robinson, G. (1996). Cross-cultural perspectives on menopause. *The Journal of Nervous and Mental Disease, 184*(8), 453-458.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships: As developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A Study of a Science. Formulations of the Person and the Social Context* (Vol. 3, pp. 184-256). New York, NY: McGraw Hill.
- Rostosky, S. S., & Travis, C. B. (1996). Menopause research and the dominance of the biomedical model 1984–1994. *Psychology of Women Quarterly, 20*(2), 285-312.
- Shavelson, R. J., Hubner, J. J., & Stanton, G. C. (1976). Self-concept: Validation of construct interpretations. *Review of Educational Research, 46*(3), 407-441.
- Shepard, M. K. (1990). Discussion: Part II. In M. Flint, F. Kronenberg, & W. Utian (Eds.), *Multidisciplinary perspectives on menopause: Annals of the New York Academy of Sciences* (vol. 592, pp. 185-192). New York, NY: The New York Academy of Sciences.
- Shu, B. C., Luh, W. M., Li, S. M., & Lu, S. Y. (2007). Self-concept and menopause among mid-life women: A survey in southern Taiwan. *Maturitas, 57*(2), 132–138.
- Sievert, L. L., & Espinosa-Hernandez, G. (2003). Attitudes toward menopause in relation to symptom experience in Puebla, Mexico. *Women & Health, 38*(2), 93-106.
- Slotter, E. B., Gardner, W. L., Finkel, E. J. (2010). Who am I without you? The influence of romantic breakup on the self-concept. *Personality and Social Psychology Bulletin, 36*, 147-160.
- Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin, 139*(1), 213.

- Speroff, L. (2002). The perimenopause: definitions, demography, and physiology. *Obstetrics and Gynecology Clinics of North America*, 29(3), 397-410.
- Stewart, D. E. (2003). Menopause in highland Guatemala Mayan women. *Maturitas*, 44, 293-297.
- Stuenkel, C. A., Davis, S. R., Gompel, A., Lumsden, M. A., Murad, M. H., Pinkerton, J. V., & Santen, R. J. (2015). Treatment of Symptoms of the Menopause: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, 100(11), 3975–4011.
- Svenson, E. E. (2005). *The woman's experience of menopause: Its effect on her sense of self and her marital/partnered relationship* (Doctoral Dissertation). Retrieved from ProQuest. <https://search.proquest.com/openview/b68152447f8916de6d617b5c2768d259/1?cbl=18750&diss=y&pq-origsite=gscholar>
- Thompson, J. K., Heinberg, L. J., Altabe, M., & Tantleff-Dunn, S. (1999). *Exacting beauty: Theory, assessment, and treatment of body image disturbance*. Washington, DC: American Psychological Association.
- Treloar, A. E. (1974). Menarche, menopause, and intervening fecundability. *Human Biology*, 46(1), 89-107.
- Treloar, A. E. (1981). Menstrual cyclicity and the pre-menopause. *Maturitas*, 3(3-4), 249-264.
- von Keyserlingk, L., Becker, M., & Jansen, M. (2019). Academic self-concept during the transition to upper secondary school. *Contemporary Educational Psychology*, 56, 152-160.
- Walter, C. A. (2000). The psychosocial meaning of menopause: women's experiences. *Journal of Women & Aging*, 12(3-4), 117-131.

- Whitbourne, S. K. (1985). The psychological construction of the life span. In J. E. Birren, & K. W. Schaie (Eds.), *Handbook of the psychology of ageing* (2nd ed., pp. 594-618). New York, NY: Van Nostrand Reinhold.
- Williams, R. E., Kalilani, L., DiBenedetti, D. B., Zhou, X., Fehnel, S. E., & Clark, R. V. (2007). Healthcare seeking and treatment for menopausal symptoms in the United States. *Maturitas*, 58(4), 348-358.
- Woods, N. F., & Mitchell, E. S. (1997). Pathways to depressed mood for midlife women: observations from the Seattle Midlife Women's Health Study. *Research in Nursing & Health*, 20(2), 119-129.
- Woods, N. F., & Mitchell, E. S. (2005). Symptoms during the perimenopause: prevalence, severity, trajectory, and significance in women's lives. *The American Journal of Medicine*, 118(12), 14-24.

Appendices

Appendix A

Interview Schedule

Research Question: How do women describe their self-concept during their experience of natural menopause?

(The aim of this interview is to understand your 'self-concept' at this stage of your life. This includes your self-image (how you view yourself/identity), self-esteem (the extent to which you value yourself), perhaps body image, and how these perceptions may or may not impact your experience of menopause.)

A. Introductory questions - Experiences

1. How has your experience of menopause been so far?
2. Is this experience different to what you anticipated or had previously learned?

B. Self-image/identity

1. How do you view yourself in this new stage of your life?
2. Is this view different or the same as before you knew you were experiencing menopause?
3. In what way do you think others view you, knowing that you have reached menopause? (friends, family, partner, acquaintances)
4. How do you view other women experiencing menopause?

C. Self-esteem

1. How do you feel about the image of yourself that you described? Are you happy with it?
2. Is this feeling different or the same as before you knew you were experiencing menopause?

D. Impact of self-concept

1. Do these feelings/concepts of yourself impact your behaviour?
2. Do these feelings/concepts impact any other aspects of your life? (e.g. work, relationships, children...)

E. Closing questions

1. Is there anything that has influenced your self-concept?
2. Is there anything that could change your self-concept?
3. As a woman living in Ireland, how do you feel women experiencing the menopausal transition are viewed in our society?
4. Has there been any particular cultural influences that have affected you?
5. Is there anything else that you would like to talk about with regards to the menopausal transition that perhaps I have not mentioned?

PROBES:

- Could you tell me a little more about that?
- Could you tell me about a particular time that you experienced this/felt this way?

Appendix B

Participant Information Sheet

Study Title: A Qualitative Study of Women's Self-Concept During Menopause**What is the purpose of the study?**

The aim of this study is to explore women's self-concept during their menopausal transition, in an effort to identify potential patterns or themes shared by women/differentiating women during this phase of life. This includes questions about self-image, identity, self-esteem, etc., which is essentially how you think and feel about yourself at this stage of your life. There is a lack of research in this area, particularly in Ireland, which is why this is the topic of interest. Ultimately, this will lead to a greater understanding of women's experiences, and a greater opportunity for future interventions that could potentially improve women's self-concept during the menopausal transition.

Can you take part in this study?

For the purpose of this study I need to recruit women who have experienced symptoms associated with the **natural** menopausal transition in the previous two years, at the exclusion of women who have experienced early menopause due to medical intervention (e.g. hysterectomy/chemotherapy).

Do you have to take part?

No. Participation in this study is entirely voluntary. If you change your mind about taking part, you can withdraw at any point during the interview and can withdraw the data derived from your interview until 1st February 2020 by contacting me, or my supervisor, via email. In the event of such, all of your data will be destroyed and omitted from the study with no consequence/penalty.

What are you required to do if you take part?

If you choose to take part, we will schedule a 1:1 interview that will take place at a place and time of your convenience. Bearing in mind the nature of the topic, it may be advisable for you to consider a location that ensures privacy, which is why I have secured a private room at the National College of Ireland should this suit you. You will be asked questions about your experience of menopause and how this has affected your thoughts and feelings about yourself (self-image, identity, self-esteem, etc.). If you do not wish to answer any questions, you can let me know and we can take a break if you wish, or you can withdraw from the interview, without having to give a reason and without any consequence.

Are there possible disadvantages and/or risks in taking part?

Although there are no very invasive questions that will be asked, due to the subjectivity of the topic, there is a small possibility that some questions/topics may make you uncomfortable or upset. If this should occur during the interview, we can change the topic, take a break or you may withdraw if you no longer wish to continue.

What are the possible benefits of taking part?

Taking part in this undergraduate research project can provide some insights into the field of psychology. Voluntary participants are incredibly valued, as your engagement contributes to the future of psychology and other fields. You may learn more about yourself throughout the interview process as it is a chance to reflect on your thoughts and feelings on the topic. We believe that our findings could potentially give rise to a greater understanding of women experiencing menopause, and possibly future interventions that could optimise this phase of life for women.

What if something goes wrong?

Should it occur that the interview needs to be rescheduled, you will be contacted as soon as possible at the contact details provided. If you still wish to participate, we can reschedule at a time of your convenience. Alternatively, you may wish to withdraw from the study, which you will not be penalised for in any way.

Will your taking part in this project be kept confidential?

Yes. I will be the only one with access to the raw data. Due to the nature of the research, the interviews will be audio-recorded should you consent to participate. Once transcribed, the audiotapes will be destroyed. During the transcription process, any potentially identifiable information disclosed within the interview will be omitted. These transcripts will be stored on a personal computer, and they will be password protected. Each transcript will be stored under a unique participant reference number which you will be assigned. The transcripts will be stored securely for five years, as per the National College of Ireland's policy (c. November 2024), then all data will be destroyed. You will also have access to your individual data under the freedom of information legislation within the five years as outlined. However, in the event of disclosure of criminal offences or any information that highlights you or others as at risk, confidentiality may be broken, and this information will be reported to the relevant authorities.

What will happen to the results of the research study?

The results will be written up and presented as part of my final year project of my psychology degree. If successful, it may also be submitted for publication in peer-reviewed academic journals and/or presented at conferences. No audio records will be disseminated, and the data will remain unidentifiable, however, direct quotes from the interview transcripts may be used. You will be emailed in advance of such publications.

Who is organising and funding the research?

The research is organised by Leanne Kelly, who is a final year undergraduate psychology student at the National College of Ireland. This project has not been externally funded.

Who has reviewed the study?

National College of Ireland's Psychology Department's Undergraduate Ethics Committee has reviewed and approved this study.

Contact for further information:

Researcher: Leanne Kelly / x17521573@student.ncirl.ie

Supervisor: Dr. Caoimhe Hannigan / caoimhe.hannigan@ncirl.ie

Appendix C

Consent Form

A Qualitative Study of Women's Self-Concept During Menopause

Participant Reference Code: _____

Participant Age: _____

Participant Gender: _____

- I am over the age of 18.
- I have read and understand the attached briefing and, by signing below, I consent to participate in this study.
- I understand that I will be audio recorded during the interview and I give my permission for this.
- I understand that all information I provide for this study will be treated confidentially, and my identity will remain anonymous (bearing in mind the statutory limits stated in the information sheet).
- I understand that I have the right to withdraw my consent at any point during the study, without having to give a reason.
- I understand that I have the right to withdraw the data derived from my interview until 1st February 2020.
- I understand that under freedom of information legislation I am entitled to access the information I have provided at any time while it is in storage (until its destruction after five years in accordance with the National College of Ireland's policy).
- I understand that I am free to contact those involved with this research to seek further information/clarification, at the contact details provided on the information sheet.
- I understand that the data I provide may be published in academic journals and may be presented at various events/conferences (all data will remain unidentifiable, however direct quotes may be used).

Signed (Participant): _____ Signed (Researcher): _____

Print name: _____ Print name: _____

Appendix D

Debriefing Sheet

Dear Participant,

Firstly, I would like to thank you for your engagement with this research. I greatly appreciate you having taken time out of your day to enable me to conduct this project.

You have just taken part in an interview, in which the aim was to explore how you think and feel about yourself, as a woman experiencing menopause. During data analysis, the ideas derived from each interview will be explored and compared, in an attempt to find some broader themes on the topic of self-concept in women during the natural menopausal transition.

As not much research has previously addressed these questions, particularly in Ireland, I am hoping that the current study will highlight some ideas of how women view themselves and feel about themselves during this new phase of their life, so that future efforts can be made to improve this experience for women.

If you would like to know what results are produced from the research, you can email me at: x17521573@student.ncirl.ie.

It is important to note that you can also email me to organise access to your individual data under Freedom of Information legislation, should you wish to view it. Your data can be viewed at any time within five years after your interview has taken place (c. November 2024), as outlined by the National College of Ireland's policy. You also have the right to withdraw the data derived from your interview before 1st February 2020, with no repercussions. However, in the event of disclosure of criminal offences during the interview, or any information that highlights you or others as at risk, confidentiality may be broken and this information will be reported to the relevant authorities.

The following are sources of further information/support for your perusal:

- <https://www.hse.ie/eng/health/az/m/menopause/>
- <https://wellwomancentre.ie/health-matters/menopause/>
- <https://patient.info/forums/discuss/browse/menopause-1411>
- <https://www.mumsnet.com/Talk/menopause>
- <https://turn2me.org/>
- IACP (Counselling & Psychotherapy) - www.iacp.ie - Tel: 01 230 3536
- Grow (Mental Health Support & Recovery) www.grow.ie - Tel: 1890 474 474

Best wishes,

Leanne Kelly

x17521573@student.ncirl.ie

Appendix E
Thematic Map

