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Emotional and Psychological Well-Being in Early Postmenopausal Women: A Phenomenological Study

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Walden University

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Marjorie F. Leon

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Walden University

2026

Abstract

Emotional and Psychological Well-Being in Early Postmenopausal Women:

A Phenomenological Study

by

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MS, Walden University, 2015

BS, University of Phoenix, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

February 2026

Abstract

The purpose of this qualitative phenomenological study was to explore how early postmenopausal women experience and navigate emotional and psychological well-being during the postmenopausal transition. Although menopause has been widely examined as a biological process, women's lived emotional and psychosocial experiences during the early postmenopausal period remain underexplored in psychological research.

Conceptually informed by Engel's biopsychosocial model, this study examined how biological, psychological, and social factors intersect in shaping resilience, identity, and coping during this transitional life stage. Thirteen women within 5 years of menopause onset participated in semi structured interviews. Data were analyzed using Braun and Clarke's six-phase reflexive thematic analysis. Data saturation was reached after 11 interviews and confirmed through two additional interviews. Four themes emerged: emotional adaptation and psychological resilience; physical distress and bodily awareness; social change and evolving identity; and coping and self-regulation strategies. Findings suggest that participants' perceptions of well-being were shaped by processes of emotional adaptation, bodily awareness, relational change, and individualized coping within broader social contexts. This study contributes qualitative evidence supporting a biopsychosocial understanding of early postmenopause and advances knowledge of the emotional and psychological dimensions of this life transition.

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Dedication

This dissertation is lovingly dedicated to my children Drea, Dmitri, and Madison whose unwavering support, patience, and encouragement have sustained me through every challenge and triumph along this journey. To my husband, Jerry, I am ever grateful for your patience and practical support – you have helped make this accomplishment possible.

To my grandchildren, Aramis and Amaya, you are my inspiration and my hope for the future. May this achievement show you that anything is possible with dedication and perseverance. I love you so much.

I am proud to be the first doctor in my family, and I am proud of the years of learning, sacrifice, and growth that have brought me to this moment. This accomplishment is not mine alone, but a testament to the strength, resilience, and love of my family.

I would also like to express my deepest gratitude to my chair, Dr. Magy Martin, and to Dr. Mark Arcuri. Your guidance, wisdom, and belief in me have been instrumental in helping me reach this milestone. Thank you for your mentorship and for challenging me to become the best version of myself.

To my family, friends, mentors, and all who have supported me, this is for you.

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Chapter 1: Introduction to the Study

Introduction

The emotional and psychological well-being of early postmenopausal women is an important area of exploration. This life stage is characterized by significant hormonal, physical, and social changes that can challenge women's mood regulation, self-esteem, and identity (Ahmed & Hardcastle, 2023; Talaulikar, 2022). While physical and hormonal changes have been extensively studied, research on the emotional and psychological dimensions remains limited, leaving many women without adequate resources to navigate this transition (Cowell et al., 2024). Addressing this gap is essential to developing a deeper understanding of these experiences, fostering emotional resilience, and informing targeted interventions. Recent literature has suggested that better support for this demographic can reduce stigma and improve healthcare practices, enhancing the quality of life for postmenopausal women (Herson & Kulkarni, 2022; Vorlet & Carrard, 2023).

This chapter begins by outlining the study's purpose and rationale, emphasizing the need to investigate the emotional and psychological experiences of postmenopausal women. It incorporates the biopsychosocial model as a guiding theoretical framework to highlight the interplay between biological, psychological, and social factors in this transitional phase (Aftab & Nielsen, 2021; Roberts, 2023). The literature review section examines key findings, such as the links among self-esteem, body image, and psychological well-being during menopause (Frederick et al., 2022) and identifies gaps in

current research. The chapter synthesizes these findings, connecting them to the study's research questions and methodology.

Background

Research suggests that women may experience grief related to bodily change during menopause. This transition represents a complex biopsychosocial process rather than a solely biological event. Although biomedical research has extensively documented hormonal changes and physical symptoms associated with menopause, far less attention has been given to how women experience and interpret the emotional, psychological, and social dimensions of early postmenopause. During this stage, women often navigate changes in mood regulation, identity, interpersonal relationships, and perceptions of aging, all of which shape psychological well-being and resilience (Ahmed & Hardcastle, 2023; Cowell et al., 2024).

Early postmenopause is frequently accompanied by emotional fluctuations, shifts in self-perception, and changes in social roles that intersect with cultural expectations surrounding femininity, productivity, and aging. Research suggests that women may experience grief related to bodily change, concerns about invisibility in social and healthcare contexts, and uncertainty about identity during this period (Meyer, 2022; Ussher et al., 2020). These experiences are not uniform and are influenced by social support, personal meaning-making, and access to affirming healthcare relationships.

Problem Statement

The emotional and psychological well-being of early postmenopausal women represents a critical yet underexplored area of psychological and aging research.

Although significant attention has been given to the physical and hormonal changes associated with menopause, the nuanced emotional and psychological experiences during the early postmenopausal stage remain insufficiently understood. A recent review highlights several related themes. Research conducted in the last 5 years has underscored the importance of addressing these emotional dimensions, as they significantly impact mental health outcomes and overall well-being during this transitional life stage (Soares, 2020).

Several themes were identified in the literature: resilience, emotional regulation, and social impacts on midlife and older women. However, few quantitative studies explicitly focus on the early postmenopausal period, particularly the first few years following menopause, when hormonal shifts are most pronounced (Hooper et al., 2023; Vorlet & Carrard, 2023). This gap in the literature is significant because these years represent a pivotal window during which psychological adjustments intersect with biological changes and broader societal influences, such as stigma surrounding aging and menopause (North American Menopause Society, 2021). Research has documented the impact of these factors on women's emotional health, including reduced cognitive control, heightened emotional eating, and disrupted decision-making processes (Soares, 2020). However, much of this research is quantitative and focused on younger populations, leaving a limited understanding of the lived experiences of postmenopausal women and how these experiences shape their psychological outcomes.

Although prior research has identified associations between menopause and psychological symptoms such as depression, anxiety, and emotional distress, much of this

work has relied on quantitative designs and symptom-based frameworks. These approaches offer limited insight into how women themselves understand and make meaning of their emotional and psychological experiences during early postmenopause.

In particular, there is a lack of qualitative research exploring how women interpret changes in identity, emotional regulation, social relationships, and resilience during the first years following menopause onset. Without this perspective, healthcare and mental health services risk overlooking the contextual, relational, and meaning-based dimensions that shape women's psychological well-being during this critical transitional period.

Purpose of the Study

This qualitative phenomenological study explores the emotional and psychological well-being of women within the first 5 years of postmenopause by examining their lived experiences during this transitional life stage. The study aims to describe and identify factors influencing their emotional resilience, identity shifts, and coping strategies, with a focus on how these women navigate the challenges of menopause. By examining these experiences, the study aims to deepen understanding of emotional well-being in this population and to inform targeted procedures to support their psychological health (Soares, 2020).

Research Question

RQ1: How do early postmenopausal women experience and navigate emotional and psychological challenges during the transitional stage of menopause?

Theoretical Framework for the Study

The theoretical framework for this study is grounded in George Engel's biopsychosocial model, first introduced in 1977 as a response to the limitations of the reductionist biomedical model. Engel's biopsychosocial model provides an appropriate conceptual foundation that health and illness are best understood through the interaction of biological, psychological, and social factors, emphasizing that no single domain operates in isolation when shaping human health outcomes (Engel, 1977). This model has since become foundational in health research, providing a lens for analyzing complex phenomena such as emotional well-being, resilience, and identity shifts during significant life transitions (Aftab & Nielsen, 2021). Within the context of menopause, the biopsychosocial model offers a comprehensive framework to examine how hormonal changes (biological), emotional resilience and coping mechanisms (psychological), and societal expectations and stigma (social) interact to influence women's emotional and psychological experiences (Aftab & Nielsen, 2021; Ahmed & Hardcastle, 2023; Roberts, 2023). A more detailed discussion of Engel's theoretical propositions and their application to this study is elaborated on in Chapter 2.

This framework closely aligns with the study's qualitative phenomenological approach and its focus on exploring the lived experiences of early postmenopausal women. The biological component addresses hormonal fluctuations during menopause, which significantly influence emotional and cognitive changes (Hooper et al., 2023). The psychological component focuses on emotional resilience, identity shifts, and coping strategies, which are crucial for navigating this transitional period (Denckla et al., 2020).

The social component considers the influence of societal norms, cultural attitudes toward aging, and stigma surrounding menopause, all which shape women's emotional and psychological well-being (Cowell et al., 2024; Vorlet & Carrard, 2023). By integrating these interrelated domains, the model provides a robust framework to investigate the study's primary research questions: How do early postmenopausal women experience and navigate emotional and psychological challenges, and what factors contribute to their resilience and coping mechanisms?

Engel's biopsychosocial model provides an appropriate conceptual foundation for examining early postmenopausal women's emotional and psychological well-being, as it emphasizes the dynamic interaction among biological changes, psychological processes, and social context. Within this study, the biological dimension reflects hormonal and bodily changes associated with menopause, the psychological dimension encompasses emotional regulation, identity reconstruction, and coping, and the social dimension includes relational shifts, healthcare interactions, and cultural narratives surrounding aging and menopause (Aftab & Nielsen, 2021; Roberts, 2023). By applying this integrative framework, the study moves beyond reductionist explanations and instead captures menopause as a lived, meaning-making experience shaped by interconnected personal and social factors.

Nature of the Study

For this study, I employed a qualitative phenomenological design to explore the emotional and psychological well-being of early postmenopausal women.

Phenomenology was selected because it focuses on understanding individuals' lived

experiences and the meanings they ascribe to those experiences, making it well-suited for examining the nuanced emotional and psychological challenges women encounter during the early postmenopausal transition (Creswell & Poth, 2018).

Early postmenopause is characterized by hormonal changes, shifts in identity, and evolving social roles, which may influence mood regulation, self-esteem, and emotional well-being (Cowell et al., 2024; Soares, 2020). A phenomenological approach allows for in-depth exploration of these experiences from the perspectives of women undergoing this life transition, providing rich descriptions of how emotional and psychological well-being is experienced and navigated.

Data were collected through semistructured interviews with a purposive sample of early postmenopausal women. I recruited participants through online advertisements distributed via social media platforms, women's health forums, and community-based digital networks to promote accessibility and participant comfort. Limited in-person recruitment was also used through approved flyers initially. Interviews were conducted primarily via HIPAA-compliant videoconferencing platforms, with the option for in-person interviews when feasible.

Interview recordings were transcribed verbatim using secure transcription software. Data were analyzed using Braun and Clarke's six-phase reflexive thematic analysis, supported by NVivo qualitative analysis software. This analytical approach enabled the systematic identification of patterns and themes across participants' narratives while remaining grounded in their descriptions of their experiences. By focusing on women's accounts of emotional adaptation, coping strategies, and resilience,

this study provides a comprehensive understanding of emotional and psychological well-being during early postmenopause.

Definitions

Early postmenopause stage: Early postmenopause refers to the first 5 years following a woman's final menstrual period, during which hormonal stabilization continues and emotional, psychological, and social adjustments are commonly experienced (North American Menopause Society, 2021).

Emotional well-being: Emotional well-being refers to an individual's capacity to manage stress, maintain positive relationships, and experience a sense of balance and satisfaction in life. It is a critical component of mental health, particularly during life transitions (Park et al., 2022).

Psychological well-being: Psychological well-being encompasses cognitive and emotional states that contribute to an individual's overall mental health, including self-acceptance, personal growth, and purpose in life (Božek et al., 2020).

Resilience: Resilience is the ability to adapt positively to adversity, stress, or significant life changes. It is often considered a dynamic process influenced by biological, psychological, and social factors (Denckla et al., 2020).

Assumptions

This study is grounded in several assumptions. It is assumed that a qualitative phenomenology is appropriate for the phenomenon. The study also assumes that saturation is achievable with purposive sampling. Finally, it is assumed that the biopsychosocial model is suitable for conceptualizing the postmenopause experience.

The study also assumes that participants felt comfortable discussing sensitive topics such as emotional distress, societal pressures, and personal identity in a confidential and supportive setting. This assumption is critical to the study's success, as the richness of the data depends on participants' willingness to share their experiences candidly. Furthermore, the study assumes that the biopsychosocial model provides an appropriate framework for examining these factors, as it captures the multidimensional nature of health and well-being in early postmenopausal women (Aftab & Nielsen, 2021; Roberts, 2023). These assumptions collectively form the foundation for exploring how hormonal changes, societal expectations, and emotional resilience intersect to shape the well-being of women in early postmenopause, contributing to the broader understanding of women's health and psychology.

Scope and Delimitations

This study focuses on the emotional and psychological well-being of early postmenopausal women, defined as women within 5 years following their final menstrual period. This specific timeframe was chosen to examine a distinct stage of menopause when women experience significant hormonal, psychological, and social changes (Ahmed & Hardcastle, 2023). By narrowing the scope to this population, the study aims to understand the emotional challenges, coping mechanisms, and identity shifts unique to this transitional phase. Women outside this time or those with conditions unrelated to postmenopausal emotional well-being are excluded to maintain a focused exploration of this specific demographic. The study is grounded in the biopsychosocial model,

emphasizing the dynamic interplay among biological, psychological, and social factors that influence well-being during early postmenopause (Engel, 1977; Roberts, 2023).

The study employs a qualitative phenomenological design to capture rich, detailed narratives of the lived experiences of early postmenopausal women. Data were collected through semistructured interviews with a purposive sample of women from a specific geographic region, such as community centers, clinics, and online platforms. While this localized approach provides depth, it may limit the generalizability of findings to women in other cultural or societal contexts. This study focuses on well-being's subjective emotional and psychological dimensions of the post menopause experience. Although cultural and social influences are considered, the study does not explicitly aim to compare or contrast experiences across diverse ethnic or cultural groups; instead, it prioritizes the unique challenges of early postmenopause within its target population.

The study's scope is further delimited by its focus on emotional and psychological well-being, excluding physical symptoms or medical interventions associated with menopause. Similarly, the investigation is centered on cognitive and emotional processes. It does not examine personality traits or stress as contributors to health outcomes, narrowing the theoretical framework to the biopsychosocial model and its implications for well-being (Aftab & Nielsen, 2021). This study provides insights to inform targeted interventions and strategies for this underserved population by isolating the interplay of age, mood, and emotional health. Although the findings are not directly transferable across all demographics, they offer valuable contributions to understanding emotional

resilience and coping in early postmenopausal women, with the potential to inspire further research and practical applications in women's health and psychological care.

Limitations

This study's qualitative design presents several inherent limitations. Using a small, purposive sample allows for an in-depth exploration of lived experiences but limits the transferability of findings to broader populations. As qualitative research inherently focuses on depth rather than breadth, the insights gained are context-specific and may not fully represent the diverse experiences of early postmenopausal women. Furthermore, the geographic constraint of recruiting participants from a specific region introduces another limitation, as it may exclude perspectives from women in different cultural, social, or economic contexts. Reasonable measures, such as providing detailed contextual descriptions of participants and their settings, were employed to ensure reasonable transferability of the findings (Creswell & Poth, 2018).

Another limitation lies in the reliance on self-reported data, which may be influenced by recall bias or social desirability, potentially affecting the accuracy of participants' accounts (Anvari et al., 2024). Although self-reporting is an accepted method in phenomenological research, it is acknowledged that participants may unintentionally omit or distort details about their experiences. To address this, the study employs semi structured interviews to encourage detailed, reflective responses and uses member checking to validate interpretations of the data. Additionally, the study's sole reliance on qualitative methods excludes quantitative measures, such as hormone level assessments or clinical evaluations, which could provide valuable insights into emotional

well-being's biological and clinical aspects (Ahmed & Hardcastle, 2023; Engel, 1977). While the emphasis on emotional and psychological dimensions aligns with the study's purpose, this narrower scope limits its ability to comprehensively explore the interplay between physical symptoms and emotional experiences.

Researcher subjectivity and the study's cross-sectional design further limit the dependability of findings. As the researcher serves as the primary instrument for data collection and analysis, there is potential for unintentional bias to influence the study's outcomes. This was mitigated through reflexivity practices, peer review, and member checking to ensure interpretations remain grounded in participants' narratives. Additionally, the study's cross-sectional nature provides a snapshot of participants' experiences at a single point in time, limiting insights into how emotional and psychological well-being evolves throughout the postmenopausal stage. These limitations highlight the need for cautious generalization and underscore opportunities for future research to explore longitudinal perspectives, integrate quantitative measures, and examine more diverse populations to build upon this study's contribution

Significance

This study offers significant contributions by addressing a critical gap in understanding early postmenopausal women's emotional and psychological well-being. While existing research has extensively explored the physical and hormonal changes associated with menopause, the nuanced emotional and psychological experiences during this transitional life stage remain underexamined (Ahmed & Hardcastle, 2023; Soares, 2020). By capturing the lived experiences of early postmenopausal women, this study

provides valuable insights into how they navigate emotional challenges, identity shifts, and societal expectations. These findings advance psychological knowledge of life transitions, offering a deeper understanding of how biological, psychological, and social factors influence emotional resilience and mental health outcomes during early postmenopause (Aftab & Nielsen, 2021; Engel, 1977).

The implications of this study extend beyond theoretical advancements to practical applications that can influence healthcare practice. By identifying the specific emotional and psychological needs of early postmenopausal women, the study can inform the development of targeted mental health interventions, educational programs, and support strategies designed to enhance emotional resilience and well-being in this population. Furthermore, the research provides evidence that healthcare providers and policymakers can use to create age- and gender-sensitive initiatives that address the stigma and societal pressures surrounding menopause and aging. These contributions could inform attitudes in regards to aging women, promoting greater acceptance and understanding of this life stage in both clinical and social contexts (Cowell et al., 2024; Park et al., 2022).

Ultimately, this study has the potential to drive positive social change by challenging cultural stereotypes and reducing the stigma surrounding menopause and aging. It emphasizes the importance of resilience, self-identity, and social support, offering a perspective on emotional well-being that resonates within the broader field of psychology. By laying the groundwork for future research on the psychological dimensions of aging, this study encourages further exploration into how women adapt to

postmenopause and provides actionable insights that can improve the quality of life for this underserved population. In doing so, it underscores the value of addressing the emotional and psychological needs of early postmenopausal women in both clinical practice and societal discourse. By addressing these neglected dimensions, the study could influence societal perceptions of aging, promote inclusive healthcare practices, and enhance emotional well-being among postmenopausal women.

Summary

This chapter establishes the foundational elements of the study, including the problem statement, purpose, and significance, which underscore the need to explore the emotional and psychological well-being of early postmenopausal women. It outlines the research question, theoretical framework, and guiding assumptions, emphasizing the importance of understanding women's experiences during this transitional life stage. The study's scope, delimitations, and limitations were discussed to clarify its boundaries and methodological considerations.

In Chapter 2, I present the literature review of synthesized existing research to contextualize the study within the field of psychology. By examining the interrelationship of hormonal, psychological, and social factors, the review highlights the gaps I sought to address in this study, particularly the underexplored emotional and psychological dimensions of early postmenopause.

Chapter 2: Literature Review

Introduction

The study addresses a significant gap in understanding early postmenopausal women's emotional and psychological well-being. Although existing research has extensively examined the physical and hormonal changes associated with menopause, the emotional and psychological dimensions of early postmenopause remain underexplored. This transitional life stage often coincides with significant changes in identity, mood regulation, self-esteem, and shifts in family roles, career trajectories, and social connections. Despite the prevalence of these challenges, there is limited research on how early postmenopausal women navigate these changes and develop coping strategies to maintain their emotional and psychological well-being.

This chapter begins with a conceptual literature review that explores theoretical frameworks and key findings informing the study's focus on emotional and psychological well-being in early postmenopause. The subsequent section reviews current peer-reviewed studies, highlighting the interplay between emotional regulation, self-identity, and societal expectations in postmenopausal women. It also examines factors such as resilience, social support, and cultural attitudes toward aging, which influence psychological adjustment during this period. The chapter concludes by synthesizing the literature and identifying gaps this study aims to address.

Library Search Strategy

A comprehensive and systematic search strategy was employed to identify relevant literature on early postmenopausal women's emotional and psychological well-

being. This search used multiple academic databases and search engines, including PsycINFO, PubMed, EBSCOhost Academic Search Complete, Google Scholar, ProQuest Dissertations, and Theses Global. These databases were chosen for their robust coverage of peer-reviewed research across psychology, health sciences, and social sciences, ensuring access to a wide range of scholarly works. Key search terms and combinations included *early postmenopausal women*, *emotional well-being*, *psychological adjustment*, *identity changes*, *resilience*, *social support*, *mental health*, and *life transitions*.

The search process was iterative, beginning with broad terms in PsycINFO, such as *postmenopause* and *emotional well-being*. This initial search yielded foundational studies on the psychological impact of menopause. Building on this, additional terms, such as identity changes and resilience, were introduced to enable more focused research on coping mechanisms and emotional regulation. In PubMed, combinations of terms such as *early postmenopausal women* and *mental health* were employed, which provided articles exploring both psychological and physiological dimensions of menopause. EBSCOhost Academic Search Complete was used to cross-reference findings, and Google Scholar was used to address gaps by identifying grey literature and conference proceedings. Boolean operators (e.g., AND, OR, NOT) were used to expand or narrow results to refine the search further.

In areas where current research was sparse, specifically on the emotional and psychological dimensions unique to early postmenopause, broader terms like *aging women* and *psychological health* were used. Reference lists from relevant articles were also examined to locate additional studies, foundational literature, and historical context.

While few dissertations and conference proceedings were directly relevant, cited references in foundational works provided a pathway to germane scholarship. This iterative and comprehensive approach ensured the identification of critical literature, addressed gaps, and emphasized the need for further research in this underexplored area.

Despite growing recognition of menopause as a multidimensional transition, psychological research has largely prioritized symptom prevalence and medical management rather than women's subjective experiences. This gap limits understanding of how women adapt emotionally and psychologically during early postmenopause and constrains the development of supportive, strengths-based mediations. Addressing this gap is necessary to better understand how women interpret and navigate this life stage, foster resilience, and maintain psychological well-being within the broader social and cultural context of aging.

Women in this stage of life often face unique psychological stressors, including identity shifts, sleep disturbances, societal expectations, and changes in relationships, which can profoundly impact their emotional well-being (Brown et al., 2024; Cowell et al., 2024). Despite evidence linking menopause-related changes to an increased risk of depression, anxiety, and low self-esteem (Ahmed & Hardcastle, 2023; Herson & Kulkarni, 2022), these experiences remain underexamined in psychological research.

Theoretical Framework: Biopsychosocial Model

The theoretical framework for this study is grounded in the biopsychosocial model, introduced by George L. Engel in 1977. Engel developed this model to respond to the reductionist paradigms prevalent in medicine and psychology, which he argued

oversimplified human health and behavior by isolating biological processes from psychological and social influences. The biopsychosocial model emphasizes the interaction between biological, psychological, and sociocultural factors, asserting that health and illness cannot be fully understood without considering the interplay of these dimensions (Engel, 1977). Engel's model shifted the focus from disease centered approaches to an understanding of individuals, advocating the integration of emotional and social experiences into the assessment of health and illness.

The biopsychosocial model operates on the foundational principle of interactionism, which posits that changes in one dimension, biological, psychological, or social, inevitably influence the others. The model challenges reductionist perspectives. This comprehensive approach aligns seamlessly with the study's focus on early postmenopausal women, where hormonal changes (biological), identity shifts, mood fluctuations (psychological), and societal expectations (social) interact to shape their emotional and psychological well-being. The biopsychosocial model also demonstrates the complicated interplay between physical health and mental health (Borrell-Carrió et al., 2004).

The biopsychosocial model has been applied across diverse research contexts, including studies of menopause, chronic pain, and emotion regulation. For example, it has been used to explore self-regulation, the tendency to over-function and resilience in populations dealing with conditions like PTSD and chronic illness. Impairment in cognitive function will have a negative effect on self-regulation in adaptation, necessary during menopause (Feller et al., 2020).

In menopause, researchers have applied the biopsychosocial model to study emotional eating, body image, body satisfaction, and family influences on weight management (Frederick et al., 2022). Studies rooted in the biopsychosocial model have also highlighted gender differences in body image perceptions, with middle-aged women exhibiting more critical self-assessments than men, who are generally more optimistic about their body image (Frederick et al., 2022). These applications underscore the model's relevance in exploring the multifaceted nature of human experiences, particularly those influenced by biological, psychological, and social factors.

This study employs the biopsychosocial model to investigate how early postmenopausal women experience emotional and psychological well-being during a sensitive transitional phase. The model's comprehensive framework facilitates an in-depth exploration of hormonal changes, mood fluctuations, identity shifts, and social dynamics, including changing family structures and cultural expectations. By integrating these dimensions, the study builds on existing biopsychosocial model applications while extending its scope to a population that has received limited attention in psychological research. This focus enables a richer understanding of the interplay between these factors and their impact on women's well-being in early postmenopause.

The choice of the biopsychosocial model reflects the study's commitment to addressing the research questions from a multidimensional perspective. It enables examination of how psychological and social factors intersect during this life stage and challenges the exclusion of emotional and cognitive dimensions in existing research. This approach contributes to the existing body of literature. It expands the applicability of the

biopsychosocial model to a previously underexplored population, providing a more nuanced view of how early postmenopausal women experience and respond to the challenges of this life stage.

Literature Review Related to Key Concepts

Postmenopause as a Biopsychosocial Transition

Postmenopause is increasingly conceptualized as a biopsychosocial transition rather than a purely biological event. Although menopause has historically been framed in medical literature as a period characterized by hormonal decline and physical symptomatology, contemporary scholarship emphasizes that women's experiences in postmenopause are shaped by the interplay of biological changes, psychological adjustment, and social context (Ahmed & Hardcastle, 2023; Talaulikar, 2022). This perspective recognizes that emotional and psychological well-being during postmenopause cannot be fully understood without examining how women interpret bodily changes, negotiate identity shifts, and respond to evolving social expectations.

Biologically, sustained changes in estrogen during postmenopause have been associated with alterations in mood regulation, sleep, cognitive functioning, and emotional reactivity (Soares, 2020). However, biological changes alone do not account for the wide variability in women's emotional experiences during this life stage. Psychological responses to postmenopause are influenced by meaning-making processes, coping strategies, and prior life experiences, resulting in diverse emotional outcomes ranging from distress and grief to relief and psychological growth (Ussher et al., 2020).

These findings underscore the importance of examining postmenopause as a lived experience situated within broader psychological and social contexts.

Social and cultural factors further shape how postmenopause is experienced. Societal narratives that prioritize youth and reproductive capacity often contribute to stigma surrounding menopause and aging, influencing women's self-perception and emotional well-being (Meyer, 2022). Experiences of invisibility, invalidation, and shifting relational roles have been documented among postmenopausal women, highlighting the need for integrative frameworks such as the biopsychosocial model to understand emotional adaptation during this transition (Aftab & Nielsen, 2021; Roberts, 2023).

Emotional Adaptation and Resilience

Emotional adaptation during early postmenopause involves navigating psychological responses to bodily change, shifting identity, and evolving life roles. Research has identified increased vulnerability to depressive symptoms, anxiety, emotional lability, and sleep disturbance during the menopausal transition (Badawy et al., 2024; Herson & Kulkarni, 2022). However, these emotional responses are not uniform, and many women report resilience, acceptance, and emotional recalibration as they adjust to postmenopausal life (Soares, 2020).

Psychological resilience during postmenopause is shaped by cognitive reframing, perceived control, and the ability to integrate change into a coherent sense of self. Studies suggest that women who view menopause as a normative developmental transition rather than a loss-oriented event demonstrate more adaptive emotional outcomes (Ussher et al.,

2020). Despite these insights, much of the existing literature remains focused on symptom prevalence and treatment efficacy, offering limited understanding of how women themselves describe emotional adaptation and resilience during early postmenopause.

Physical Distress and Bodily Awareness

Physical changes during postmenopause, including hot flashes, sleep disruption, cognitive changes, and altered bodily sensations, contribute to heightened bodily awareness and may influence emotional well-being (Fenton, 2021; Hunter & Chilcot, 2021; Talaulikar, 2022). Research has shown that these physical experiences can affect self-confidence, perceived competence, and emotional stability, particularly when symptoms interfere with daily functioning or professional roles (Soares, 2020).

While quantitative studies have documented the frequency and severity of postmenopausal symptoms, fewer studies have examined how women interpret and emotionally respond to these bodily changes. The subjective experience of physical distress, including cognitive “fog,” fatigue, and changes in sexual functioning, remains underexplored in qualitative research, particularly during early postmenopause. Understanding how bodily awareness intersects with emotional adaptation is essential for capturing the full scope of women’s postmenopausal experiences.

Social Change, Identity, and Meaning-Making

Postmenopause often coincides with shifts in social roles, relational priorities, and identity. Research has documented changes in family dynamics, professional engagement, and interpersonal boundaries during midlife, which may influence

emotional well-being and self-concept (Meyer, 2022; Shams et al., 2025). Women frequently report renegotiating their identities in response to bodily changes and social expectations related to aging and femininity (Ussher et al., 2020).

Body image and self-perception are central components of identity during postmenopause. Although bodily changes such as weight redistribution may influence self-image, these experiences are best understood as meaning-based processes rather than as outcomes of physical change alone (Frederick et al., 2022). Societal stigma surrounding aging bodies may exacerbate feelings of invisibility or marginalization, particularly within healthcare contexts where women report feeling dismissed or inadequately supported (Cowell et al., 2024). These social experiences shape how women understand themselves and their emotional responses during early postmenopause.

Coping and Self-Regulation Strategies

Women employ a range of coping and self-regulation strategies to manage emotional and psychological changes during postmenopause. Adaptive strategies include mindfulness practices, faith-based coping, physical activity, social support, therapeutic engagement, and proactive healthcare advocacy. Social support specifically may be indicated in adaptation (Polat et al., 2021). These strategies reflect active efforts to regulate emotional responses and maintain psychological balance amid ongoing change.

Some research has explored behavioral expressions of emotional distress, such as emotional eating or changes in health behaviors, during midlife transitions (Feller et al., 2020). Although such behaviors provide contextual insight into emotional regulation challenges, they do not capture the full complexity of women's lived experiences.

Qualitative approaches are needed to understand how women perceive, interpret, and evaluate their coping strategies within their broader life contexts.

Research Gaps

Despite growing recognition of menopause as a biopsychosocial transition, there remains a notable lack of qualitative research focused specifically on early post menopause. Existing literature is dominated by quantitative studies emphasizing symptom prevalence, risk factors, and biomedical outcomes, with limited attention to women's subjective emotional and psychological experiences (Ahmed & Hardcastle, 2023). Few phenomenological studies have examined how women describe emotional adaptation, identity reconstruction, and coping during the first years following menopause onset.

This gap is particularly significant given that early postmenopause represents a critical window in which biological changes intersect with psychological adjustment and social renegotiation. Without qualitative, lived-experience research, psychological theory and clinical practice risk continuing to rely on reductionist or symptom-centered frameworks that overlook the relational, contextual, and meaning-based dimensions of well-being. Addressing this gap through qualitative phenomenological inquiry is necessary to advance understanding of emotional and psychological well-being during early post menopause.

Summary

The literature indicates that early postmenopause is a multidimensional transition involving interconnected biological, psychological, and social processes. Emotional

adaptation, bodily awareness, identity reconstruction, and coping strategies are central to women's experiences during this stage, yet these dimensions remain insufficiently explored through qualitative research. By adopting a biopsychosocial perspective and focusing on women's lived experiences, the present study addresses a critical gap in the literature. It provides a foundation for understanding how early postmenopausal women describe and make meaning of emotional and psychological change.

Chapter 3: Research Methods

Introduction

This study, as outlined in Chapter 1, aims to explore the emotional and psychological well-being of early postmenopausal women through a qualitative, phenomenological approach. Grounded in the biopsychosocial model, the study's aim was to understand how women navigate the unique challenges of this transitional life stage, including shifts in identity, mood regulation, self-esteem, and coping strategies. By focusing on the lived experiences of early postmenopausal women, this research aims to address a critical gap in the literature by providing insights into the interplay of biological, psychological, and social factors that influence well-being during early postmenopause.

This chapter outlined the research methodology and design employed to achieve the study's purpose. Significant sections of the chapter included a detailed description of the qualitative, phenomenological approach, the rationale for its selection, and its alignment with the research objectives. The chapter also provided an overview of the target population, sampling strategy, and recruitment methods to ensure diversity and representativeness. The data collection process, centered on semistructured interviews, is described, along with strategies for ensuring methodological rigor and trustworthiness, such as reflexivity, member checking, and data triangulation. Finally, the chapter previews the data analysis approach, detailing how thematic analysis identifies patterns and themes in the participants' narratives. Together, these sections establish a

comprehensive framework for exploring early postmenopausal women's emotional and psychological well-being.

Research Design and Rationale

This study addressed the following research question: How do early postmenopausal women experience and navigate emotional and psychological challenges during the transitional stage of menopause? The single research question guided all phases of analysis, with themes representing dimensions of participants' responses to this question rather than separate research questions. The aim of this question was to capture women's lived experiences during early postmenopause, a period characterized by significant hormonal, psychological, and social transitions. Central to this investigation are the concepts of emotional well-being, psychological resilience, and identity shifts, defined as the women's perceptions of their emotional states, their capacity to adapt to challenges, and their evolving sense of self during this phase of life.

This study employs a qualitative, phenomenological research tradition to explore the lived experiences of early postmenopausal women. Phenomenology, rooted in the philosophical works of Edmund Husserl and Martin Heidegger, focuses on understanding the essence of human experience as it is experienced by individuals (Moustakas, 1994). This tradition is particularly well suited to the study's purpose, as it emphasizes the subjective meanings and interpretations that women ascribe to their emotional and psychological well-being during early postmenopause. By capturing these firsthand accounts, phenomenology enables a rich, in-depth understanding of the interplay among biological, psychological, and social factors during this transitional life stage.

The rationale for choosing a phenomenological approach lies in its alignment with the biopsychosocial framework guiding this study. Unlike quantitative methods that might reduce the complexity of experiences to numerical data, phenomenology offers a perspective that captures the nuanced emotional and psychological dimensions of early postmenopause. This approach is essential for addressing gaps in existing research, which often prioritize physical and hormonal aspects of menopause while neglecting the lived experiences of emotional and psychological well-being (Ahmed & Hardcastle, 2023). By employing this tradition, the study not only enhances understanding of the unique challenges faced by early postmenopausal women but also provides insights that can inform targeted interventions and support strategies.

Role of the Researcher

In my role as the researcher in this study, I served as an observer-participant during data collection. As the primary instrument for gathering qualitative data, I conducted semi structured, one-on-one interviews to explore participants' lived experiences and emotional and psychological well-being during early postmenopause. While actively engaging participants to encourage rich and meaningful dialogue, I maintained a neutral stance to minimize any influence on participant responses. During the data analysis phase, I transitioned to a purely observational role, focusing on thematic and pattern analysis of the transcribed interviews. To ensure a rigorous and unbiased interpretation of the data, qualitative analysis software (NVivo) was employed, complemented by systematic coding and reflexive practices to enhance the validity of the findings (Moustakas, 1994).

I have no personal or professional relationships with the participants, ensuring objectivity and impartiality throughout the study. Participants are not associated with my professional or academic networks, and no supervisory, instructional, or hierarchical relationships exist that could create power dynamics or influence the study. This lack of prior relationships allowed participants to share their experiences candidly without fear of bias or coercion. Reflexive journaling was implemented to monitor and mitigate potential researcher bias, ensuring that personal beliefs do not unduly influence data collection or interpretation (Creswell & Poth, 2018). Member checking allowed participants to review and validate interview transcripts, while peer debriefing enabled external reviewers to evaluate the study's findings impartially.

Ethical considerations are paramount throughout the research process. Since the study does not involve my workplace or participants over whom I hold influence, potential conflicts of interest or power differentials are minimized. All participants were fully informed of their rights, including the ability to withdraw from the study without penalty. Privacy was safeguarded through the use of confidential settings for interviews and secure data storage methods. No incentives were provided to avoid undue influence on participation, aligning with ethical standards for voluntary engagement. Validation strategies such as member checking and peer review further enhance the study's trustworthiness while ensuring transparency and credibility. These measures and my commitment to reflexivity and neutrality uphold the highest ethical standards in qualitative research.

Methodology

Participant Selection Logic

The population for this study comprised early postmenopausal women, selected using a purposive sampling strategy designed to identify individuals who met specific inclusion criteria. Eligibility was confirmed through a brief screening questionnaire, which included informed consent, demographic information, and targeted questions to ensure participants met the study's requirements. Inclusion criteria included early postmenopausal women who were not experiencing significant physical or mental health conditions that could have confounded the study's focus on emotional and psychological well-being. Exclusion criteria were limited to conditions that would impair participants' ability to provide informed consent or introduce confounding clinical instability. The final sample size was determined by data saturation, the point at which no new themes or insights emerged during data collection and analysis. This approach ensured that the sample size was sufficient to understand the research phenomenon comprehensively.

Participants were identified, contacted, and recruited through local advertisements, partnerships with community organizations, and outreach on online forums tailored to early postmenopausal women. Recruitment occurred on a first-to-volunteer basis, provided the inclusion criteria were met. Efforts were made to include diverse participants to capture varied perspectives within the population. Recruitment continued until saturation, ensuring the data collected reflected the full range of emotional and psychological experiences relevant to the study. This focus on achieving

saturation guaranteed the richness and depth of the qualitative data necessary for robust thematic analysis and meaningful insights.

Instrumentation

This study used two primary data-collection instruments: a demographic questionnaire (see Appendix A) and a semistructured interview protocol (see Appendix B). The demographic questionnaire, developed by me with Institutional Review Board (IRB) approval, was used to collect essential participant information, including age, postmenopausal status, and general health status. This ensured that participants met the study's inclusion criteria and provided contextual data to interpret their qualitative responses. The questionnaire's design was tailored to align with the study's focus on emotional and psychological well-being during early postmenopause and served as a foundational step for participant eligibility and for deeper exploration during interviews.

The semistructured interview protocol featured open-ended questions designed to explore early postmenopausal women's lived experiences, coping strategies, and emotional well-being. These questions were carefully aligned with the study's purpose and research questions to ensure they were sufficient for eliciting detailed, participant driven narratives. Each interview, lasting approximately 25–35 minutes was conducted in a confidential, professional setting to create a comfortable environment for participants to share their experiences. Interviews were audio-recorded with participant consent and transcribed for analysis. The flexibility of the semistructured format allowed for follow-up questions, enabling deeper exploration of participant responses and enhancing the richness of the qualitative data.

The data collected through these instruments were securely stored, transcribed, and organized using NVivo software. The demographic questionnaire ensured the inclusion of participants who met the study's specific criteria, while the semistructured interviews enabled the collection of nuanced, in-depth qualitative data. These instruments provided a comprehensive and reliable framework to address the research questions, ensuring methodological rigor and data sufficiency to achieve the study's objectives. Combining quantitative participant screening with qualitative narrative offered a robust methodology for exploring the complex emotional and psychological dimensions of early postmenopause.

Procedures for Recruitment, Participation, and Data Collection

Recruitment initially occurred locally through community-based outreach and was later expanded nationally through online platforms, including social media and women's health forums, following IRB approval of procedural modifications. Interested individuals accessed a secure online screening form to confirm eligibility and review informed consent materials prior to participation.

Data for this study were collected through one-on-one, semistructured virtual interviews with early postmenopausal women. Recruitment was initially intended to be conducted in person, but was updated to be online using targeted advertisements on social media platforms, women's health forums, and community websites. Participants recruited from states other than the initial state were conducted via HIPAA-compliant Zoom meetings. I sent participants information about the study and asked them to review informed consent materials and complete a brief screening questionnaire to confirm

eligibility. Eligible participants received a unique participant code to ensure confidentiality and access further instructions for scheduling their virtual interview. All collected data were securely stored in password-protected files to maintain privacy.

The virtual interviews were conducted using secure video conferencing software, lasting approximately one hour per session. Participants responded to open-ended questions designed to explore their emotional and psychological well-being during early postmenopause, focusing on their lived experiences, coping strategies, and shifts in self-identity. Interviews were audio-recorded with consent to ensure accurate data capture, and I took observational notes during the session to provide additional context. Audio recordings were transcribed verbatim, with identifiable information redacted. Recruitment continued until data saturation was achieved, ensuring a comprehensive understanding of the research topic.

At the conclusion of each interview, participants were thanked for their time and provided with a brief virtual debriefing reiterating the study's purpose, confidentiality measures, and their rights as participants. Participants were reminded of their right to withdraw their data at any time before final analysis and had the opportunity to provide additional reflections. Because recruitment efforts yielded too few participants, I expanded online recruitment by targeting additional platforms and community networks to achieve an adequate sample size. This online-based approach allowed for greater flexibility and accessibility for participants while maintaining high ethical standards and ensuring data security throughout the research process.

Data Analysis Plan

The data analysis process began with transcribing one-on-one virtual interviews, directly addressing the research questions on early postmenopausal women's emotional and psychological well-being. Each interview was transcribed verbatim to ensure accuracy and fidelity to participants' narratives. The analysis employed NVivo coding software, organizing themes using participants' exact words to ensure the findings remained grounded in their lived experiences. This approach allowed for a nuanced exploration of emotional and psychological processes, connecting themes to specific research questions, such as how postmenopausal women described their emotional experiences during this life stage and how they navigated psychological challenges. For example, statements reflecting emotional and cognitive themes, such as shame, self-acceptance, resilience, or coping strategies, were identified and systematically coded.

NVivo software facilitated the organization of coded data. The software allowed me to categorize themes and identify relationships, ensuring a systematic and thorough examination of participants' narratives. Emergent themes were grouped into broader categories addressing the study's research questions, offering insights into how postmenopausal women perceived and coped with their emotional and psychological well-being. Patterns and commonalities across the data were highlighted, while the software's tools for query and visualization assisted in refining the thematic structure and ensuring data-driven conclusions.

Discrepant cases or responses that deviated from the predominant themes were treated as valuable contributions to the analysis rather than as outliers. These cases were

examined in detail to understand unique perspectives or variations in participants' experiences. By integrating discrepant cases into the broader analysis, the study ensured a comprehensive and balanced understanding of the phenomenon under investigation. This approach enhanced the credibility and trustworthiness of the findings. It respected the diversity and complexity of participants' lived experiences, thereby contributing to a better understanding of emotional and psychological well-being in early postmenopause.

Issues of Trustworthiness

To ensure the methodological rigor of this qualitative study, multiple strategies were employed to establish credibility, transferability, dependability, and confirmability of the findings. These measures ensured that the research process and outcomes were trustworthy and robust.

Credibility was established through several techniques, including member checking, peer review, reflexivity, and achieving data saturation. Member checking involved allowing participants to review and confirm the accuracy of their transcribed interviews and my interpretations, ensuring the findings authentically represented their experiences. Peer review engaged impartial colleagues to evaluate the coding process, thematic analysis, and interpretations, reducing the likelihood of researcher bias and ensuring objectivity. Achieving data saturation, at which no new themes or insights emerge, further enhanced the study's credibility by ensuring that the findings comprehensively represented the phenomenon under investigation. Reflexivity was maintained throughout the research process via journaling, allowing me to monitor and

address personal biases actively, thus preserving the integrity of the data and interpretations.

Transferability was ensured through thick descriptions and diversity in participant selection. Thick descriptions provided detailed, context-rich accounts of participants' experiences, including the research setting and relevant demographic and contextual factors. These detailed narratives enabled readers to assess whether the findings applied to other contexts or populations. Variation in participant selection ensured that the sample represented a broad range of experiences among early postmenopausal women. This diversity strengthened the study's relevance and supported the application of the findings to similar populations, enhancing their external validity.

Dependability was addressed by maintaining an audit trail and employing triangulation. The audit trail documented all research activities, including data collection procedures, coding processes, and decision-making throughout the study, ensuring transparency and replicability. Triangulation was achieved by incorporating multiple data sources, such as demographic questionnaires and interview responses, to provide a comprehensive and nuanced understanding of the phenomena under study. This approach reduced the risk of bias and strengthened the reliability of the findings by corroborating evidence from different perspectives.

Confirmability was supported through reflexivity, peer review, and the audit trail. Reflexivity was achieved through journaling, where I critically examined and addressed potential biases or preconceptions, ensuring that the findings remained rooted in the participants' data rather than my assumptions. Peer review served as an additional

external check on the research process and analysis, further ensuring objectivity. The audit trail provided a transparent record of the research process, allowing external reviewers to verify the consistency and neutrality of the study's findings. Collectively, these strategies ensured that the research adhered to high methodological rigor standards, producing credible, transferable, dependable, and confirmable findings.

Ethical Procedures

Agreements to gain access to participants involved securing permission to distribute recruitment materials, such as flyers, in public locations, including gyms, community centers, and healthcare offices. Additionally, referrals from healthcare providers and community organizations were sought to reach the target population of early postmenopausal women. Before initiating any recruitment activities, all necessary approvals were obtained from the Walden University IRB. These approvals ensured that the study adhered to ethical research standards, and relevant documents, such as recruitment materials and informed consent forms, were submitted with the IRB application. I strictly complied with IRB guidelines to safeguard the well-being and rights of participants.

The informed consent process ensured that participants fully understood the study's purpose, procedures, and rights. Consent forms were distributed electronically and outlined all critical information, including inclusion and exclusion criteria, the voluntary nature of participation, and the right to withdraw without penalty. Following recommendations from Moriña (2021), participants were given ample time to review the

consent form and ask questions before providing their informed consent electronically. This process ensured that participants' autonomy and understanding were respected.

Ethical concerns related to recruitment, participant privacy, and data collection were addressed through several safeguards. To maintain participant confidentiality, each participant was assigned an alphanumeric code, and no personally identifiable information was included in the dataset. Virtual interviews were conducted in secure online meeting rooms, ensuring a private and confidential environment. Ethical considerations, such as avoiding power differentials, were managed by ensuring that participants did not have a dependent or supervisory relationship with me. Recruitment was conducted respectfully and without coercion, and no incentives were provided to participants.

The treatment and storage of data adhered to strict confidentiality protocols. Digital interview recordings and transcriptions were stored on a password-protected external hard drive and encrypted cloud storage. Paper-based notes or forms were secured in a locked filing cabinet. Access to data was limited to me and, if necessary, an IRB data auditor. All data were de-identified to protect participant privacy, and records are scheduled to be securely destroyed 5 years after the completion of the study, in accordance with data retention policies. I took measures to ensure data dissemination remains confidential, with findings reported in aggregate form without identifying individual participants. By adhering to these ethical procedures, I ensured the protection of participant rights, privacy, and well-being while maintaining the integrity and credibility of the research process.

Summary

This chapter outlined the methodological framework for the study, detailing the research design, participant recruitment strategies, data collection instruments, and ethical procedures. The qualitative, phenomenological approach was selected to explore postmenopausal women's emotional and psychological well-being, ensuring that participants' lived experiences are captured and analyzed rigorously. Key strategies for ensuring credibility, transferability, dependability, and confirmability were also described, emphasizing the study's commitment to ethical and methodological integrity.

With the groundwork for data collection and analysis established, the next chapter, Chapter 4, presents the study's findings. This chapter includes a detailed data analysis, highlighting the emergent themes and insights that address the research questions. The transition from methodology to results marks a critical step in understanding and interpreting the lived experiences of postmenopausal women.

Chapter 4: Results

Introduction

This chapter presents the findings of a qualitative phenomenological study addressing the following research question: How do early postmenopausal women experience and navigate emotional and psychological well-being during the postmenopausal transition? Data were analyzed using Braun and Clarke's (2021) reflexive thematic analysis, which emphasizes inductive theme development grounded in participants' narratives. The study focused on identifying patterns of meaning across interviews without imposing a priori theoretical categories.

Although the study was conceptually informed by Engel's (1977) biopsychosocial model, the model was not used as an analytic framework or coding structure in this chapter. Instead, it provides contextual grounding for understanding the multidimensional nature of participants' experiences, with interpretation and theoretical integration reserved for Chapter 5.

This chapter is organized as follows: a description of the research setting and participant demographics; an overview of data collection and analytical procedures; a presentation of the thematic findings with illustrative quotations; consideration of discrepant cases; evidence of trustworthiness; and a summary of key findings. The results are presented descriptively to reflect participants' lived experiences as expressed during the interviews, maintaining a clear distinction between findings and interpretation.

Research Setting

Interviews were conducted in participant-selected environments to promote privacy and psychological comfort. Eleven participants completed interviews via HIPAA-compliant Zoom videoconferencing, and two participated by telephone. Participants resided in various regions of the United States, and participation was not affiliated with any institution or organization. All participants provided informed consent and were reminded of the voluntary nature of participation and of confidentiality protections before the interviews. Allowing participants to select their interview setting minimized external influences and supported authentic narrative disclosure.

Demographics

Thirteen women who met the study's eligibility criteria participated in the study. All participants were in early postmenopause, within 5 years following their final menstrual period. The average time since menopause onset was approximately 3 years. Most participants reported experiencing natural menopause, while three participants indicated medically induced menopause resulting from hysterectomy or oncology-related treatment.

Although participants ranged in age from 50 to 70 years, eligibility was determined by menopausal stage rather than chronological age, consistent with clinical definitions of early postmenopause. Most participants were married or in a long-term partnered relationship, with one participant identifying as single. Educational attainment varied, with participants reporting levels ranging from some college coursework to doctoral-level education. Most participants were employed at the time of the study and

represented professional backgrounds including education, healthcare, service-oriented roles, and other helping professions. Participants resided in various regions of the United States, reflecting geographic diversity; however, the sample was relatively homogeneous in socioeconomic status, with most participants self-identifying as middle- to upper-middle-income. Although some racial and ethnic diversity was present, the sample did not reflect broad cultural variability. These demographic characteristics are presented to provide contextual background for the findings rather than to imply representativeness or generalizability beyond the study sample. Table 1 summarizes participant demographic characteristics.

Table 1

Participant Demographic Characteristics (N = 13)

Characteristic	<i>n</i>
Age (years)	
50–54	4
55–59	6
60–70	3
Education	
Some college	2
Bachelor’s degree	2
Master’s degree	1
Doctoral degree	8
Marital status	
Married or partnered	12
Single	1
Menopause type	
Natural	10
Medically induced	3
Years since menopause onset	
Mean	3

Note. All participants resided in the United States and self-identified as having a middle-to-upper-middle socioeconomic status.

Data Collection

Following Walden University IRB approval (No. 06-12-25-0932119), recruitment began on July 13, 2025, initially in Colorado through community flyers. Recruitment was later expanded nationally via Facebook, LinkedIn, and Instagram following approval of procedural modifications on July 28, 2025. Interested individuals completed a brief online screening form to confirm eligibility criteria, including age and menopausal status.

Interviews were conducted between July 15 and August 29, 2025. Interviews ranged from 25 to 35 minutes and were audio recorded. A semistructured interview protocol was used to elicit participants' reflections on physical changes, emotional responses, social experiences, coping strategies, and perceptions of resilience.

Participants were provided with mental health resources, including the 988 Crisis and Suicide Prevention Hotline.

Audio recordings were professionally transcribed, reviewed for accuracy, and corrected as needed. Field notes and reflexive memos were maintained to document contextual observations, emotional emphasis, and analytic reflections. No deviations from the procedures described in Chapter 3 occurred, except for expanding recruitment beyond Colorado.

All data were stored on a password-protected personal computer in accordance with IRB requirements and will be retained for 5 years before deletion. Data saturation, defined as the point at which no new themes or substantive insights emerged, was reached after 11 interviews. Two additional interviews were conducted to confirm thematic saturation.

Data Analysis

Data were analyzed using Braun and Clarke's (2021) reflexive thematic analysis, an inductive qualitative approach well suited to examining patterns of meaning across participants' lived experiences. This analytic method emphasizes researcher reflexivity, flexibility, and engagement with the data while avoiding the imposition of predefined categories or theoretical assumptions during coding. Consistent with the study's phenomenological orientation, the analysis prioritized participants' subjective descriptions of emotional and psychological experiences during early postmenopause.

The analysis followed Braun and Clarke's six-phase process. First, I engaged in repeated reading of all interview transcripts to achieve familiarization with the data and to develop an overall sense of participants' narratives. During this phase, initial observations and reflections were documented through reflexive memoing to support analytic transparency and awareness of researcher positionality. Second, initial codes were generated inductively across the entire dataset. Coding focused on capturing salient features of the data that reflected participants' emotional responses, bodily experiences, social interactions, identity shifts, and coping efforts, using participants' language where possible to remain grounded in lived experience.

In the third phase, initial codes were examined for patterns of shared meaning and clustered into preliminary themes. These themes represented coherent patterns across participant narratives rather than isolated or frequency-based responses. During the fourth phase, themes were reviewed and refined by evaluating their internal consistency and distinctiveness from one another. This iterative process involved returning to the original

transcripts to ensure that each theme accurately reflected participants' accounts and that sufficient data supported each thematic category.

The fifth phase involved defining and naming the final themes. Theme names were developed to clearly reflect the central organizing concept of each pattern while remaining descriptive rather than interpretive. The final themes captured shared experiential dimensions of early postmenopausal emotional and psychological well-being as described by participants. In the sixth and final phase, the analytic report was produced. Representative participant quotations were selected to illustrate each theme and to maintain transparency between the data and the findings.

Evidence of Trustworthiness

Trustworthiness of the findings was established using strategies aligned with Lincoln and Guba's (1985) criteria of credibility, transferability, dependability, and confirmability. These strategies were implemented consistently with the procedures outlined in Chapter 3 and are appropriate for qualitative phenomenological research emphasizing reflexivity, transparency, and analytic rigor (Creswell & Poth, 2018).

Credibility was supported through prolonged engagement with the data, reflexive journaling, member checking, and peer debriefing. Prolonged engagement involved repeated review of interview transcripts to ensure familiarity with participants' narratives and to support data-grounded theme development.

Reflexive journaling was maintained throughout analysis to document analytic decisions and monitor researcher positionality, consistent with reflexive thematic analysis practices (Braun & Clarke, 2021). Member checking was conducted by inviting

participants to review and confirm the accuracy of their interview transcripts and summarized thematic interpretations. Peer debriefing with qualitative research colleagues provided external perspectives on coding and theme development, enhancing analytic rigor and reflexive accountability.

Transferability was addressed through the use of thick description, including detailed reporting of participant demographics, research context, and illustrative verbatim quotations. These descriptions allow readers to assess the applicability of the findings to other contexts or populations. As with all qualitative research, the goal was not statistical generalization but analytic transferability based on contextual similarity (Lincoln & Guba, 1985).

Dependability was supported by maintaining a comprehensive audit trail documenting analytic procedures, including coding decisions, theme refinement, and methodological adjustments. NVivo software was used to organize and manage the data; however, I made analytic decisions through iterative engagement with the data. Reflexive memos further documented methodological and analytic processes, supporting procedural transparency and consistency across the study (Creswell & Poth, 2018).

Confirmability was strengthened through reflexive practices, analytic memoing, and the use of verbatim participant quotations to ground findings in the data. Reflexivity supported ongoing examination of potential researcher bias, ensuring that themes reflected participants' narratives rather than researcher assumptions (Braun & Clarke, 2021). Peer debriefing and the audit trail provided additional checks on analytic coherence and neutrality.

Together, these strategies support the trustworthiness of the findings by emphasizing reflexivity, transparency, and methodological accountability. Consistent with phenomenological inquiry, subjectivity was acknowledged as inherent to interpretation and addressed through rigorous qualitative methods rather than by attempts to eliminate it.

Results

Four overarching themes emerged from the analysis of participant interviews: (a) emotional adaptation and psychological resilience, (b) physical distress and bodily awareness, (c) social change and evolving identity, and (d) coping and self-regulation strategies. Each theme is presented below with illustrative participant quotations to reflect the range of experiences described. Analysis of the interview data yielded four interrelated themes that together describe how participants experienced and navigated emotional and psychological well-being during early postmenopause. The themes should be understood as analytic lenses through which the central research question is addressed. They are not independent findings; together, they represent participants' lived experiences of this transitional life stage.

Theme 1: Emotional Adaptation and Psychological Resilience

This theme reflects one dimension of how participants experienced emotional and psychological well-being during early postmenopause. Participants described menopause as an emotionally complex transition characterized by both disruption and growth. Feelings of grief, frustration, and emotional instability were commonly reported alongside relief and acceptance. Several participants described a sense of emotional

recalibration as they adjusted to bodily and psychological changes. One participant stated, “It ended years of unpredictability, but it started a new kind of uncertainty” (PN6).

Women who experienced medically induced menopause described the transition as abrupt and emotionally challenging. Other participants reported a gradual adjustment over time, noting changes in their emotional responses to stressors and daily demands. Some participants described increased emotional awareness, while others noted emotional distancing or reduced tolerance for emotional strain. Another participant shared, “For the first time, I’m living for me” (PN6).

Theme 2: Physical Distress and Bodily Awareness

This theme reflects one dimension of how participants experienced physical stress and bodily awareness during early postmenopause. All participants reported experiencing physical changes associated with postmenopause. Frequently described symptoms included hot flashes, night sweats, sleep disturbance, fatigue, weight changes, and cognitive difficulties commonly referred to as “brain fog.” Participants described increased awareness of bodily sensations and changes in physical functioning. One participant stated, “When I can’t remember words in a meeting, I feel like I’m disappearing” (PN5).

Participants who underwent surgical menopause reported sudden onset of symptoms, including intense physical discomfort and cognitive changes. Across participants, physical symptoms were described as persistent and, at times, disruptive to daily routines, work responsibilities, and interpersonal interactions.

Theme 3: Social Change and Evolving Identity

This theme reflects one dimension of how participants experienced social change and evolving identity during early postmenopause. Participants described changes in social engagement and interpersonal relationships during early postmenopause. Many reported reduced tolerances for social stressors and described selectively withdrawing from relationships perceived as emotionally demanding. One participant explained, “Everything people did irritated me, so I stepped back” (PN4).

Participants also described changes in how they perceived themselves within social and professional contexts. The pattern suggests a shift in priorities, including placing greater emphasis on personal boundaries and emotional energy. Some participants described feelings of invisibility, particularly in healthcare interactions, while others noted changes in how they were perceived by colleagues, family members, or peers.

Theme 4: Coping and Self-Regulation Strategies

This theme reflects one dimension of how participants experienced coping and self-regulation strategies during early postmenopause. Participants described using a variety of strategies to manage emotional and physical changes during early postmenopause. Commonly reported strategies included mindfulness practices, faith-based coping, physical activity, dietary adjustments, engagement in therapy, and use of medical supports such as hormone replacement therapy. One participant stated, “When I notice irritability rising, I pause and breathe” (PN1).

Participants also described advocating for themselves within healthcare settings, including seeking providers who listened attentively to their concerns. Coping strategies varied across participants and were often described as evolving over time.

Discrepant Cases

Two participants described experiences that differed from the dominant patterns observed in the data. PN8 reported that menopause-related changes were less salient compared to other life stressors, such as serious illness or bereavement: “After my son’s cancer and my mom’s death, menopause wasn’t a big deal.” Another participant, PN5, described minimal emotional or physical distress and characterized postmenopause as consistent with her typical adjustment to life changes: “I’ve always adapted quickly; this was no different.” These accounts were retained to reflect variability in experiences and to support analytic completeness.

Summary

This chapter presented early postmenopausal women’s emotional and psychological well-being. Rather than representing separate outcomes, the themes collectively illustrate how participants experienced emotional adaptation, bodily awareness, social change, and findings addressing the study’s single research question by describing four interrelated themes that together characterize coping as interconnected aspects of a single life transition. Using reflexive thematic analysis, I identified four themes: emotional adaptation and psychological resilience, physical distress and bodily awareness, social change and evolving identity, and coping and self-regulation strategies.

These themes reflect patterns across participants' narratives and illustrate the range of experiences described during early postmenopause.

The findings highlight variability in emotional responses, physical symptoms, social engagement, and coping approaches among participants. Discrepant cases were included to represent differences in experience and to support analytic completeness. The results were presented descriptively, using participant quotations to reflect lived experiences without interpretation or theoretical integration.

Chapter 5 builds on these findings by interpreting the themes in relation to existing literature and the biopsychosocial framework, discussing implications, limitations, and recommendations for future research and practice.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to explore how early postmenopausal women describe their emotional and psychological experiences during the menopausal transition. The thematic interpretations presented in this chapter collectively address the study's single research question by examining multiple experiential dimensions of early postmenopausal emotional and psychological well-being. Chapter 4 presented findings from reflexive thematic analysis, identifying four themes: emotional adaptation and psychological resilience; physical distress and bodily awareness; social change and evolving identity; and coping and self-regulation strategies.

This chapter presents my interpretation of these findings in relation to existing peer-reviewed literature and within the conceptual context of the biopsychosocial model. Interpretation is organized thematically to maintain direct alignment with the results and to situate participants' experiences within broader scholarship in psychology and sociology. The chapter also addresses study limitations, offers recommendations for future research, discusses implications for practice and positive social change, and concludes with a summary of the study's contribution to understanding emotional and psychological well-being during early postmenopause.

Interpretation of Findings

The findings of this study provide insight into how early postmenopausal women describe and make meaning of emotional and psychological changes during the menopausal transition. Interpreted through the conceptual context of Engel's (1977)

biopsychosocial model, the findings indicate how biological changes, psychological processes, and social contexts intersect in women's lived experiences. Interpretation is presented below by theme to maintain direct alignment with Chapter 4.

Emotional Adaptation and Psychological Resilience

Participants' descriptions of emotional fluctuation and gradual recalibration suggest that early postmenopause functions as a period of psychological reorganization, during which emotional responses are renegotiated rather than simply destabilized. These findings suggest alignment with prior research indicating increased vulnerability to mood changes during the menopausal transition, including emotional lability, irritability, and depressive symptoms (Badawy et al., 2024; Soares, 2020). The emergence of increased emotional awareness and adaptive responses indicates that emotional change during early postmenopause may involve growth-oriented processes alongside distress, supporting conceptualizations of menopause as a developmental transition rather than a purely pathological one (Ussher et al., 2020).

From a biopsychosocial perspective, participants' experiences suggest that emotional responses during early postmenopause are not solely attributable to hormonal change but are shaped by how women interpret and respond to these changes within their broader life contexts. The coexistence of distress and resilience in participants' narratives supports conceptualizations of menopause as a dynamic psychological transition rather than a uniformly negative experience.

Physical Distress and Bodily Awareness

Participants' accounts of physical symptoms, including sleep disturbance, cognitive changes, and fatigue, reflect findings commonly reported in menopause research (Talaulikar, 2022; Thurston et al., 2023). Participants' emphasis on the subjective experience of bodily change highlights how physical symptoms acquire emotional significance through their perceived impact on competence, identity, and social functioning. By foregrounding bodily awareness as emotionally salient, these findings challenge symptom-centered models of menopause and underscore the value of qualitative approaches for capturing how physical changes are integrated into women's psychological self-understanding.

Interpreted within the biopsychosocial model, physical symptoms function as biological inputs that interact with psychological appraisal and social expectations, influencing emotional well-being. This interpretation underscores the value of qualitative inquiry for understanding how physical distress is integrated into women's emotional and psychological lives during early postmenopause.

Social Change and Evolving Identity

Participants described changes in social engagement, relational priorities, and self-perception during early postmenopause. Reports of reduced tolerance for social stressors, selective withdrawal, and increased boundary setting are consistent with research documenting identity renegotiation and shifting social roles during midlife (Hunter & Rendall, 2021; Meyer, 2022). Experiences of invisibility, particularly in healthcare contexts, further reflect societal narratives that marginalize aging women.

These findings suggest that social context plays a central role in shaping emotional and psychological experiences during postmenopause. Within the biopsychosocial framework, social interactions and cultural meanings surrounding aging interact with psychological processes, including self-evaluation and emotion regulation. Participants' narratives suggest that identity reconstruction during early postmenopause is a relational process, shaped not only by internal psychological adjustment but also by social recognition, validation, and healthcare interactions.

Coping and Self-Regulation Strategies

The diversity of coping strategies described by participants suggests that emotional regulation during early postmenopause is individualized and context-dependent, reflecting adaptive efforts rather than uniform coping trajectories. For emotional and physical changes, mindfulness practices, faith-based coping, physical activity, therapy, and medical support were noted. These strategies align with prior research identifying adaptive coping and social support as protective factors for emotional well-being during menopause (Cowell et al., 2024; Polat et al., 2021).

Interpreted conservatively, these findings indicate that women actively engage in self-regulation efforts during early postmenopause, tailoring strategies to their individual needs and circumstances. Participants' accounts position coping strategies as meaning-making tools that support emotional continuity and self-regulation amid physiological and social change, rather than as discrete techniques aimed at symptom elimination. This interpretation supports understanding coping as a dynamic, individualized response shaped by psychological resources and social access.

Integration with the Biopsychosocial Framework

When considered collectively, the findings reflect the interconnected biological, psychological, and social dimensions of early postmenopausal experience, consistent with Engel's biopsychosocial model. Taken together, the findings can be understood within Engel's (1977) biopsychosocial model as reflecting the interaction of biological changes, psychological adjustment, and social context during early postmenopause. Physical symptoms, emotional responses, identity shifts, and coping efforts did not occur in isolation; instead, they were described as interconnected aspects of participants' lived experiences. The interdependence of physical symptoms, emotional responses, identity shifts, and coping efforts reinforces the biopsychosocial view that early postmenopausal experiences emerge through reciprocal processes rather than linear pathways.

Importantly, the biopsychosocial model is used here as an interpretive framework to organize understanding rather than to explain causality. This study does not assert that specific biological, psychological, or social factors determine outcomes; instead, it highlights how participants described experiencing and navigating these domains concurrently. This interpretation reinforces the view of menopause as a multifaceted life transition shaped by meaning-making and context.

Limitations of the Study

First, the use of a qualitative phenomenological design and a relatively small, purposive sample limits the transferability of the findings. Although rich, in-depth narratives were obtained, the results are not intended to be statistically generalizable beyond the study participants. The sample was also relatively homogenous with respect

to socioeconomic status and educational background, which may limit the applicability of the findings to women from more diverse socioeconomic or cultural contexts. The high level of educational attainment among participants may influence coping resources and access to healthcare, which should be considered when interpreting transferability. Also, the experiences of medically induced menopause may differ in onset and intensity from natural menopause; however, participants were retained to reflect variability within early postmenopausal experiences rather than to enable subgroup comparison.

Second, data were collected through self-reported interviews, which may be influenced by recall bias, social desirability, or participants' comfort in discussing sensitive emotional experiences. Although I used reflexive journaling, member checking, and peer debriefing to enhance credibility, participants' narratives represent subjective accounts rather than objective measures of emotional or psychological functioning. Additionally, interviews were conducted via videoconference or telephone, which may have influenced the depth or nuance of responses compared to in-person interviews.

Finally, the study focused specifically on early postmenopausal women within 5 years of menopause onset. Although participants ranged in age from 50 to 70 years, eligibility was determined by menopausal stage rather than chronological age, consistent with clinical definitions of early postmenopause. As a result, the findings may not reflect the experiences of women in later postmenopause or those currently in perimenopause. Despite these limitations, the study provides valuable insight into an underexplored life stage and contributes meaningfully to qualitative understanding of emotional and psychological well-being during early postmenopause.

Recommendations

Future research should build on these findings by examining postmenopausal experiences across more diverse populations, including women from varied racial, ethnic, socioeconomic, and cultural backgrounds. Expanding participant diversity would enhance understanding of how social context and structural factors shape emotional and psychological experiences during menopause. Longitudinal qualitative or mixed-methods designs may also be valuable in capturing changes in emotional adjustment, identity, and coping over time rather than at a single point in the postmenopausal transition.

Additional research could explore specific subgroups, such as women who experience medically induced menopause, women with chronic health conditions, or those with limited access to healthcare resources. Comparative studies examining differences between early and late postmenopause may further clarify how emotional and psychological experiences evolve across this life stage. Incorporating quantitative measures alongside qualitative interviews may also provide complementary perspectives on symptom patterns and psychological well-being while preserving attention to lived experience.

Implications

The findings of this study have implications for psychological research, clinical awareness, and broader understanding of women's mental health during midlife transitions. By highlighting menopause as a multidimensional biopsychosocial experience, the study underscores the importance of attending to emotional and psychological processes alongside physical symptoms.

From a research perspective, the study contributes qualitative evidence that challenges narrowly biomedical conceptualizations of menopause and supports the inclusion of women's subjective experiences in psychological scholarship. The findings may also inform clinical reflection by emphasizing the variability of emotional responses, identity shifts, and coping strategies during early postmenopause. While the study does not propose specific interventions or clinical protocols, it provides a foundation for greater sensitivity to women's perspectives and experiences, thereby supporting more informed dialogue, assessment, and future inquiry into emotional and psychological well-being during menopause.

In alignment with Walden University's emphasis on positive social change, this study contributes to increased awareness of early postmenopausal women's emotional and psychological experiences by amplifying women's voices within psychological research. By documenting how women describe and interpret this life transition, the findings may support more informed dialogue among clinicians, researchers, and healthcare providers and encourage greater sensitivity to women's lived experiences during midlife transitions. Although the study does not advocate specific interventions, it offers an empirically grounded foundation for future research and reflective practice aimed at supporting women's emotional well-being.

Conclusions

This qualitative phenomenological study explored how early postmenopausal women describe and make meaning of their emotional and psychological experiences during the menopausal transition. By centering women's narratives, the study provides a

descriptive account of early postmenopause as a multifaceted life stage characterized by emotional adjustment, bodily awareness, evolving identity, and individualized coping strategies. The findings underscore the variability of women's experiences and highlight early postmenopause as a period marked by both challenge and adaptation rather than a uniform or solely deficit-based transition.

Grounded conceptually in the biopsychosocial model, the study illustrates how participants described the intersection of biological changes, psychological processes, and social contexts in shaping their lived experiences. Importantly, the study does not seek to explain causality, predict outcomes, or evaluate the effectiveness of specific coping strategies. Instead, it provides insight into how women perceive, interpret, and navigate emotional and psychological changes during early postmenopause, addressing a gap in qualitative research that has been dominated by symptom-focused and biomedical approaches.

The findings contribute to the field of psychology by expanding understanding of menopause as a subjective and meaning-based experience that extends beyond physical symptomatology. By documenting women's descriptions of emotional adaptation, identity reconstruction, and coping, this study offers an empirically grounded foundation for future qualitative and mixed-methods research. These insights may also inform reflective clinical practice by encouraging greater attention to women's perspectives and lived experiences during midlife transitions.

This study advances knowledge of early postmenopausal women's emotional and psychological well-being by providing a nuanced, participant-centered account of this

transitional life stage. Through a qualitative phenomenological approach, the research affirms the contribution of examining menopause as a complex biopsychosocial experience and contributes to a more comprehensive understanding of women's mental health during midlife.

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Appendix A: Demographics Questionnaire

QR code to allow participants to complete demographics:



Please complete the following questions. Your responses will help provide important context for the study.

1. Age: _____
2. Race/Ethnicity (select all that apply):
 - Hispanic/Latino
 - Caucasian
 - Asian
 - African American
 - Native American
 - Choose not to answer
3. Marital Status: Married___ Single___ Divorced___ Widowed___ In a committed Relationship_____
4. Years Postmenopause: _____
5. Employment Status:
 - Employed, Full Time
 - Employed, Part Time

- Unemployed
 - Retired
 - Self Employed
6. Education Level:
- High School Diploma
 - Some College
 - Undergraduate Degree
 - Graduate Degree
7. Do you have any current medical conditions that affect your emotional well-being?
- Yes
 - No
 - Detail: _____
8. Are you currently taking medications known to influence mood (e.g., antidepressants, hormone replacement therapy)?
- _____
9. Have you experienced significant life changes (e.g., retirement, divorce) in the past year?
- Medical issue
 - Divorce
 - Retirement
 - Death of Spouse/Child/Other Family Member

- Loss of Employment

10. How would you rate your overall emotional well-being over the past month?

- Great
 - Good
 - Improved
 - Average
 - Poor
-

Thank You!

Once you complete and submit this form, you will be directed to schedule your virtual interview. Please ensure all fields are completed accurately. Your participation is greatly appreciated!

Appendix B: Interview Protocol

An **interview protocol** for a study exploring the emotional and psychological well-being of early postmenopausal women should include an outline of the interview structure, guiding questions, and instructions for the interviewer to ensure consistency across participants. Below is an example of what the interview protocol might look like:

Interview Protocol

Study Title: Exploring Emotional and Psychological Well-being in Early Postmenopausal Women

Date and Time of Interview:

Participant Code:

1. Introduction (5 minutes)

- Thank the participants for their time and participation.
- Briefly explain the purpose of the study:

“This interview is part of a study exploring how women navigate emotional and psychological changes during the early postmenopausal stage. Your experiences and insights are valuable in helping us understand this important life transition.”

- Remind the participant of confidentiality and their right to withdraw at any time:

“Your responses are confidential, and you are free to skip any questions or withdraw at any point without any penalty.”

- Confirm consent if not already completed.

2. Warm-Up Questions (5 minutes)

These questions help build rapport and ease the participant into the interview.

1. How would you describe your life at this stage?
2. What are some of the changes you have noticed since entering postmenopause?

3. Core Questions (40–45 minutes)

Focus on the participant's emotional and psychological well-being. Ensure flexibility to probe deeper when necessary.

Emotional Experiences:

1. Can you describe how your emotions have changed, if at all, since entering postmenopause?
2. How do you typically cope with feelings of stress, sadness, or anxiety during this stage?
3. Are there specific moments or events that have significantly impacted your emotional well-being?

Identity and Self-Perception:

4. How has this stage of life affected your sense of self or identity?
5. How do you feel about your body or appearance compared to earlier stages of life?

Support Systems:

6. What role do family, friends, or other social connections play in your emotional well-being?
7. Have resources, groups, or activities been invaluable during this time?

Resilience and Coping Strategies:

8. What strategies have you found effective in maintaining or improving your emotional

well-being?

9. Can you describe a time when you faced a challenge during this stage and how you managed it?

4. Closing Questions (5–10 minutes)

These questions help conclude the interview positively and provide the participant with space to share additional insights.

10. Is there anything else you would like to share about your experiences in post menopause?

11. If you could advise someone entering this stage, what would it be?

5. Debriefing (5 minutes)

- Thank the participants again for their time and valuable insights.
- Offer to answer any questions they may have about the study.
- Remind them of the confidentiality of their responses and the process for withdrawing their data if they choose.
- Provide information on mental health resources if discussing emotional topics causes discomfort.