

**Managing midlife: Examining coping strategies of menopausal women using a
qualitative study**

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Bachelor Thesis PCPT

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3rd of July 2025

Abstract

The menopausal transition is a phase all women will experience in their lives. It brings about physical symptoms like hot flashes as well as psychological symptoms such as low mood or concentration problems. To manage the symptoms so greatly affecting women's lives, menopausal women often make use of coping strategies. While previous research, most frequently cross-sectional, mainly focuses on emotional responses to menopause and discovering coping strategies that are considered effective in reducing symptoms, research lacks an approach in which coping strategies implemented in daily life are examined. Therefore, this study investigated the applied coping strategies of eight (peri)menopausal women by conducting semi-structured interviews. A qualitative interview study approach was chosen to allow for an in-depth understanding of the participants' experiences, and to allow for elaboration on motivations and personal needs. The interviews lasted about 47-75 minutes per participant, after which the recordings of these were transcribed and coded. Cohen's kappa was calculated for two large codes. A thematic content analysis on the data brought about four main themes: lifestyle adjustments, emotional coping, gathering relevant information and utilising social support networks. The main findings revealed that women often used multiple coping strategies simultaneously, with particular emphasis on lifestyle adjustments, the role of female peer support and light-hearted emotional coping, such as the implementation of humour, which was not found in prior literature. Implications of the study included sampling bias due to convenience sampling, a sample of solely Western women and a low kappa score for one of the codes. Findings could be implemented in practice by, for instance, establishing support groups. Since this study is merely a snapshot of women's menopausal experiences, longitudinal studies for future research are recommended.

Keywords: Menopause, Women's Health, Coping Strategies, Hormonal Changes, Dutch women

Introduction

The menopausal transition is a phase all women go through in their lives and is defined as the loss of ovarian function. It is experienced approximately between 45 and 55 years of age, but the overall duration of the transition varies among women (World Health Organization [WHO], 2024). More specifically, in the perimenopausal stage, the female hormones oestrogen and progesterone levels rapidly decline, bringing about several symptoms (Davis et al., 2023). Several common symptoms are, among others, hot flashes, irregular periods, urinary incontinence, and poor sleep. Some women additionally experience weight gain (National Institute on Aging, 2024; Monteleone et al., 2018). Next to physical changes, the menopausal transition is also often associated with psychological symptoms. For instance, low mood, depression and anxiety (Monteleone et al., 2018), but also memory and concentration problems – ‘brain fog’ – and consequences of low sleep such as fatigue and irritability (Garg et al., 2024). It becomes clear that the menopausal transition brings about a wide variety of symptoms. Therefore, we can conclude that this life phase greatly effects women’s daily functioning.

Due to the complexity of the menopausal transition, it is crucial to see these symptoms in their context. The menopausal transition is not merely about the symptoms that it brings about but is also greatly intertwined with life events, psychological well-being and sociocultural factors (Winterich & Umberson, 1999). Importantly, it occurs during midlife, a period often marked by additional transitions and stressors that can affect overall mental health. Events associated with this period are children leaving home, sometimes leading to feelings of empty nest syndrome, taking care of elderly parents (Percival, 2025; Monteleone et al., 2018) or even coping with relationship issues and changes in one’s career (Percival, 2025). Another factor that plays a role is that this life stage is a period where women often evaluate their progress in life and assess whether it aligns with their personal goals and

values. When this reflection leads to dissatisfaction, it can bring about psychological distress that is not directly related to hormonal imbalances (Dom, 2001). Additionally, menopause is perceived differently among but also within cultures (Robinson, 1996). For example, in Western cultures, menopause is often perceived as a sign of a loss of fertility and youth, while in some non-Western cultures such as in Asian communities, it is perceived as natural and associated with increased social status or wisdom (Robinson, 1996). These factors demonstrate the complexity of the transition phase and the importance of understanding individual experiences in research. Understanding this broader midlife context is essential, as it may shape how women experience menopause and which coping strategies they choose to manage their symptoms.

Coping strategies can be defined as concrete actions with the specific goal to alleviate menopausal symptoms and reducing the discomfort they cause. For example, a coping strategy can be seeking support from family and friends or getting regular exercise. These strategies are often effective: for instance, menopausal symptoms and discomfort can be reduced when implementing a coping strategy, ensuring a better quality of life (Conflitti, 2024). Additionally, actively implementing these coping strategies and providing women with the knowledge, resources, and support to do so has been shown to enhance their overall well-being during menopause (Yazdkhasti et al., 2015). Research suggests that when women feel empowered to manage their discomfort using various strategies, they are more likely to experience menopause not just as a challenge, but as an opportunity for self-development and positive transformation (Yazdkhasti et al., 2015). Previous literature shows that women implement several types of effective coping strategies. For example, many studies have been focused on lifestyle changes, such as doing exercise and practicing yoga, or maintaining a healthy diet (Itti et al., 2020) and demonstrated that these methods had a positive effect on the well-being of the women. Additionally, reducing caffeine and alcohol intake are claimed to

ease menopausal symptoms, particularly night disturbances and hot flashes (Dom, 2001), however, this is not widely substantiated by scientific literature. Other effective strategies target psychological wellbeing, such as mindfulness and meditation (Conflitti et al., 2024), seeking support from female peers or a partner (Steffan et al., 2022), or even engaging oneself in pleasurable activities, such as practicing a hobby or self-care (Dom, 2001).

Previous studies were mainly conducted in a cross-sectional quantitative form, such as studies executed by Mishra & Kaur (2018), who discovered almost all their participants implemented at least one coping strategy, or by Agarwal et al. (2019), who observed a strong link between symptom severity and women's adopted coping strategies. Less frequently implemented are longitudinal studies, such as from Woods et al. (2016), who found that symptoms change over time. Other studies regarding coping strategies mainly focus on identifying coping strategies that are considered theoretically or scientifically effective in reducing menopausal symptoms. The question remains, however, which coping strategies are implemented by women in their daily lives, whether individually implemented or combined with other coping strategies. It is additionally essential to examine women's motivations behind their chosen management styles and how these align with their personal experiences and needs. Moreover, qualitative studies or qualitative interview approaches (Refaei et al., 2022) that were executed mainly focused on women's subjective experiences or emotional responses to menopause (Hoga et al., 2015; Refaei et al., 2022), rather than exploring concrete actions that women undertake to manage their symptoms.

Aim of the Study

Taking all this together, this study aims to explore how perimenopausal women cope with menopausal symptoms. It is relevant to get an insight in this, because understanding which coping strategies women use can help assess their effectiveness in real-life settings, so we can identify gaps between scientifically recommended and practiced strategies and inform

better support systems for women experiencing menopause. Existing literature frequently highlights the effectiveness of lifestyle-based interventions, such as physical activity, dietary changes, and relaxation techniques, in alleviating menopausal symptoms. As a result, these strategies are more often promoted in public health communication and may therefore be more accessible forms of symptom management. Therefore, it is expected that women's coping strategies are mainly focused on lifestyle alterations.

Method

Design

The study used a qualitative research design, collecting interview data. This study utilises a qualitative approach, because it allows for an in-depth understanding of experiences related to the menopausal transition, and participants are given the opportunity to bring up new and perhaps underexplored topics. Additionally, menopause is an overall personal and subjective experience. Qualitative interviews allow participants to reveal underlying thoughts, feelings and motivations behind their behaviour, enabling a perspective that standardised methods such as surveys might lack (Waldburger et al., 2012). In addition, the study was ethically approved by the BMS Ethics committee with approval number 250588.

Participants and procedure

For this study, a convenience sample consisted of eight perimenopausal women, aged 52 to 58 ($M = 54.38$, $SD = 2.39$) years, of which 7 were Dutch and 1 was Italian. All participants were higher educated, currently live in the Netherlands and recently experienced menopausal symptoms. The majority of the participants was recruited from the researcher's personal network, including family, friends, and other acquaintances. Some were also recruited by snowball sampling, meaning their contact details were received after an interview with the participant who was acquainted with them. Inclusion criteria concerned women in perimenopause or women who were up to three years postmenopausal. Persons who

underwent a hysterectomy were originally excluded from the study since this could affect menopausal symptoms, however, during one of the interviews it became known that one participant did undergo this medical procedure. Since only her uterus was removed and her ovaries remained intact, her menopausal experience was unlikely to be significantly impacted. Thus, the data remained relevant, and it was included in the analysis.

The study utilized an information sheet to inform participants about the research purpose, procedures, and ethical considerations. All participants then provided written informed consent and gave verbal permission for audio recording before data collection began. Semi-structured interviews, each lasting between 47 and 75 minutes, were then conducted with the participants from the beginning of April until the start of May 2025. Five of the interviews were conducted in person, either at the University, the participant's home or the researcher's home, and three took place online, using Microsoft Teams or Google Meet. The weeks after the interviews were conducted, participants had the possibility to reach out to the researcher for questions. The report was sent to the participants after the study.

Materials

The research team developed a semi-structured interview scheme (see Appendix A), including questions about coping, career, healthcare experiences, personal growth and relationships and questions to collect demographic data such as age and nationality. In order for the data to be used for multiple studies within this team, the questions covered a broad range of topics, including career paths, employment conditions, and social environments. Additionally, the questions included prompts and follow-up questions to facilitate deeper exploration of relevant topics when necessary. The interview was designed to have a duration of approximately 60 minutes.

Additionally, a logbook was maintained by the researcher to document own expectations and emotional states prior to each interview, for instance whether the researcher

was nervous or tired before the interview. Impressions captured during the interview conduction, including non-verbal cues, were reported in the logbook afterwards.

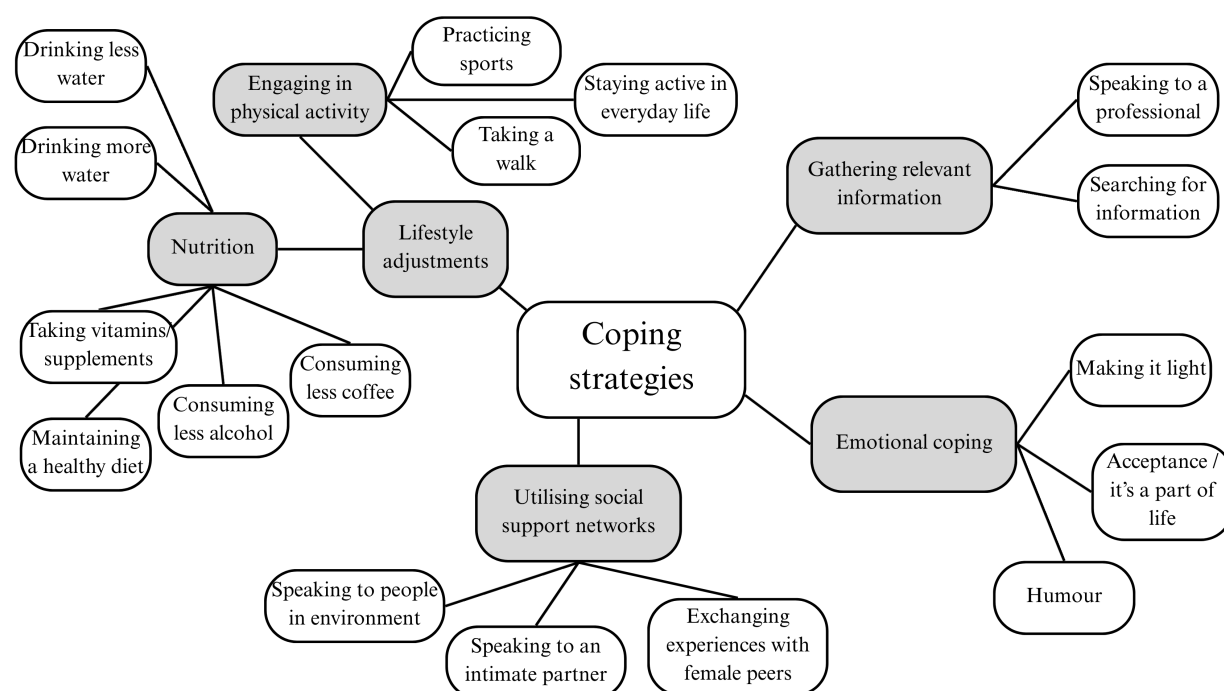
Data analysis

After the interview conduction, the audio files were transcribed using Amberscript, and all personal information, such as names and locations, was removed during this process. The transcripts were manually edited to ensure accuracy. The transcripts were then coded. Thematic coding was conducted with ATLAS.ti to analyse the data, by making use of thematic content analysis by following the method of Braun & Clarke (2006). This method entails six standardised steps. First, becoming familiar with the data, in which the data was transcribed and read to note down initial ideas. Second, generating initial codes, where remarkable features of the data were identified. Third, searching for themes, in which these initial codes were collated into potential overarching themes. Fourth, reviewing themes, in which the themes were checked and related to the entire data set. A thematic map was generated of the analysis (see Figure 1). Fifth, defining and naming themes was done where this thematic map was utilised to reproduce an additional overall impression of the data. Sixth, the report and results were produced.

One transcript was additionally coded by another researcher of the team, in order to calculate the interrater reliability (Cohen's Kappa) statistic for the two most prevalent codes of that interview, being exchanging experiences with female peers ($\kappa = 0.60$), which can be interpreted as a moderate agreement (McHugh, 2012), and searching for information ($\kappa = 0.31$), which is interpreted as a minimal agreement (McHugh, 2012). Once the study was completed, all interview recordings were permanently deleted.

Figure 1

Thematic map of the coping strategy themes, categories and codes



Results

General overview and context

In general, the interviews went relatively effortlessly. However, it was difficult to keep structure sometimes due to the elaborate answers of the participants. There were no significant difficulties experienced during online interviews compared to those conducted in person. Additionally, various experiences were observed when it comes to the menopausal transition. This particularly became clear when asking women about the definition of menopause: explanations varied from strictly scientific definitions to more personal answers such as: *"I would say, it is a phase in which you are turned upside down, both physically and mentally, in order to find a new balance for yourself again"*. Additionally, all women expressed being happy to participate, because they experienced that menopause is insufficiently discussed in society or that healthcare should be improved in terms of women's

health. Regarding this, one participant mentioned: *“Well, invite us on a consultation hour at the GP when we are fifty. Yeah, happy fiftieth birthday, and know that we are here. Then you create more openness.”*. It therefore becomes clear that there is a common need for more recognition for this complicated life phase.

The results of the thematic content analysis showed that four different themes can be defined for this study (see Table 1). Firstly, lifestyle adjustments, which were quite common since at least one lifestyle-focused strategy was implemented by all participants. However, there is a great variety of strategies within this theme, some of which were implemented more frequently than others. Secondly, gathering relevant information, which was very common and done by all participants. Thirdly, utilising social support networks, which was also considered an important part for all participants (see Table 1). And fourthly, emotional coping, which had fewer codes and was relatively less prevalent, with 75 percent of participants implementing an emotion-focused coping strategy.

Table 1

Visual overview of coping strategy codes and their frequency, N = 8 participants (100%)

Themes, categories and codes	Example quote	N (%)
Lifestyle adjustments		8 (100)
<i>Nutrition</i>		7 (87.5)
Taking vitamins or supplements	“In the beginning I had, [...], I bought some of those supplements.”	6 (75)
Consuming less alcohol	“[...] I like drinking a glass of wine in the weekends, yeah, then I’d had to suffer for it at night.”	4 (50)
Consuming less coffee	“[...] so, I reduce my coffee intake.”	2 (25)
Maintaining a healthy diet	“So, we have to eat healthy, [...] adjust my lifestyle to this period of time.”	2 (25)
Drinking more water	“Yeah, I’m doing that, [...] I just start with a glass of water in the morning.”	2 (25)
Drinking less water	“[...] she said I should drink less. Drink less water, no alcohol, just water.”	1 (12.5)
<i>Engaging in physical activity</i>		5 (62.5)
Practicing sports	“Exactly, things as sports and mindfulness, they are just very useful.”	3 (37.5)
Taking a walk	“I have set times where I’m active. We walk a lot.”	3 (37.5)
Staying active in everyday life	“Yes, and keep moving and yeah, just keep yourself occupied.”	3 (37.5)

Gathering relevant information		8 (100)
Searching for information	“Um, reading, and you know, research. You check online. And nowadays we have, uh, a lot to read about.”	8 (100)
Speaking to a professional	“I am not specially making an appointment for this, but if I come to my GP, then I point it out, like, you know, this or that.”	4 (50)
Utilising social support networks		8 (100)
Exchanging experiences with female peers	“I thought that was quite nice. A bit of a fellow sufferer-feeling”	8 (100)
Speaking with an intimate partner	“Yeah, my husband, he is closest to me and to him I am most open about it”	5 (62.5)
Speaking to people in environment	“Just generally open up to others, towards my husband and children. That they just know what’s going on”	3 (37.5)
Emotional coping		6 (75)
Making it light	“And that you just, yeah, make it a little bit lighter, because it just is what it is.”	5 (62.5)
Acceptance / it’s a part of life	“Your body is also just... It’s in a sort of process of deconstruction, and that just happens”	4 (50)
Humour	“Uhm yeah, and just laugh at yourself really hard”	4 (50)

Lifestyle adjustments

A large relevant theme found is lifestyle adjustments, which can be categorised as problem-focused coping, including the categories nutrition and engaging in physical activity. All participants mentioned at least a lifestyle change as a way of coping with their menopausal discomfort. Most mentioned were nutrition, such as taking vitamins or supplements and consuming less alcohol. Remarkably, a large part of the participants (75 percent) had purchased menopause-specific supplements, such as calcium, vitamin D or homeopathic substances, most often in a drugstore without a doctor's prescription. For alcohol consumption, one of the participants mentioned: *"Often I had, if I then drank a glass of wine in the evening, then I'd had to suffer from it at night"*. Interestingly, 25 percent mentioned drinking more water as part of a coping strategy, namely because they perceived health benefits in general as a result of this. In contrast, one participant mentioned that she reduced her water consumption to avoid frequent urination. Additionally, engaging in physical activity was mentioned by 62.5 percent of women. While some of them mentioned practicing sports as one of the most important coping strategies, others pointed out that staying active in everyday life was crucial, for example: *"I am trying to take the bike to work. I don't have an electrical bike yet, but I think... I really want to try to keep using a normal bike."*

Gathering relevant information

All participants mentioned the problem-focused approach gathering relevant information as a coping strategy. This theme has two main codes, being searching for information and speaking to a professional. Additionally, all participants reported searching for information. For instance, participants reported that they searched for information about menopausal symptoms prior to entering the transition, in order to prepare themselves for what to expect. Other participants pointed out searching for information about nutrition, such as which vitamins might be beneficial or whether substances like alcohol or coffee influence

their hot flashes. Participants made use of different sources, such as magazines, research articles, social media, or by looking up information online. They did not report using different channels for retrieving different types of information. Moreover, 50 percent of the women mentioned speaking to a professional, either asking advice from their General Practitioner (GP) or from a menopausal consultant: *“And I have also spoken to a menopausal consultant via my job [...] I also retrieved some information from there.”*. Notably, professionals were most often addressed when participants had already entered the transition and were most often asked for advice on symptoms and nutrition as well.

Utilising social support networks

The fourth theme is utilising social support networks and can be characterised as problem-focused as well as emotion-focused coping. It has three codes: exchanging experiences with female peers, speaking to people in environment and speaking with an intimate partner. The most frequent code is exchanging experiences with female peers and has been mentioned by all participants, seeming to be a large part of coping in general.

Participants often pointed out that they could evaluate whether their symptoms were ‘normal’ when sharing them with their female peers, for example: *“[...] because I would really like to hear from others if they had the same experience. And perhaps I will receive some tips or tricks.”*. Moreover, participants mentioned that this aspect of coping is also related to receiving recognition and support from other women. For example, one participant expressed: *“I thought that was quite nice. A bit of a fellow sufferer-feeling”*. Other manners of seeking support were expressed as speaking to people in the environment, such as to family members or colleagues, or speaking with an intimate partner. The latter was often done since the participants considered it important to be open to the person that is closest to them.

Emotional coping

All participants reported implementing a type of emotional coping to manage the menopausal transition. Emotional coping entails implementing strategies aimed at managing the emotional responses related to menopause, and not necessarily menopause itself. For instance, someone may practice mindfulness to maintain emotional stability despite having physical symptoms, rather than addressing these symptoms immediately – for example in situations where they feel a lack of control over those symptoms. Since 62.5 percent of women described their experience of menopause as an end of a fertile period, taking a light-hearted approach seemed to be an important emotional coping mechanism. Therefore, making it light, acceptance or it's a part of life, and humour were frequently mentioned. 50 percent of participants pointed out that accepting that they are in menopause is an important part of coping. Moreover, humour was mentioned by 50 percent of the participants, and as stated by one participant: “[...] *humour is also a very important thing for me. That is really, really important, that you don't dwell on it too much*”. It was therefore viewed as an essential part of keeping it light.

Discussion

In this study, the aim was to examine which coping strategies were implemented by women experiencing the menopausal transition. Overall, it was observed that women mainly adopt problem-focused coping strategies, by paying attention to their diet, engaging in physical activity or searching for relevant information. In addition, seeking social support, which was categorised as both problem- and emotion-focused coping, was found as an essential component of managing the menopausal transition, as well as more emotional-focused coping strategies such as using humour to maintain a light-hearted perspective. Therefore, while the majority of the participants did report lifestyle-based coping, the findings also revealed the importance of emotional and social coping mechanisms. This suggests that coping with the menopausal transition is not merely lifestyle-focused but often requires a

combination of strategies, meaning that the initial hypothesis, proposing that women primarily adopt lifestyle-based strategies, is partially supported by the interview data. Therefore, this finding is to some extent line with prior academic literature, suggesting that lifestyle-based coping is crucial in managing symptoms (Itti et al., 2020; Dom, 2001). However, it is additionally consistent with other academic literature which stresses the importance of various coping styles in adjusting to the menopausal transition, including but not limited to lifestyle modifications (Khandehroo et al., 2024; Kafanelis et al., 2008).

While the majority of the implemented coping strategies was problem-focused, all of the participants additionally highlighted the importance of seeking support in their social support networks, with the most important support being female peers. All women in the study reported that recognition from other women and/or receiving information about their experiences was an important part of their coping process. This aligns with prior research by Yazdkhasti et al. (2015), indicating that social support during menopause contributes to a better quality of life, and a study by Steffan et al. (2022), whose results revealed that sharing experiences reduces the overall stigma around the menopausal transition. Refaei et al. (2022) conducted a qualitative interview study with 16 Iranian women, revealing that support from female peers plays a meaningful role in shaping women's attitudes and improving experiences of the menopausal transition. In addition, it has been discovered that female friendships carry higher levels of self-disclosure and rely more on each other as social support (Bedrov & Gable, 2022) and women participating in peer support programs experienced increased well-being and higher self-esteem and confidence (Pound et al., 2011). The current study adds to these prior findings that exchanging experiences with female peers is important for exchanging information about the menopausal transition.

New coping strategies were found in the category of emotion-focused coping, being making it light and implementing humour. Previous literature found that humour is an

effective form of emotion regulation (Samson & Gross, 2011), however, it is not frequently mentioned as a specific coping strategy for the menopausal transition. An explanation for the implementation of the strategies making it light and humour may be that 50 percent of the women from this study frequently associated menopause as a decline of youth and fertility, a perception that carries significant emotional weight. This may contribute to negative societal perceptions and psychological distress among women. As a result, there may be an increased need for a light-hearted attitude and, therefore, coping. A possible explanation for this consequential relationship can be found through the lens of cognitive dissonance. This refers to the notion of having conflicting beliefs, attitudes or feelings leading to psychological discomfort (Harmon-Jones et al., 1999). In the context of menopause, the belief of ending their fertile life might conflict with women's desire to maintain psychological well-being or a positive self-image. Therefore, to reduce the discomfort as a result of this conflict, strategies such as humour and making it light are implemented, in order to accept and emotionally adapt to the inevitable hormonal and life changes associated with menopause.

Strengths and Limitations

Several strengths of the study include the interview method, which allowed for an in-depth analysis of coping strategies: participants could elaborate on their reasons behind the implementation of a coping strategy, an aspect that quantitative methods such as surveys lack. This in-depth element is valuable since some participants mentioned different reasons for implementing a certain coping strategy. For example, while two participants reported increasing their water intake during the menopausal transition, one other participant mentioned reducing it. Although these strategies appear contradictory, they were based on different personal motivations and experiences. Another strength included the wide scope of topics covered in the interview, which enabled participants to introduce various coping strategies in different contexts.

The first limitations lie in the sampling of participants. Generally, convenience sampling is cost-effective and simple to operate but is often not fully representative for the broader population, therefore causing bias (Golzar et al., 2022). In this study, participants were primarily recruited from the researcher's personal network, which may have led to an overrepresentation of women who obtained high education and high socioeconomic status. Research suggests that menopausal experiences vary by socioeconomic and educational status, with women of lower status often reporting more negative experiences than higher-status women (Makara-Studzińska et al. (2015); Nissy et al. (2025); Li et al. (2012)). Moreover, women with lower socioeconomic and educational status are more often underrepresented in research, giving a distorted image of menopausal experiences in society. Another limitation that influences this study is the use of a predominantly Dutch sample. Next to socioeconomic and educational status, sociocultural factors also play a crucial role in women's experience of menopause. As mentioned previously, in cultures in which becoming older is positively perceived or associated with personal growth and wisdom, menopausal women report fewer symptoms (Peate et al., 2024). Since symptom severity is highly associated with menopause management and therefore coping strategy types (İktaşık et al., 2020), it is possible that women from non-Western cultural backgrounds would employ different or fewer coping strategies compared to those in Western contexts. This limits the generalisability of the findings beyond the Dutch or similar Western populations.

Furthermore, several limitations can be identified in the coding process. Even though the thematic content method by Braun & Clarke is standardised, coding remains a subjective process, and themes derived from the interview data may vary when coded by different researchers. This becomes clear when examining the results from the interrater reliability analysis, which reveal that one of the codes had a score of 0.31. Therefore, one could question

the reliability of the overall coding scheme. In order to get a more accurate image of the interrater reliability throughout the coding scheme, all codes should be analysed.

Recommendations for future research

Regarding the target group, future research should include participants with different educational and socioeconomic backgrounds, to ensure a more representative sample of the broader population. Additionally, examining the relationship between culture and menopausal attitudes and coping mechanisms would offer valuable insights. A possible approach to address this is through online platforms – for example, by recruiting participants via social media. On top of this, given that there were no significant difficulties experienced during online interviewing in this study, this method may be valuable in the future if studies want to conduct interviews with participants of different cultures, countries and socioeconomic background. However, it is important to note that reaching out to participants from various backgrounds may be challenging and this should be considered prior to the conduction of the study.

Further research can benefit from the previous discussion by focusing on different methodological approaches. Interviews are an effective method for in-depth exploration; however, it merely provides a snapshot of women's menopausal experiences and lacks insights in its dynamic nature. To address this, longitudinal studies could offer valuable insights, as they can track changes and developments in women's coping strategies over time. For example, coping behaviours could be monitored monthly using tools such as questionnaires or mobile applications, allowing researchers to observe patterns and shifts throughout the menopausal transition. To strengthen this approach, variables such as socioeconomic background and participants' reasoning behind their choice of coping strategies could be incorporated. Additionally, most studies executed on the topic of coping strategies are often cross-sectional and therefore lack a longitudinal approach.

In addition, the coding process resulted in four distinct themes, one of which was utilising social support networks. While this theme closely overlapped with emotional coping, given that social support often serves an emotional regulatory function, participants in this study revealed that engaging with peers, particularly other women, also functioned as the gathering of information and exchanging practical advice. Based on this, social support was treated as a separate theme in the present study. However, future research may choose to merge these categories, depending on the focus and framing of the study.

When considering practical application, the findings of this study can be adopted in professional healthcare or psychological fields. For example, since participants greatly valued contact with female peers, health institutions could investigate the possibilities of establishing a menopausal peer support group. This could enable more openness for menopausal women, and space to exchange knowledge and experiences. Additionally, women experiencing the menopausal transition could benefit from this research by recognising the variety of coping strategies available to them, ranging from lifestyle-based approaches to social and emotional-focused strategies. By understanding that coping does not solely rely on physical symptom management, but also includes seeking support, keeping it light and staying informed, women may feel more empowered to manage this midlife phase in a way that aligns with their personal needs and context.

Conclusion

Taking all this together, this study found that menopausal women often make use of coping strategies, whether it is specifically done in order to alleviate symptoms or merely to optimise one's health and well-being. The use of semi-structured interviews enabled an in-depth exploration of these strategies, which is not frequently done on this topic by prior research. The method allowed participants to elaborate on the motivations behind their choices, and to what extent it aligns with their personal needs. Most prevalent management

styles include various lifestyle adjustments and seeking social support from female peers or a partner. Interestingly, a relatively new coping strategy was found, which is the implementation of humour and fostering a light-hearted approach. Coping strategies and symptom severity are likely dependent on different variables, such as educational, cultural and socioeconomic background. Therefore, future research should take women from different groups and cultures into account and consider a longitudinal approach to also investigate the more dynamic nature of women's menopausal experiences.

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Appendix A: Interview scheme

Semi-Structured Interview Scheme: SPICE-up your life interview study

Menopausal Transition and Coping Strategies

Introduction

- Introduce yourself briefly (student from ...)
- The purpose of this interview is to explore more in depth how women experience the menopausal transition. I have some questions to guide our conversation, but I am mainly interested in your personal story.
- Can I record this interview (audio/video) to ensure accurate transcription and reporting?
- START RECORDING

Ethical Considerations

- Before we start, I have some practicalities to check with you. [Read the informed consent form and ask if they agree with all of them (you can give a hand-out as well).]
-

Main Questions and Probes

Introduction – before we focus on the menopausal transition, I would first like to get to know you a bit better.

- How are you feeling about the interview?
- Can you introduce yourself?
- What does your day-to-day life look like?
- How are you doing today?

Definition of the menopausal transition:

- How would you define the menopausal transition? (if this is not accurate or unknown, you could explain what we perceive as the menopausal transition. For this study it is any mental or physical changes that might be experienced due to changing hormones during the transition towards the final menstruation and up to 3 years after this final menstruation)

Understanding the Menopausal Experience

- What is your experience with the menopausal transition so far?
 - What were the first signs or symptoms you noticed?

- How long have you been experiencing these symptoms?
- How have your symptoms changed over time?
- How do you feel about this phase of life?

Coping Strategies

- What actions have you taken to manage your menopausal symptoms?
 - Check: medical treatment, hormonal treatment, alternative therapies
 - Check: related to physical and related to psychological symptoms, any differences or similarities?
 - What was most effective for you?
- How have lifestyle changes or any other changes in your daily routines helped you to cope with the menopausal transition?
 - Check: diet, exercise, sleep, relaxation, meaning in life
 - What was most effective for you?
- Sense of control?

The Role of Health Care Professionals

- What has been your experience with healthcare professionals regarding the menopausal transition?
- What useful guidance or treatments have you received?
- What could be improved in terms of medical or psychological support?

Social Support and Relationships

- How do you talk about the menopausal transition with others?
 - Check: family, friends, support groups, colleagues, neighbours
- Italian culture different?
- Who have supported you most during the menopausal transition? Why these people and what was most helpful?
 - Check: family, friends, support groups, colleagues, neighbours
- Have your relationships changed during this transition? In what way?

Personal Growth and Positive Changes

- What positive changes have you noticed in your (daily) life because of the menopausal transition?
- In what way do you think you have grown from (going through) the menopausal transition?

Career and Work-Life

- How would you describe your career path so far?
- How would you describe your current role and responsibilities at work?
- What changes have you noticed in how you experience your work life and career path since entering the menopausal transition?
- What changes have you noticed in how you experienced your work life after pregnancy and the postpartum period? In what way was the transition to motherhood similar and different compared to the transition to menopause?
- What would the ideal workplace look like for you during the menopausal transition?
- How much support do you receive from your employer or team during the menopausal transition?

Concluding

- What has been the most difficult aspect of the menopausal transition for you?
- What do you wish you had known before entering the menopausal transition?
- What resources or support would have made your menopausal transition easier?
- Based on your experience, what advice would you give to other women currently navigating through the menopausal transition?

Demographic Information – check if you don't know it yet

- What is your age?
- What is your nationality and cultural background?
- What is your educational background? (low, middle, high)
- What is your current living situation? (with/without partner, with/without children (at home))
- What is your current employment situation? (how many hours, what type of job)

Conclusion & Consent

- Thank you for sharing your experiences with us. Your insights are invaluable in understanding how women navigate menopause and how they find ways to cope and grow.
- Before we conclude:

- Do you have any final thoughts or anything you'd like to add?
- Please take a moment to review the informed consent form once again. Are you still agreeing with our terms and conditions?
- We truly appreciate your time and openness. If you have any questions or need further assistance, please feel free to reach out. Thank you!

For the interviewers:

Common follow-up questions to keep with you as well could be:

- Can you explain that further?
- What do you mean by that?
- Can you give an example?
- How did that make you feel?
- Could you elaborate on that point?
- Can you describe that experience in more detail?
- What happened next?
- How did that impact you?