



# The Theory of Transformation of a Holistic Being Through the Gestalt of Menopause; A Glaserian Grounded Theory

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## Abstract

**Objectives:** The current physiologic definition of menopause is oversimplified and lacks many aspects of women's menopause experiences. None of the models in the literature offers a comprehensive definition for menopause.

The aim of this study was to propose a comprehensive definition for menopause.

**Methods:** This study applied the Glaserian Classical Grounded Theory (CGT) approach. Constant comparative analysis was used, and conceptual categories emerged.

**Results:** The theory of *Transformation of a Holistic Being through the Gestalt of Menopause* was generated. The theory incorporates one overall category of Gestalt of Menopause integrating three other categories including State of Holistic Being, Copying Strategies, and Ex-Perc-Me processes. The concept of gestalt of menopause was developed to offer a broader picture for women's transformation during menopause.

**Conclusions:** The theory of *Transformation of a Holistic Being through the Gestalt of Menopause* proposes a conceptual framework for evaluating menopausal women in clinical practice. By recognizing the gestalt of menopause, healthcare professionals can adopt a more comprehensive tool that improves assessment and supports individualized care.

**Keywords:** Gestalt of menopause, Glaserian grounded theory, Qualitative research

## Introduction

Menopause is defined as the permanent cessation of menstruation. Menopause happens following the loss of ovarian follicular function and is determined after 12 months of consecutive amenorrhea (1,2). By placing the final menstruation period (FMP) at the center, the Stages of Reproductive Aging Workshop (STRAW) categorized adult female reproductive aging bio-physiologically into three broad phases: reproductive, menopausal transition, and post-menopausal phases (3,4). In the context of menopause, there are a variety of interpretations of the menopause experiences in the literature. Menopause was described with three fundamental models, including the biological model, the psychosocial model, and the holistic perspective model (5-7).

The biological model considers a person as a patient and menopause as an illness. Therefore, the focus is on the biological aspects of the patient, with less attention to psychological and other aspects of the illness. Menopause has been considered a hormone deficiency and a disease or a type of syndrome demanding hormone replacement therapy in the biological model (7,8). The biological model has been addressed as a unicausal model, which means there is one cause, hormone deficiency, and one cure, HR

(7,8). Many health care professionals, including nurses, criticized this model because it does not consider women's opinions about their own processes and rejects the notion of universal use of hormone replacement therapy (HRT) (7).

The psychological model underlined women's self-referred health status, psychological, and lifestyle variables, and considered menopausal symptoms more associated with the pressure of life than menopause. In the psychosocial model, menopause is considered a natural developmental stage that happens when women reach a certain age (7,9). The psychosocial model emphasized the personal situations of stress, including empty nest syndrome, loss of family members, caring responsibilities for parents or laws with disease, and marital problems as well as cultural problems which affected women's self-esteem such as loss of social values related to youth, beauty, and sexual function (7). In this model, medical treatment was rejected, and treatment focused on women learning skills which empowered them to overcome their problems, and, if needed, application of natural remedies and psychological interventions (7). The psychosocial model was criticized as it made menopausal women feel considerably responsible for their condition, and limited

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**Key Messages**

- ▶ The developed concept of Ex-Perc-Me refers to the inseparable and concurrent processes of experiencing, perceiving, and meaning-making.
- ▶ Gestalt of menopause is defined as a challenging and dynamic perceptual process of the bio-physiological, sexual, psychological, sociocultural, and spiritual experiences of a person that leads to meaning-making.
- ▶ The gestalt of menopause represents a broader picture for women's transformation during menopause.
- ▶ The theory of *Transformation of a Holistic Being through the Gestalt of Menopause* offers a conceptual framework for evaluating menopausal women in clinical practice and proposes a theoretical framework for conducting future research on menopause.

therapeutic interventions by refusing HRT (7).

The holistic model addressed menopausal transition as a multifaceted process and a crisis encompassing the biopsychosocial factors that result in varying degrees of change and adaptation. The holistic model overarched endocrine crisis, psychological midlife crisis, family crisis, social crisis, and male crises (referring to greater demands at work, having less time for family, and seeking relationships with younger women as stimuli) as contributing factors (7). With the emphasis on biophysical, psychological, and social needs of an individual, in this model, the goal of therapy was not only to provide a physical cure but also to cure the person as a whole (7,10). Some studies have underscored the need for biopsychosocial menopause care (11,12). From a holistic perspective, menopause has also been referred to as a biological process that is formed by social, cultural, economic, and political considerations, especially in modern societies (13,14). Although the initial holistic model considered biophysical, psychological, and social aspects of an individual, it did not specifically include spiritual and sexual needs of a woman, and it did not highlight the significance of time in the menopause transition. Similar to holistic model, the new empowerment model provided a framework for addressing the psychological, social, and physiological aspects of menopause with more emphasis on women's self-determination and being an expert in their own condition (8). A systematic review of qualitative studies identified menopause as a natural event related to psychological experiences and the aging process, physical and emotional changes, pleasant or unpleasant sexual experiences, a time of losses and gains, a time when resilience advances and coping strategies are adopted, and being prepared for finding support in accordance to needs (15). In addition, several studies emphasized the significant role of spirituality and religion, and highlighted women's needs for spiritual care during this life transition (16-21). Finally, the importance of menopausal women's sexual health needs was noted in many studies (22-26). The theory for the origin of human menopause highlighted

the significance of genetic and involved behavioral, life history, and social changes (27). An empowerment model for managing menopause highlighted access to information, tools for decision-making about treatments, and a supportive clinician following a shared decision-making strategy for possible treatments (8).

**The Theoretical Problem**

None of the models has offered a comprehensive definition for menopause. Given that menopause has been defined differently among menopausal women, the present characterizations of menopause do not cover all aspects of women's menopause experiences, perception, and meanings. Even though physiological, social, psychological, sexual, physical, emotional, cultural, sexual, spiritual, aging, and coping aspects of menopause have been addressed separately or in some combinations in the literature, those aspects have not been integrated collectively. In addition, the goal this study is to offer a comprehensive definition that overarches these aspects. This study hypothesizes that menopause, as a phenomenon, lies in what menopause means to an individual, which occurs through perceptual processes of a lived experience. Therefore, this study aimed to provide a comprehensive definition for menopause based on meanings of menopause among menopausal women and through infusion and integration of the available concepts related to menopause in the literature.

**Methods**

A Glaserian (28) was applied to explore menopause among menopausal women aged 40 years and older. The Glaserian approach follows an inductive approach toward theory development. The primary purpose of grounded theory is to generate concepts and find out their relationships to explain, and interpret the variation in behavior in the substantive area that is being explored (29). In Classical Grounded Theory (CGT), the central focus is on discovering the core concern of the participants through constant comparative analysis (30). The core category uncovers the resolution for the primary concern of participants (30). The significant strength of CGT is its ability to explain what is actually happening in the substantive area of interest instead of just describing what is happening (30).

**Data Collection**

This study applied a grounded theory methodology and reanalysis of a qualitative study published in the *Crescent Journal of Medical and Biological Sciences* (31). Data was collected through one focus group discussion with nine individuals and nine individual in-depth interviews. A shift in data collection from focus group discussions to in-depth individual interviews was due to confidentiality concerns. Thus, interviews were conducted in a private room at the university. Women were asked, "What does

menopause mean to you? "Clarifying and elaborating questions were asked based on participants' initial responses. All interviews were audiotaped and transcribed verbatim. Data collection was stopped due to data saturation. The average duration of each interview was about 1 hour and 30 minutes. In classic grounded theory, any type of data, including literature, can be used as a source for theory development. Following the Glaserian grounded theory, the literature review was performed at a later stage and after the initial analysis by the first author. Indeed, the theory emerged when the first author reviewed the literature. Postponing the literature review after initial data analysis enabled the researcher to contextualize and compare the study findings against the existing literature. In other words, the relevant literature was considered another form of data that was synthesized and integrated into the emerging theory.

### Participants

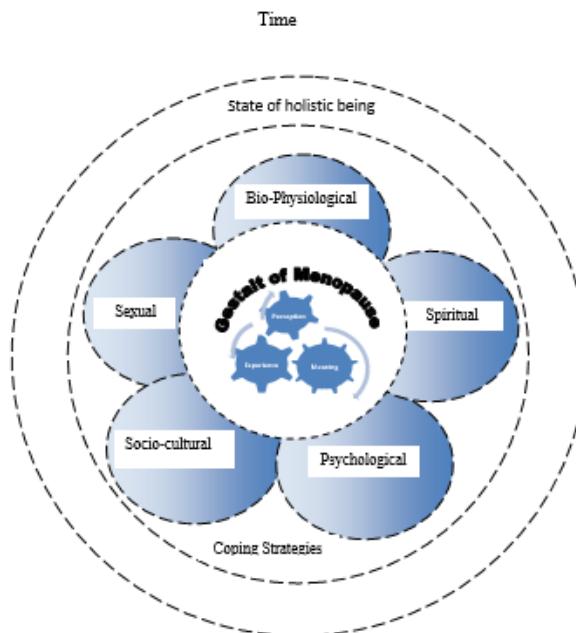
Menopausal women aged 40 years and older were recruited through purposive sampling. Participants were recruited from different socioeconomic and educational backgrounds and were working at Iran University of Medical Sciences in Tehran as faculty, staff, and other services. Participants' ages ranged from 40 to 57 years, with a mean age of 45 years. Women were excluded from the study if they had surgical menopause or premature menopause.

### Data Analysis

Following CGT, the coding process started with substantive coding (32). Substantive coding comprised the process of open coding of the data, which resulted in core category emergence, followed by selective coding to saturate the core category and associated categories. Memoing (which involves theorizing written ideas that emerge through constant comparative analysis) assisted the researcher in conceptual development, and as a result, patterns started to emerge. Constant comparative analysis was performed through both open coding and selective coding. Constant comparison comprised three different kinds of comparisons including incidents to other incidents (to establish the underlying uniformity, and generating hypotheses), emerging concepts to more incidents, (to find new theoretical specifications of the concepts and further hypotheses, and saturation), and emergent concepts to other emergent concepts (to establish theoretical coding, and theoretical codes into hypotheses to generate a theory) (32). Theoretical coding, which is the highest level of conceptual abstraction was performed until data was theoretically integrated into four major categories and theory was generated (Figure 1).

#### Rigor

Glaserian grounded theory emphasizes an internal, process-based approach, applying the four criteria of fit, work, relevance, and modifiability to evaluate the quality



**Figure 1.** Transformation of a Holistic Being Through the Gestalt of Menopause. Note: Experience, Perception, and Meaning, located in the center of the gestalt of menopause represent Ex-Prec-Me processes.

of the emerging theory. This study ensured these criteria were met. Rigor was achieved through fit when categories accurately represented the data; work when the theory explained observed patterns and processes; relevance when the theory addressed meaningful problems in the context; and modifiability, as the theory remains open to adaptation and refinement as new data emerge (33). Thus, rigor was embedded in the research process and ensured through constant comparative analysis, theoretical sampling, saturation, memoing, and integration around a core variable. This approach ensures that the resulting theory is conceptually grounded in the data without requiring participant validation or external checks (33). The theory's strength comes from its systematic generation from the data rather than external validation.

### Results

Data analysis generated a theory of Transformation of a Holistic Being through the Gestalt of Menopause. The model comprises one overall category of Gestalt of Menopause integrating three other categories: State of Holistic Being, Copying Strategies, and Ex-Perc-Me processes (a concept that was developed to explain that experience, perception, and meaning-making processes happen concurrently, and are integrated) (Table 1).

#### Category One: State of Holistic Being

Participants believed that women's different living conditions when entering the menopause transition affect both their menopause experiences and the meanings they assigned to it. They emphasized that an individual's life course experiences affected the way she perceives and

**Table 1.** Categories, and Applied Definitions

Categories	Definitions
Gestalt of Menopause	Challenging and dynamic perceptual process of the bio-physiological, sexual, psychological, sociocultural, and spiritual experiences of a person that leads to meaning-making.
State of Holistic Being	A person's existence as a holistic being in a dynamic and conditional continuum of time, which leads to continual transformation from one state to another.
Time	A dynamic, continued existence that encompasses past, present, and future concurrently.
Ex-Perc-Me	Inseparable and concurrent processes of experiencing, perceiving, and meaning-making.
Copying Strategies	The way a person deals with menopause (a phenomenon) involving strategies that help with experiencing a better quality of being.

experiences menopause. Therefore, a variety of meanings for menopause exist due to the diverse pathways of women's lives. In addition, participants explained their existence as being holistic rather than focusing on their physical being. The term holistic was used because it shows a person's totality of mind (conscious and unconscious), body, and spirit. Thus, a person exists as a holistic being in a dynamic and conditional continuum of time, which leads to her continual transformation from one state to another. In other words, a person exists in a State of Holistic Being. In this regard, time was a related concept and encompassed past, present, and future at the same time. Menopause meanings and definitions were influenced by women's State of Holistic Being. This state of holistic being was dynamic and unique to each individual, earned by passing through their unique life pathways. In other words, one person's State of Holistic Being was different from another person's State of Holistic Being because of their different previous and current living conditions. These living conditions included, but were not limited to, hormonal, psychological, spiritual, social (such as working conditions), familial, energy, and resting time levels. Moving from one State of Holistic Being to another was on the continuum of time and along with the life line, and therefore an inevitable process of aging in women. Menopause was putting women in the new Transformative State of Holistic Being and was a marker of aging and an initiation of the aging state among some women. The duration of this transformative state was different among women. Comparison of the current transformative state to previous states was performed by comparing different experiences via perceptual processes, resulting in their own meanings for menopause. These comparisons resulted in identifying losses and gains, which spanned a range of positivity to negativity to menopause meanings. The current transformative state of holistic being was not only compared to previous states but also to future states. In this sense, the menopausal meanings were earned from future states of holistic being as well as previous ones. For example, while menopause was a relief from previous life issues, it was a marker of moving toward a future aging state, with the meaning of deterioration. Consideration of moving toward a deteriorating state in future made women understand the value of their current transformative

state. Therefore, while menopause was a marker of future deteriorative state, it was a state for enjoying available body capabilities.

#### Category Two: Ex-Perc-Me Processes

Meanings of menopause originated from women's unique personal experiences gained through perceptual processes. Among these women, processes of experiencing, perceiving, and meaning-making were happening concurrently. While these processes were intertwined and inseparable, they could affect each other in a positive or negative way. These processes were occurring within the context of already existing menopausal meanings. These existing meanings were gained through perceiving other people's experiences and were related to their unique states of holistic beings. In other words, their menopause experience could have direct and indirect meanings (through perceptual processes). The personal experience of menopause placed a menopausal woman in a new, transformative state of holistic being, which was unique to her. Reviewing the literature on menopause as part of theory development revealed that separating experience, perception, and meaning was challenging, as these concepts were interwoven. The concept Ex-Perc-Me was developed by the author to define the inseparable and concurrent processes of experiencing, perceiving, and meaning-making. Among people who do not experience menopause, such as men or women at younger ages, menopause still has a meaning. However, these meanings are conveyed through the experiences of others, either through direct observation or through common knowledge within society. Menopause places women in a transformative state of unique experience, marked by perceived personal changes and their associated meanings. Hence, menopause places women in a transformative state, wherein unique experiences, perceptions, and meanings emerge concurrently.

#### Category Three: Coping Strategies

Coping refers to the way a person deals with menopause. It involves strategies that help the person experience a better quality of being. Menopause was a source of fear for some women because it was a new, transformative experience. Women compared menopause to the time

of their first period, as both events made the person experience fear due to facing a new condition. This fear was a source of losing self-control among some women who were concerned about pathological abnormalities or deficiencies. Hence, gaining knowledge about their body systems helped them understand normal expectations of their transformative state and decreased their fear. Some women had the fear of divorce or losing their partners due to loss of femininity capabilities. Concealment of menopause as a strategy was used among some women who were concerned that their sexual partner might leave them for younger women. Among these women, their partners played a significant role in supporting them by providing care and emphasizing their wives' competencies. Such spousal support bolstered women's self-confidence.

The application of HRT and its acceptability were debatable among women. Some women applied HRT as a coping strategy for symptom management related to hot flashes, vaginal dryness, and heavy bleeding. The side effects of HRT and its contraindications for some concurrent diseases lead to discontinuation of HRT. Considering losses and gains, some women preferred to tolerate the symptoms as a coping strategy. However, HRT and application of vaginal lubricants were beneficial among some women with abnormal bleeding and vaginal dryness. The severity of symptoms affected the choice of coping strategy in a way that people with uncontrollable symptoms opted more often to take advice from a physician and apply HRT.

Mental and physical involvement with different activities was another type of coping strategy used for menopause symptom management. Engaging mind and body with entertaining activities was a thought-distracting and beneficial strategy for some women who were experiencing depression. For some women, menopause was a state of vulnerability that required support in various ways. In general, gaining knowledge and information, consideration of menopause as a natural and physiologic process rather than a pathologic event or deficiency, having a supportive and caring spouse, being engaged in sport and exercise, having a positive attitude towards menopause (easy going) and accepting menopause, ability to control side effects such as weight gain through preventative strategies including diet and exercise, educating self and others (particularly partner), were some of the suggested and applied coping strategies among menopausal women. These strategies were effective in helping women by increasing their self-efficacy and competency, supporting their self-confidence, empowering their ability to control stress and fear associated with a new condition, distracting their minds and engaging their bodies through physical activities, and shifting their focus to positive rather than negative points.

#### Category Four: Gestalt of Menopause

Participants believed that menopause was an accumulative condition (Table 2). The gestalt of menopause was

introduced to integrate the multiple interrelated concepts surrounding menopause.

Gestalt is defined as something that is made of several pieces, and somehow it is more than or different from the sum of its pieces (34). Pieces of the gestalt of menopause encompassed bio-physiological, psychological, sexual, sociocultural, and spiritual concepts (Table 3). These concepts are simultaneously attributes of a holistic being. Gestalt of menopause is defined as a challenging and dynamic perceptual process of the bio-physiological, sexual, psychological, sociocultural, and spiritual experiences of a person that leads to meaning-making. The gestalt of menopause occurs through a person's Ex-Perc-Me processes, which refer to concurrent experiencing, perceiving, and meaning-making processes. In other words, the gestalt of menopause was a dynamic, transformative state of a holistic being's various bio-physiological, sexual, sociocultural, psychological, and spiritual experiences that were concurrently perceived and given meanings. For each given meaning, one, all, or several pieces could be involved (those that were of most concern for the woman). Each piece or contributing concept itself had a meaning as it was a perceived experience. However, these meanings could be a part of a bigger picture of the Gestalt of Menopause. The emerging meanings ranged from negative to positive, represented by a spectrum of blue tones from light to dark for each piece (Figure 1). For example, emptiness was a meaning for the Gestalt of Menopause. This meaning was perceived due to loss of fertility, loss of sexual desire, inability to respond to her spouse's sexual intentions (loss of sexual ability), loss of efficacy as a member of a family, loss or decline of femininity due to the culture which defined women's gender roles expectations as reproduction, sexual activity, and performing housekeeping responsibilities. Therefore, the meaning of emptiness was due to women's perception of various loss experiences. In other words, the meaning of emptiness was women's perception of bio-physiological (loss of fertility), sexual (loss of sexual desire, and sexual dysfunction), sociocultural (woman's role playing as a member in the family), and psychological (loss of self-efficacy) experiences. In this example, each of the related concepts had its own meaning and had another combined meaning of loss or decline in femininity. However, the combined meaning of loss or decline in femininity had another meaning of emptiness (Table 3). This means that, for each bigger and comprehensive meaning, there might be one or several sub-meanings. These sub-meanings could be interrelated. In other words, each sub meaning acts as a piece of a jigsaw puzzle (of a house with a specific feature and meaning) that interconnects on all sizes to make a bigger picture (with a specific meaning, such as door and roof) and a complete picture (of a house). In this regard, coping was a persons' strategy towards each meanings of gestalt of menopause, and thus, affected the process of transformation of a being. These meanings

**Table 2.** Categories and Example of the Related Quotes

Categories	Example of a quote
Gestalt of Menopause	<p>"(menopause) is indeed hormones, plus environmental conditions, plus mental conditions, plus familial conditions, all of these are hand in hand".</p> <p>"A person who is becoming postmenopausal, plus aging, plus decreased physical power, plus low spirit (mood), plus perhaps an empty pocket (financial difficulty), plus perhaps a thoughtless spouse, how much can a woman tolerate with all these pluses? These require public education, which unfortunately does not exist in our country" (55 years old, mother of two children, and married).</p> <p>"Before menopause, there is joy, there is liveliness, there is good sex... umm... I'm giving an example of a person for whom all other things in life have been going well, has had good periods, I don't know, has had a good childbirth, um, did not have a tough childbirth, did not have a tough pregnancy. But when we return to the time of menopause, there is depression, there is decreased sexual activity. Leaving behind those who might be exceptions — some women may say, "No, my sex life just started after menopause," and one of the reasons could be not needing contraception, anyway, we put those exceptions aside (52 years old, mother of two children, and married).</p> <p>At menopause, there is depression, there is decreased sex, there are hot flashes, there is anger. There are special living conditions, either in the workplace or in the family environment, which create a special situation, like the person's spouse or her child says, "Mom, now you're angry — this is because of your menopause, I know," or her spouse says, "After your menopause, your mood changed." You know, there are all of these" (52 years old, mother of two children, and married).</p>
Ex-Perc-Me Processes	<p>"They (men) cannot realize what kind of tension the woman is in, what condition she's going through — these hot flashes, or sometimes crying, sometimes feeling down that she can't even take a shower, her body smells... they (men) do not have any perception of a woman's menopausal condition — that she really feels she cannot have children (give birth) anymore, and that can't be a good feeling for her husband" (52 years, childless, and married) (31, p. 4).</p> <p>"I had heard about it before, and I could either confirm or reject it, but I couldn't give my opinion with 100 percent confidence. But now, because I have experienced it myself, and it has happened to me, I can give my opinion with 100 percent certainty. That it never affects your feelings. How can I say... umm... it doesn't influence, meaning, we can't say that menopause decreases feelings of femininity, and that menopause decreases sexual feelings, I do not confirm that" (Focus group discussion 44 years old mother of two children, married).</p>
State of Holistic Being	<p>"People's living conditions are different from one another. For example, suppose someone is an employee with a tough job, and someone else is a housewife who has had a life full of energy; maybe she gets more rest than the employee. Symptoms can vary even within a single family, and society... and society... and society; meaning that it involves you more with the outside world, and you do more during your youth years, so you use more energy, and maybe you reach menopause earlier. For example, perhaps because of heavier workloads, heavy tasks, particularly mental, psychological, or spiritual problems someone has had, like someone who has had family issues, this person, for example, reaches menopause earlier. Meaning, several factors can be involved in this matter. But to say which one, and which one is more effective, I don't know. But it can be a set of factors that affect the time when menopause happens, whether it's sooner or later, better or worse. We can't just say it's hormones" (52 years old, mother of two children, and married).</p> <p>"Because I do not feel any difference, only during my monthly periods, because of the anemia that I had, maybe now that my monthly periods have stopped, maybe it is even better, because I do not lose that blood anymore. The difference, meaning, I have hot flashes, (that is) the difference between this time (now) and my previous time (before), I do not see any other difference" (31, p. 7) (52 years, childless, and married)</p> <p>"A person at menopausal age thinks that it is the season when she is relieved from many issues. She likes to go out and have more fun. Because from now on, she is facing an ongoing deterioration, as long as this foot exists, till this body exists, which is capable of frequent traveling, let's endure the trip to have fun (31, p. 5)" (52 years old, mother of two children, and married)</p>
Coping strategies	<p>"I was depressed. Indeed, I exercised according to the physician's advice. Somehow, eventually, I was advised not to watch things like TV shows or movies that are oppressive, and not to listen to sad music; instead, I was told to listen to cheerful music or, for example, to watch funny comedy movies. That was indeed effective, and my depression gradually decreased, and now I am back to normal. Sport, especially exercising, was very effective for me. I had an hour-long daily walk. I spent an hour doing exercise at home; I did not go out for it, and doing it with music was very effective — it had a very positive effect. But later I returned to normal life gradually — meaning, like, there are times when I have no problems anymore. However, I sweat, but only have a few hot flashes. During the day, if the weather is too cold, you know, I do not have them at all, but when it gets warm, I have a little bit of them.</p> <p>Now that I'm used to it — maybe it was a bit difficult for me at the beginning to cope with this issue — but gradually I got used to it. I studied a little bit about it. I saw these books when I was at the pharmacy — for example, about menopause — I bought a few and read them. And anyways, this is something that one has to accept. So, I gradually accepted it, and to some extent, the complications have become less" (45 years, mother of two children, and married).</p>

were also informed by person's awareness about dynamic nature of time and conscious or unconscious constant comparisons of comparing past present future.

## Discussion

The Grounded theory of the Transformation of a Holistic Being through the Gestalt of Menopause offers a new comprehensive model for caring for menopausal women. This theory has an overall category of Gestalt of Menopause that integrates three other categories encompassing State

of Holistic Being, Ex-Perc-Me processes, and Copying Strategies (Figure 1). While the current physiologic definition of menopause is oversimplified as it lacks many concepts within women's menopausal experiences, the concept of gestalt of menopause was developed to offer a broader picture for women's transformation during menopause. Given that in CGT, any textual data can be used as a source for data analysis, this theory is synthesizes the information gained from women's lived experience of menopause, existing meanings of menopause in the

**Table 3.** The Gestalt of Menopause and Definitions of Related Concepts

Category	Concepts	Definitions
Gestalt of Menopause	Bio-physiological	The term 'biological' is used to explain natural processes and states that happen in the bodies and cells of things that are alive (40). Physiological refers to the way bodily parts function (40). The concept of bio-physiological was applied to stress on both cellular and functional changes in the body. The term biophysiological covered all menopausal experiences related to women's genetic, hormonal changes, symptom productions, and physical body changes.
	Psychological	Psychological refers to the mental and emotional state of a person (41). The concept of psychological covered all menopausal experiences related to women's emotional such as fear, crying, happiness, sadness, etc as well as all psychological experiences including depression, mood swings, irritability, emptiness, etc.
	Sexual	Sexual is a concept used to show the relation to sex and having or involving sex (34). It covers all the person's experiences related to sexual functionality such as decreased sexual function, decreased sex, dyspareunia, vaginal dryness, etc.
	Sociocultural	The concept sociocultural is related to both social and cultural factors (41), which includes shared traditions, habits, patterns and beliefs existing among a group or population. It is also related the way a society is organized, interaction of the individual and the group, the welfare and rank status of members of the society.
	Spiritual	Spiritual concept used to show all of the experiences encompass relating to human spirit or souls, religion, and religious beliefs (41).

literature, and women's perceptions of menopause (5,6,31). In other words, as a theoretical concept, the Gestalt of Menopause was infused from earlier work found in the literature (5,6,31). Acknowledging the significance of time and women's state of holistic being, the present theory opens the opportunity to compare a person's previous state to her current state while considering that person's future potentialities. In the proposed theory of Transformation of a Holistic Being through the Gestalt of Menopause, the shift from one State of Holistic Being to another occurs on the continuum of time, thus, an inevitable process of aging in women. Similar to this study, in the grounded theory of "*Weaving a Cocoon on the Way to Aging Transcendence*", menopause played a significant role in Baluch women's view of aging. The study illustrated a new evolutionary and situational perspective on the lives of menopausal Baluch women. Baluch women in menopause accepted the sunset of youth and looked forward to experiencing the feeling of transcendence (35). A grounded theory study on women's identity during the menopause transition identified the main category as "continuing women's stories" as they experienced changes in everything (1). The theory showed women experienced uncertainty caused by their changing bodies (1). However, the changes were only related to bodily and physical changes with little attention to psychological experiences (1). In contrast to that study, transformation through gestalt of menopause reveals various types of experiences and changes in a menopausal woman (as a holistic being) during a time continuum. However, the mentioned theory highlighted that menopause was a transitional phase leading to a review back over life and forward with plans, fears, and awareness that the story would end. Similarly, the theory of Transformation of a Holistic Being through the Gestalt of Menopause addresses the comparative nature of menopause, highlighting a person's previous state to her current state while considering that person's future potentialities.

A situation-specific theory of Asian Immigrant Menopausal Symptom experiences (AIMS) documented three major categories: transition conditions, patterns of response, and nursing therapeutics (36). In AIMS theory, transition conditions were factors that could impact the menopausal symptoms, which were demographic, genetic, ethnicity, health, and menopausal status, as well as lifestyle factors (36). Similarly, the transformation of a holistic being through the gestalt of menopause reflects various interactions of several concepts that affect menopausal symptoms. However, the gestalt of menopause integrates the different pieces rather than seeing them as more or less independent contributors to the experience of symptoms. Similar to the present study, AIMS theory suggested coping strategies for symptom management (36). These strategies included preferring no management, HRT, complementary and alternative medicine, counseling services, and self-assistance groups (36). These strategies do not necessarily consider that a person is in a state of holistic being, which is central to the gestalt of menopause.

In addition, identity is referred to the fact of being who. Transformation through gestalt of menopause involved various degrees of concurrent sexual, biophysiological, sociocultural, psychological, and spiritual transformations with various degrees of consequences (at a new state). For example, transformation of biophysiological (hormone depletion, and loss of fertility) piece of gestalt of menopause was not separate from sexual (various degrees of sexual dysfunction or increased sexual activity), psychological (fear of a new condition, or emptiness resulting from loss), sociocultural (aging, deficiency), and spiritual (participating in religious rituals). Therefore, a person's identity or who the person was as a holistic being transformed to who the person (or a holistic being) is and who she will become. In this regard, a woman gains a new title of a postmenopausal woman. Some of the aspects of identity transformations encompassed transformation from youth to either aging or wisdom, from being healthy

to unhealthiness, and from previous womanhood stage to a new stage (5,31,37,38). One study showed that during menopause, women construct different identities and identified four identity types as emancipated, overlooked, renewed, and invisible, reflecting the complex nature of women's menopause experiences (39). Further studies are suggested to explore the ways women's identity would be affected passing through the gestalt of menopause.

None of the previous biological, psychological, holistic, or empowerment models of care, could fully capture the gestalt of menopause, as each neglects one or more of biophysiological, psychological, social, sexual, or spiritual pieces, highlighting the need for a more comprehensive approach. This theory suggests targeting various pieces of the gestalt of menopause to explore and assess a woman's health concerns, evaluate her cultural sensitivities, and offer interventions according to her health needs (considering her state of transformation). Therefore, following questions can be used as a tool while providing care for menopausal woman; Passing through menopause (the gestalt of menopause), 1) How has your sexual life been affected? Or what are your sexual life concerns? 2) How is your social life being affected? Or what are your family and social concerns? 3) How has your physical health been affected? What are your physical health concerns? 4) How has your psychological health been affected? Or What are your psychological concerns? 5) How has your spiritual life been affected? Or what are your spiritual concerns? 6) Considering your culture, what type of care would you prefer? For example, This study supports a multidisciplinary approach to provide holistic care, suggesting that continuous teamwork for caring menopausal women is needed (10). In addition, future studies on the application of this theory for clinical practice are suggested.

## Conclusions

The theory of Transformation of a Holistic Being through the Gestalt of Menopause provides a comprehensive model with the following characteristics a) acknowledges biophysiological, sexual, sociocultural, psychological, and spiritual health and identity aspects for clinical practice, b) emphasizes a personalized approach for caring menopausal women, c) supports a team-based approach while providing a more comprehensive model for caring for menopausal women, d) enables the application of various coping strategies considering menopausal women's culture and their preferences, e) addresses the complexity of menopause experiences, perceptions, and meanings through Ex-Perc-Me process, f) considers ageing process, and endorses the effect of time as a continuum that attaches women to their previous and future states, f) emphasizes that the gestalt of menopause can be bigger than the sum of its parts, and g) offers a tool for clinical practice.

## Authors' Contribution

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## Conflict of Interests

Authors declare that they have no conflict of interests.

## Ethical Issues

This study is a reanalysis of a previously published article that obtained IRB approval from the Iran University of Medical Sciences ethics committee. Menopausal women were given extensive information about the goals and methods of the study, and informed consent was obtained from each participant prior to the focus group discussion and each interview. Participants were informed that they could withdraw at any time during the study. The reanalysis was automatically prompted after the first author reviewed the literature, leading to the emergence of theoretical concepts. Thus, the process was not separate from the initial study but rather a continuous effort by the researchers to explore what was actually happening in the data, which aligns with the Glaserian Grounded Theory approach.

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