

RESEARCH REPORT

“For Me, It Meant Changing My Skin”: A Photo-Elicitation Study on the Emotional and Social Well-Being of Women During Perimenopause in Barcelona

Introduction

This report presents the main findings of a study on the experience of perimenopause among women living in the metropolitan area of Barcelona. The project was carried out at the Jordi Gol i Gurina Primary Care Research Institute (IDIAPJGol), in collaboration with the Barcelona Public Health Agency (ASPB).

Perimenopause is a stage during which women and people who menstruate experience physiological changes marking the transition toward menopause, defined as the absence of menstruation for more than 12 months. Perimenopause usually occurs between the ages of 45 and 55 and may last between 2 and 10 years. Physical experiences may vary greatly from person to person, although the most common symptoms include hot flushes, sleep problems, and changes in the duration of the menstrual cycle and menstrual bleeding. In addition, many people also experience emotional changes, such as increased irritability, sadness, or anxiety. Historically, these fluctuations have been associated with hormonal changes, but today we know that social and personal environments also strongly influence emotional experiences. During this stage, many women face caregiving responsibilities (such as caring for children and/or older family members), work-related demands, separation, or the loss of loved ones, all of which may also affect emotional well-being.

Despite being a common experience, perimenopause remains under-researched. In fact, the study of men’s health has generally been prioritised, reflecting how science has not always taken into account the needs and experiences of women and gender-diverse people (such as trans and non-binary people), leaving many realities unexplored.

Research Objective and Process

The aim of the study was to explore the emotional and social well-being of women during perimenopause in the metropolitan area of Barcelona in 2024. The study involved 20 cisgender women aged between 41 and 66 years old, who participated in 3 discussion groups using photo-elicitation techniques. In other words, photographs taken by the women themselves were used to explore and deepen their experiences, as well as to facilitate group discussions. Participants were invited to take a photograph before attending the discussion group. The prompt for the photograph was: “Represent, through a photograph, how you are experiencing/have experienced perimenopause in relation to emotional health.” A total of 21 photographs were produced, and 5 are presented in the results section of this document.

The study was conducted from a feminist perspective, prioritising that participants felt listened to and valued in relation to their everyday experiences. The researchers worked together with the association La Vida en Rojo, Asociación de Cultura Menstrual and other community organisations and key informants in order to contact potential participants.

Results

The findings were grouped into 4 thematic categories and are summarised below.

(1) “I’m No Longer Useful”: Gender Roles and Identity Transitions

The first category highlights how perimenopause can become a moment of personal and identity transformation for many women. The loss of the “reproductive role”, traditionally associated with women, was an important concern, as many participants felt they were losing a significant social value linked to their identity, especially in relation to motherhood and



“Changing the skin, like a snake”

caregiving. Some participants even described feeling that they were “no longer useful” to society. Several women expressed feeling invisible or poorly understood and mentioned the need to reaffirm their presence and voice in public spaces. Participants also associated the arrival of perimenopause with ageing and visible physical changes, which in some cases generated fear or distress regarding the passage of time and the proximity of old age.

However, many women described this process not only as a loss, but also as a stage of growth and empowerment. Over time, they gradually accepted their bodies and their new life stage, gaining emotional stability, self-knowledge, and self-confidence. In this way, perimenopause emerged as an ambivalent process in which feelings of loss coexist with a positive reconstruction of identity, involving increased wisdom and autonomy.

(2) “Stopping Caring for Others in Order to Care for Ourselves”: Self-Care and Socio-Relational Negotiations During Perimenopause

Participants described how perimenopause may involve a range of physical and emotional changes that can affect everyday life. Experiencing these changes led many participants to adopt new lifestyle habits focused on diet, exercise, and self-care. Self-care became a central strategy for coping with discomfort, but also a way of prioritising their own needs and questioning traditional gender roles, which often push women to care more for others than for themselves. However, some women acknowledged having lost interest in taking care of themselves, feeling more demotivated. Although most participants avoided hormonal treatments, some resorted to medication to alleviate symptoms such as insomnia.

Care practices also involved new ways of relating to others, focusing more on their own needs and becoming less tolerant of certain behaviours from others (e.g., discriminatory comments



“Everything is normal.”

about women during perimenopause). Participants perceived this as a form of empowerment, contrasting with negative stereotypes associated with perimenopause. They criticised these prejudices, pointing out that they conceal the real complexity of this life stage.

The workplace emerged as one of the most difficult settings in which to go through perimenopause. For many women, this was especially true when working with some men or younger people, from whom they often perceived greater misunderstanding and stigmatising comments.

Regarding sexuality, many participants mentioned vaginal dryness and decreased sexual desire, leading them to explore changes in sexual practices beyond penetration. While some experienced this with frustration or sadness because of the loss of an important aspect of their sexual lives, others saw it as an opportunity to broaden their sexuality. Although most participants felt supported by their partners, several expressed the need for men to become more involved and to better understand what perimenopause entails.

One participant acknowledged that, even when partners wanted to help, they sometimes did so from a paternalistic attitude.

(3) “Liberation Begins When We Start Talking”: Exploring Knowledge About Perimenopause



“A path (...). And all blue, and it will have everything: there will be waves, there will be storms (...) but it is beautiful to swim through it.”

Participants highlighted the lack of information about perimenopause, obtaining knowledge mainly through self-directed research and conversations with other women. Available information often carried negative connotations, presenting perimenopause either as an illness or as an exclusively negative experience. In this context, talking with other women became a key resource. Sharing experiences allowed many participants to better understand what they were going through and to feel supported. Several mentioned that conversations with mothers, friends, or colleagues helped strengthen relationships and break the silence that has historically surrounded menstrual experiences. However, not all participants had this support. Some pointed out that their mothers had never spoken about the subject, reflecting the taboo that still exists around the menstrual cycle and the climacteric.

Participants emphasised the importance of having information before experiencing perimenopause in order to adapt better and have a more positive experience. Identifying that they were in perimenopause allowed them to make sense of what they were feeling and distinguish hormonal effects from other life situations, such as work-related stress or family burdens. Some proposed that education about the menstrual cycle and the climacteric should begin at early ages, and that community spaces and support groups should be promoted where women can share experiences and learn from one another. They also highlighted the importance of increasing the visibility of perimenopause in the media and public spaces so that it ceases to be an invisible or highly stigmatised topic.

(4) “Feeling Unwell Is Normalised”: Systemic Neglect by Health Institutions

Participants expressed discomfort and dissatisfaction with the healthcare system. They described a lack of information, low levels of empathy, and excessive medicalisation that reduced this life stage to a purely hormonal issue. Particularly negative experiences with gynaecology professionals were reported, although some positive experiences with midwives and gynaecologists were also mentioned.



“Being a woman”

Some women explained that they experienced depression in silence, without telling family members or others because of a lack of understanding. Many felt that their distress was normalised and not considered legitimate. In this regard, participants highlighted difficulties accessing specialised care in the public healthcare system due to the minimisation of their symptoms and the long waiting lists. This generated mistrust toward the healthcare system and led them to seek private alternatives or, in some cases, care outside the biomedical model.

These alternatives included psychology services, physiotherapy, holistic therapies, or self-management of health. However, the financial cost of these resources made them inaccessible for many people, leading participants to criticise how socioeconomic inequalities shape the type of care that people can afford. They suggested proposals for change, such as creating comprehensive care models that combine medicine, psychology, and nutrition, among other specialties, as well as including women’s health on the political agenda.

Conclusions

The study shows that experiences of perimenopause are diverse. Each experience is different and influenced by social and economic factors, as well as individual characteristics and contexts. This challenges a more traditional perspective that tends to understand perimenopause only from a biological and medical point of view.

For many women, perimenopause can be a period of physical and emotional changes, sometimes difficult, but also an opportunity to reflect on and transform their identity, prioritise their health, and detach themselves from limiting social roles. Although it is often associated with ageing and the loss of the reproductive role, many women also experience it as a stage of expansion, greater freedom, and self-knowledge.

Participants agreed that there is very little information about perimenopause, and that the information that does exist is usually based on a medicalised perspective. This means that many women do not recognise perimenopause in their bodies or do not know how to take care of themselves during this stage. They also pointed out that, both within the healthcare system and in the broader social environment, there is a tendency to minimise the discomforts associated with perimenopause or to treat them as an illness. This often leads to misunderstanding and frustration.

For this reason, women highlighted the importance of talking about perimenopause and sharing experiences with one another, creating spaces for mutual support and collective learning. In addition, they called for public policies that recognise their needs and promote more informed, respectful, and comprehensive care during perimenopause.

Recommendations

Based on the findings of this study, we propose the following recommendations:

1. Promote community spaces for women to meet and support one another. These spaces may help reduce isolation, foster mutual support, and facilitate the exchange of knowledge and experiences.
2. Improve access to clear, diverse, and non-stigmatising information. It would be advisable to develop informational materials on perimenopause that go beyond an exclusively medical perspective and also incorporate emotional and social dimensions. This information should be available in different community settings (e.g., health centres or community centres).
3. Incorporate education on the menstrual cycle and the climacteric from an early age.
4. Promote comprehensive and equitable healthcare, recognising and legitimising the discomforts associated with perimenopause within the healthcare system.
5. Increase the visibility of perimenopause in the public sphere through talks and public campaigns, in order to promote a more diverse and realistic representation of this stage and contribute to reducing stigma and prejudice.
6. Encourage awareness and flexibility in workplace settings in order to reduce stigma and promote appropriate working conditions during perimenopause.

Further Information

For further information, readers may consult the scientific publication associated with this study: ["It Meant Changing My Skin": A Photo-Elicitation Study on the Emotional and Social Well-Being of Women During Perimenopause in Barcelona, Spain](#). The full text can be requested by contacting the principal investigator, Laura Medina Perucha, at lmedina@idiapjgol.org.

When citing this study, please use the following reference:

Baena Mateo, M. I., García-Egea, A., Jacques-Aviñó, C., Puig-Barrachina, V., & Medina-Perucha, L. (2025). *“It Meant Changing My Skin”: A Photo-Elicitation Study on the Emotional and Social Well-Being of Women During Perimenopause in Barcelona, Spain*. *Women’s Reproductive Health*, 1–21. <https://doi.org/10.1080/23293691.2025.2567387>

Acknowledgements

We would like to thank all the participants and everyone involved in the conceptualisation of the study and participant recruitment for their collaboration, including the association La Vida en Rojo, Asociación de Cultura Menstrual.

Research Team

- María Isabel Baena Mateo – Jordi Gol i Gurina University Institute Foundation for Primary Health Care Research (IDIAPJGol)
- Andrea García Egea – Jordi Gol i Gurina University Institute Foundation for Primary Health Care Research (IDIAPJGol)
- Constanza Jacques Aviñó – Jordi Gol i Gurina University Institute Foundation for Primary Health Care Research (IDIAPJGol)
- Vanessa Puig Barrachina – Barcelona Public Health Agency (ASPB)
- Laura Medina Perucha (Principal Investigator) – Jordi Gol i Gurina University Institute Foundation for Primary Health Care Research (IDIAPJGol)

Contact

For further information, please contact the principal investigator, Laura Medina Perucha, at lmedina@idiapjgol.org.