



DProf thesis

Grounding in groundlessness, being the change: an existential phenomenological exploration into the embodied experience of postmenopause

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Grounding in Groundlessness

Being the Change

**An existential phenomenological exploration into
the embodied experience of postmenopause.**

Stella Duffy

London, March 2024

Primary Supervisor: Dr Claire Arnold-Baker

Secondary Supervisor: Dr Patricia Bonnici

Submitted to the New School of Psychotherapy and Counselling and Middlesex University
Psychology Department in partial fulfilment of the requirements for the Degree of Doctorate
in Existential Psychotherapy and Counselling.

But doth suffer a sea-change,
Into something rich and strange.
(Shakespeare, 1623/1982, *The Tempest*)

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Nic, from a platform leading off a scribbled cliff, dreaming, leaping, stumbling, I got here!
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Abstract

What is it like to be *being postmenopausal*? Menopause is a signifier of ageing, a wake-up call to mortality. Given the physical elements of the transition, including the reversion to infertility, postmenopause is a dynamic, embodied experience that is harder to ignore than many signs of ageing.

While contemporary research largely focuses on perimenopausal and menopausal symptomology, postmenopause receives less attention, despite lasting around a third of our lives for most women and some gender-expansive people. The menopause transition is a bio-psycho-socio-cultural phenomenon, yet the prevailing narrative follows a biomedical model which understands the ageing body as a failing organism.

Using the definition of standard menopause as a common ground, this qualitative study explores the embodied experience of postmenopause among diverse UK-based participants aged 55-69. Unstructured interviews allowed the participants to lead the conversation, revealing what mattered to them in postmenopause. The findings report personal and social difficulties, problematic symptomology, external and internalized ageism and misogyny. Simultaneously, they also experienced postmenopause as the beginning of a release from socio-cultural strictures, a clearing space from which to move forward on their own terms. This thesis shares their postmenopausal experience in both formal analysis and found poetry, consistent with hermeneutic phenomenological methodology. Three overall themes are explored: the shock of change, living with change, making meaning in ongoing change. These themes highlight the existential elements of involuntary transition, embodied

experience, loss of control, groundlessness – and the possibility of making meaning within what is.

This study confirms our embodiment as the site where experience and understanding connect. It delves into postmenopause as emergence – a physically and emotionally experienced dynamic transition in which living-towards-death is highlighted in embodied experience. Whatever our gender or age, there is existential awareness, untapped knowledge, and possibility in exploring the holistic experience of postmenopause as it is lived.

Key terms

Postmenopause, menopause, transition, embodiment, existential, temporality, ageing, mortality.

Statement of Authorship

This dissertation is written by Stella Duffy and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Psychotherapy. The author has no conflicts of interest to report and is solely responsible for the content and writing of the dissertation.

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1. INTRODUCTION

The body plays a part in all apprenticeships. (Weil, 1950/2021, p. 84)

This research asks what is it like to be *being postmenopausal*, exploring how we live our embodied experience of postmenopause; how does this experience show up in our everyday lives, how is it connected to past and future through our embodiment, how are we in postmenopause, and what might we gain from considering the experiences of those in postmenopause? These questions have relevance for existential psychotherapy in terms of our embodied experience, for psychotherapy more broadly with the acknowledgement of emotional and psychological difficulties emerging in menopause (Bryant et al., 2012; Vesco et al., 2007), and for our society, as more of us live a longer period of our lives in postmenopause than ever before – in 2007 the World Health Organisation estimated that there will be 1 billion women aged over sixty by 2050 (Hoga et al., 2015). While acknowledging that defining individuals by a biologically-generated section of our life-span is limiting, the contemporary discourse around menopause suggests a real interest in this phase of life, it also feels important to assert that in common with other major life transitions such as puberty, pregnancy, motherhood, it is a part of life, rather than the whole.

Menopause – the umbrella term commonly used to designate perimenopause, menopause, and postmenopause – is a physically and emotionally experienced dynamic transition. Given the physical elements of the transition, including the reversion from fertility to infertility and the cessation of menstruation, it is a being-towards-death that is harder to ignore or hide than many signs of ageing. Further, the conflation of ageing and menopausal experience is noted by many researchers (Hickey et al., 2022; Hvas, 2006; Lock, 1998), suggesting that our attitude to ageing is embedded within our attitude towards menopause. Foucault affirms that death begins at the

moment of birth (Foucault, 1963/2003) and postmenopause is experienced across all four existential dimensions; physical, social, personal, spiritual (van Deurzen, 2010), offering learning from the holistic, dynamic experience of postmenopause, whatever our gender or age.

I became medically menopausal in my mid-thirties with treatment for my first cancer. This menopause was medically hormone-induced before I embarked on a six-month course of chemotherapy, the chemotherapy further contributing to my menopausal state. My menopause arrived immediately, complete with over forty hot flushes an hour at first. Even now, twenty-three years later, I have a visceral memory of my first hot flush, its rawness and speed. It stopped me in my tracks in the street, I know where I was standing, where I had been, where I was going. It was a physical and emotional shock, embodied, lived in time and in space. Eventually the extremity of the physical experience lessened and while I experienced symptomological difficulties, and the emotional turmoil of chemotherapy-induced infertility, postmenopause itself became just another element of staying alive after cancer. In my early fifties, after my second cancer, I experienced a resurgence of vasomotor menopausal signs, including night sweats and hot flushes, some of which are ongoing even now at sixty. I find them easily manageable compared to my first experience. I have also been partner to a menopausal woman; my wife experienced difficult symptoms and has taken Menopausal Hormone Therapy (MHT) for several years.

I therefore approach this research as an insider/outsider. I have experienced medical, not standard menopause. I have had symptoms that were deeply distressing at one stage and relatively minor at another. I have been the only postmenopausal woman among my peers. I have lived alongside my wife struggling with her experience and benefitting from medication, while the same medication is inappropriate for me. This ambivalent place offers me both a useful perspective on the multiple experiences of menopause and a genuine curiosity as to how it is for others. Further, I was raised

working class and am the first in my family to finish secondary education, let alone to attend university. I have been out for over forty years and part of a mixed-ethnicities marriage for thirty-three years. I am not a mother and have lived with a health condition and chronic pain for decades. This means that I am all too aware that the experiences most explored in the UK are those of a narrow demographic of white, heterosexual, middle-class mothers – in menopause as in much else. I have worked in this study to offer a wider view of the postmenopausal experience.

I found it intriguing throughout the process of creating this study, when talking about researching *postmenopause*, people have largely assumed I was researching the symptomology of perimenopause and menopause. I suspect this is partly because, beginning this work in 2021, the “menopause revolution” (Ducourtieux, 2022; Llumina, 2021; Topping, 2021) was just showing up in the UK, with its focus on the problems of menopause, the physical difficulties, menopause as a biomedical condition. My interest then and now is on what comes next. What happens after the initial physiological transition – the one year without periods according to the biomedical definition of menopause – everything else afterwards being postmenopause? Who and how are we once the menopause transition has occurred? The brightest lights currently shine on perimenopause and menopause, postmenopause is either assumed to be an extension of menopause itself or more routinely ignored, in society and in research. Yet as will become clear in the following work, however much we might live in a culture that chooses to fearfully ignore our ageing and mortality, the dynamic life phase that is postmenopause is anything but an end.

From an existential psychotherapeutic and phenomenological perspective, the biomedical tendency to pathologize menopausal experience is problematic. Reducing any life experience to its symptomology fails to attend both to our presence in the world, always already connected with others, and to the individual embodied experience. This makes the postmenopausal experience

ripe for an existential and phenomenological exploration. As such, a phenomenological research methodology was particularly useful for this work, acknowledging my connection to the subject-matter as one who lives it, the centrality of embodied experience, and the possibility of finding a clarity in our research conversations that might be of value to others.

Van Manen's hermeneutic phenomenology (2016b) proved apt for this work. As this research attempts to share embodied experience through text, I required a methodology that accorded primacy to text. This methodology also notes the importance of reflexivity in acknowledging the complexity of connection between researcher and participant (L. Finlay, 2011), between researcher as writer and text (van Manen, 2002), and between text and reader (van Manen, 2016a). I have chosen to attend to reflexivity throughout this thesis, sharing my experience as researcher and interpreter, while also allowing that, you, the reader, will inevitably bring your own interpretation to this work.

Having been postmenopausal for over twenty years, I have seen my friends catch up with me, experiencing their versions of the ongoing transition that is postmenopause, each of us physically different, all affected to varying degrees by sociocultural attitudes around ageing and gender, fertility, our bodies. We live our postmenopause for a quarter to a third of our lives, living it in and of our postmenopausal bodies which are our vehicle for being in the world. I have lived my own menopausal difficulties and learning; I continue to live them in the dynamic experience of postmenopause. In this research I explore how others live theirs in the hope that we might better support each other in our living-(postmenopausally)-towards-death.

It is important at this point to acknowledge the difficulty of an existential phenomenological study that aims towards inclusion and expansiveness, yet cites several European philosophers whose

work, however significant, might now feel tainted by what we know of their political and personal choices. Heidegger, in particular, is problematic in this regard. I have therefore worked to include the value of the twentieth century thinkers, from a twenty-first century expansive perspective. In this endeavour I am indebted to Ortega's *In-Between* (2016), a work which recontextualises twentieth century *Dasein* (Heidegger, 1927/1962) – being as existence – within twenty-first century Latina feminism and intersectionality, proving to me not only that it is possible, but the effort is deeply worthwhile, making existential phenomenology still more valuable in our current context.

The Literature Review below considers postmenopause and embodiment in this context. It is followed by a section exploring the Methodology and Method used to create and work through the research interviews. The Findings explore the participants' experience with regard to their own lives and each other, while the Discussion considers their sharing in light of our wider sociocultural experience, previous research on postmenopause, and existential theory. The study concludes with a look forward to what else might be useful work in this field and its relevance in existential phenomenological psychotherapy, alongside a look back over the limitations of this study and a personal reflexive consideration of how it has been to create this work. Throughout, the reader is included. This text is intended as a two-way connection. I very much hope you experience it as such.

2. LITERATURE REVIEW

2.1 BACKGROUND

2.1.1 Definitions

‘Menopause’ is used both commonly and throughout the literature as an umbrella term for perimenopause, menopause, and postmenopause. Premenopause is the reproductive period between menarche and before menopause. Perimenopause is when the endocrinological, biological, and clinical elements associated with menopause begin, continuing until twelve months after the final menstrual period (Pearce et al., 2014). Menopause is, biologically, when periods stop and ovaries lose reproductive function, usually between the ages of forty-five and fifty-five (Currie et al., 2021), often termed ‘natural menopause’. Postmenopause occurs when periods have ceased for a year (Pearce et al., 2014), only observable retrospectively. Women may experience no menopausal symptoms or a range, some physiological, others sociocultural (Driel et al., 2019). Where symptoms are experienced, they usually last for some time before and after the biomedical definition of menopause as the twelve-month period following final menstruation.

Although biomedical definitions are widely used to define the stages of the menopause transition, numerous studies refute the possibility of a universal menopause, citing biological, psychological, socio-cultural factors as relevant to each individual’s experience of the transition (Astbury-Ward, 2003; Azizi et al., 2018; Balabanovic et al., 2013; Beyene & Martin, 2001). This study acknowledges the menopause transition as a bio-psycho-socio-cultural phenomenon, experienced in and of the body, focusing on postmenopause as a lengthy period in life that is both undervalued and under-researched.

Despite Hormone Replacement Therapy (HRT) being the term commonly in use in the UK, I use

the more appropriate clinical term Menopausal Hormone Therapy (MHT) throughout this study (Faubion et al., 2022; Gunter, 2021) other than when citing participants directly.

Standard menopause, rather than ‘natural’ menopause, is used to indicate menopause that is neither medical, surgical, or brought on by any other means.

2.1.2 History

The term *ménopause* was coined in 1821 by French physician Charles-Pierre-Louis de Gardanne, literally meaning menses cessation. Previously, *climacteric* had applied to both women and men, signifying the transition of midlife experienced regardless of gender. In coining the term and connecting it to the cessation of menstruation, Gardanne,

Singled out female ageing as something that should be managed by medicine just at a time when the professions of obstetrics and gynaecology were being consolidated. (Lock and Kaufert, 2001, p. 495)

Despite this relatively recent biomedical focus on the menopausal transition, evolutionary and anthropological studies show that postmenopause has long been part of human experience and “human females live roughly one-third of their lives following menopause” (Sorenson Jamison et al., 2014, p. 99). While longevity has increased in many privileged cultures in the past century, *Homo sapiens*’ maximum life span has remained the same for around 100,000 years (Cutler, 1975). Similar studies also note that life expectancy rates were assumed to be lower in the past due to a failure to account for the effect of including infant mortality rates, “Shorter expectations of life in the past are misread to imply that few adults survived to old age” (Hawkes & Blurton Jones, 2014, p. 135). Postmenopause has always been part of our human experience.

2.1.3 The “Menopause Revolution”

In 2021 the UK government created an All Party Parliamentary Group “to tackle the lack of understanding around Menopause amongst policymakers, the public and employers” (GOV.UK, 2021). With television documentaries by prominent presenters Mariella Frostrup (BBC, 2018) and Davina McCall (Channel Four Television, 2021), dozens of books published annually on menopause (Witmer, 2022; Woodhall, 2021), and news stories detailing MHT shortages and stock delivery failures (Devlin, 2022), a casual observer might conclude that menopause is both acknowledged and publicly understood. Yet recent studies repeatedly cite silence, stigma and shame (Aljumah et al., 2023; Salis et al., 2018) and failure to appreciate the transition as encompassing more than the purely physiological and symptomological (Hoga et al., 2015), particularly with regard to cultural (Palacios et al., 2010) and socioeconomic difference (Schoenaker et al., 2014). Further, despite the growing interest in menopausal experience, there is a clear lack of attention to *postmenopause* – the thirty or more years that most of us live after the menopause transition. If life begins at 40, it would be unfortunate to consider it ends at 48.8, the age of natural menopause as identified by Schoenaker et al. from forty-six studies across twenty-four countries over six continents (Schoenaker et al., 2014, p. 1542).

2.1.4 Current Thinking

The prominent biomedical model is a deficit model focusing on the fall in oestrogen levels and other endocrinal changes (Melby and Lampl, 2011) during and after menopause which may lead to a risk of heart disease and osteoporosis (Currie et al., 2021), although this is not the case in all cultures (Melby and Lampl, 2011), and health professionals vary on their acceptance of a deficit model as appropriate for what can also be considered a natural process in ageing (Hickey et al., 2022).

The biomedical model risks reducing lives to a biological essentialism in which women both are

our biology and are determined by our biology (Zita, 1997), it also ignores medicine as a socially-constructed concept itself (McCrea, 1983). Since the nineteenth century, the trend towards medicalization has positioned the healthy body as normal (Foucault, 1963/2003) and the normal body as not-ageing, thereby siting the menopausal and postmenopausal body as abnormal. The biomedical model was recently criticised in *The British Medical Journal* for dismissing sociocultural considerations and concentrating on negative factors while failing to challenge the “stigma around ageing in women” (Hickey et al., 2022, p. 3).

The sociocultural narrative is also forceful, and many studies (Ballard et al., 2009; Doubova et al., 2012; Im et al., 2010) affirm that the cultures and societies in which we live influence our experience of menopause. The variations across and within cultures suggest that a biocultural and anthropological approach usefully acknowledges the impact of “nutritional, immune, reproductive, social, and cultural history” (Melby and Lampl, 2011, p. 63) experienced in the menopausal body.

There is a need for the biomedical and sociocultural discourses to come together to better understand the transition experience and present a wider range of options in menopause and postmenopause (Ballard et al., 2001; Dillaway, 2005).

In very recent years there has been something of a forward-lash regarding the attention menopause has received in the UK’s mainstream and social media. Rather than a backlash, this forward-lash acknowledges the enormous value of the work bringing menopause and menopausal experience to wider public attention, while also noting that much of the narrative has been negative and there is also value in including the more positive elements of the transition. To date, this has surfaced more in podcasts, social media, and non-fiction writing (Blackie, 2022;

Bohannon, 2023; Codrington, 2022; Harper, 2023; Lankester, 2019), but it is to be hoped the forward-lash might also make its way into academia.

2.2 LITERATURE REGARDING MENOPAUSE

2.2.1 Literature Search

Menopause research primarily focuses on clinical studies of endocrinology, hormone levels, and symptom management. With up to 100 known symptoms (Huffman et al., 2005) this is unsurprising, however, as my research is not biomedical, studies focusing on symptom physiology were excluded. While biomedical research changes rapidly, sociocultural aspects tend to change more slowly, I therefore concentrated on studies published in the past thirty years. I undertook several systematic searches on Google Scholar, refining searches to omit those which were solely symptomological or biomedical, concentrating on work related to the menopausal experience and existential thinking. See detail in Appendix 1.

These searches resulted in an initial 111 papers used in this review, including ten systematic reviews. Particularly useful were Hoga et al's (2015) systematic review of qualitative evidence from Europe, North and South America, the Middle East, south east Asia and Oceania; and Palacios et al's (2010) systematic review regarding the onset of menopause and symptoms in Europe, North America, Latin America and Asia. Further searches continued up to and including December 2023, adding another 150 papers ensuring recent work was included in this study.

2.2.2 Ten Strands, Three Themes

I identified ten strands in the literature: biomedical, embodied, ethnicity/culture-specific, existential, feminist, hero-narrative, psychotherapeutic, sexuality/intimacy, silence, sociocultural.

These strands intrinsically intersect, and within them three themes are apparent: transition, control, ageing and mortality.

1. Biomedical

The vast majority of menopause research focuses on the physiological and psychological implications of menopausal symptoms, MHT, and medical therapies (Parry & Shaw, 1999). The medical model concentrates on symptoms with implications for illnesses and disease cited as co-morbidities, along with less-cited concern for informing patients of the risks and advantages of MHT (Tao et al., 2011). This medical focus is a deficit model (Dillaway, 2005), while a non-deficit model might equally consider menopausal oestrogen drop-off as a protection device against cancer and age-related diseases (Lock, 1998). Over-pathologizing (Brown et al., 2015) occurs widely because reporting in medical studies is largely counted from clinics, but people usually attend clinics only with problematic symptoms, and those who do not attend clinics are not counted; “In nonclinical studies, only 10% of women report significant physical symptoms” (Huffman et al., 2005, p49). Nevertheless, and not least because menopause is experienced as an involuntary transition in and of the body, both vasomotor and psychological/psychosomatic symptoms are commonly noted in the transition. Avis et al’s (2001) analyses of the SWAN (Study of Women’s Health Across the Nation) study, looking at 14,906 women aged 40-55 across five large racial groups in the USA (Caucasian, African American, Chinese, Japanese, and Hispanic), compared racial/ethnic groups, menopausal status, and symptomology. Echoing other systematic studies which also underline the impossibility of defining a universal menopause (Ayers et al., 2010; Hoga et al., 2015; Palacios et al., 2010) they conclude,

The lack of a single set of menopausal symptoms and the findings that the type and number of symptoms vary with race/ethnicity suggest the need to continue to explore the complex relationship between the physiological changes occurring during menopause and

the symptoms experienced by women. (Avis et al., 2001, p. 355)

Recent work attends to neuroendocrinological changes in the menopause transition, with Mosconi et al's (2021) research indicating brain changes occur across pre-, peri-, and post-menopause. These changes were most prominent in brain regions affecting higher-order cognitive processes, regardless of hormone therapy usage, age, hysterectomy, with neurophysiological evidence for post-menopausal brain adaptation. This adaptive process underlines the value of seeing the transition to postmenopause as a dynamic phase, rather than a static experience, even in biomedical terms. Maki & Jaff (2022), researching brain fog in the menopause transition and offering guidelines for health professionals, conclude that for the large majority cognitive performance stays within normal limits and memory problems resolve for many in postmenopause. They go on to state that these problems may continue in women experiencing sociocultural disparity. In contrast to the biomedical deficit model, research into exercise in postmenopause stresses the value of strength training work for maintaining bone health, along with other exercise models for wide health, noting both the efficacy of exercise for body-specific postmenopausal changes, and also for personal and psychological engagement (Brislane et al., 2022; Takahashi et al., 2019; Watson et al., 2018).

2. Embodied

i. Embodiment is situated in time and space.

An embodied approach attempts to understand how experience is lived in and of the body (Ballard et al., 2009). Addressing the existential embodied experience of menopause, medical anthropology affirms biological bodies as “constructed with reference to their location in time and space” (Lock, 1998, p. 37). Considering what it means to live our postmenopausal bodies can help us understand embodiment as part of the world and the world as part of us through the body

(Merleau-Ponty, 1945/2012).

ii. Ageing is embodied and experienced socioculturally.

The embodied experience of ageing comes as a surprise to some menopausal women (Perz and Ussher, 2008), with cultural emphasis on body image worsening ageing concerns (Pearce et al., 2014), and the sexism of “post-ageism” meaning the push to deny ageing can entrench traditional ideas around sex and gender (Marshall & Katz, 2012). There are both public and private aspects to ageing, and many people in the menopause transition feel a need to make sense of visible and invisible changes (Ballard et al., 2009). Hoga et al (2015), in a systematic study of qualitative data worldwide, noted a strong connection with the menopausal transition and unwanted body changes, especially those which affect body image, such as an increase in abdominal fat, and that this perceived damage to appearance could also be experienced as damage to femininity.

Conversely, ageing may offer opportunities for meaning-making (Hvas, 2006; Salis et al., 2018) and many studies found positivity in the end of fertility and freedom from periods (Amini & McCormack, 2021; Hvas, 2001).

iii. Losing control and gaining control in flux.

The inability to control symptoms can challenge ideas of femininity (Marnocha et al., 2011), with the menopausal body often experienced as uncontrollable (Ballard et al., 2009). While self-reporting menopausal status can offer advantages over medical diagnosis by valuing women’s perceptions of their experience (Jacobs et al., 2000), the lack of symptom control and a lack of literature addressing quality of life during menopause (Hoga et al., 2015) means that the uncontrollable nature of symptoms often become the core menopausal conversation. As most societies train women to conceal all aspects of menstruation, the difficulty of hiding symptoms such as hot flushes can exacerbate a lack of control that some feel throughout life (Morris and

Symonds, 2004). The shame imposed on our bodily functions may feel difficult, and involuntary physical signifiers – sweating, dripping, leaking – can seem especially problematic. This shows up in the workplace as well as in wider life, and recent studies are broadening the focus on the transition to include work and the workplace in their research (Aljumah et al., 2023; Harper et al., 2022; Riach, 2022; Riach & Jack, 2021, 2023; Riach & Rees, 2022). Aljumah et al., (2023) noted that many of the respondents in their study of postmenopausal women felt alienated in and from their bodies, further clarifying that mid-life stresses other than menopause, including relationship difficulties, caring responsibilities, and changes at work, can also contribute to this experience of overwhelm.

iv. Transition.

Approaching menopause as a dynamic transition can make it a time of reassessment (Ussher, 2008). Studies noting Japanese women’s reports of fewer problematic symptoms are repeatedly cited throughout the literature, suggesting that understanding menopause as a transitional experience can offer value (Lock, 1998; Ussher, 2006). Transitional meaning is also found in Mayan women’s increase in social status (Stewart, 2003), while some women describe the transition as a kind of “possession” (Lazar et al., 2019, p. 6). Less esoterically, physical leisure activities can be a way to engage corporeally, gaining peer support from others also transitioning (Parry and Shaw, 1999). Acknowledging transition acknowledges our core groundlessness, and although this is rarely uncomplicated, greater normalisation of the inevitability of change in the menopausal transition could support a less challenging transitional experience (Hickey et al., 2022).

3. *Ethnicity/specific cultures*

Many studies note that various cultural and ethnic groups experience menopause differently. It is

also experienced differently within groupings, confirming that treating menopause as a universal syndrome is inappropriate (Avis et al., 2001).

i. Differences within cultures.

Significant symptomological differences were found among the four major ethnic groups in the USA (Im et al., 2010) SWAN data analysing responses across racial and ethnic groups in the USA, while Caucasian women reported more psychosomatic symptoms and African-American women reported more vasomotor symptoms (Avis et al., 2001). Mexican women exhibited different attitudes across various Mexican cultures ranging from silence and taboo to growing wisdom and value (Doubova et al., 2012). Israeli religious women were found to accept menopause as a natural phase, while nonreligious Israeli women expressed more negative attitudes (Rotem et al., 2005).

ii. Differences between cultures.

Strong differences showed up between Australian and Taiwanese experiences of menopause, in symptomology, and physical and mental health (Fu et al., 2003). Studies of thousands of Japanese, American, and Canadian women showed marked differences in symptomology which was attributed to differing cultures, socialisation, and the role of women within family and society (Lock, 1998). Palacios et al.'s (2010) systematic review of onset of menopause and symptoms in Europe, North America, Latin America, and Asia found substantial geographical differences in the frequency of symptoms. The enormously varied physical and emotional experiences of menopause cross-culturally (Ayers et al., 2010) underlines the importance of approaching the transition as more than physiological, acknowledging the intersections of culture, society and embodied experience.

A further difficulty is encountered with people of colour frequently reporting “insensitivity and

inadequate care” (Howell & McEvatt, 2005, p. 53) from the medical establishment and an overall inequality in treatment and outcomes, along with inequalities in medical research (Harper et al., 2022; Ung et al., 2021). This suggests that while more support and engagement with the menopause transition appears possible (Hacking & Mander, 2022) as we approach the second quarter of the twenty-first century, progress in this area is not a given for all who experience the transition. Still more problematically, much of the current research is based on the bodies of white, heterosexual women (Howell & McEvatt, 2005; Im et al., 2008; Pearce et al., 2014), which means that a great deal of what is currently considered appropriate data is actually appropriate only for a specific population. The challenges facing those rarely recognised in mainstream research are numerous and while some previously silenced or shunned voices are being heard (Jermyn, 2023; Levine, 2022; Rolston & Christie, 2023) there is more to do to ensure people of colour are equally supported in the transition.

4. Existential

Existential thinking is rarely referred to explicitly in the literature, appearing instead as two concepts: loss, transition, and renewal, and ageing towards death.

i. Loss, Transition, and Renewal

Many researchers note menopause begins with a period of instability and distress before it can be experienced as transition and renewal (Lazar et al., 2019; Marnocha et al., 2011; Utz, 2011), with inherent losses bringing “growth, self-reflection, and change” (Ussher, 2006, p. 144), while women who integrate menopause and ageing into their lives gain a sense of self-confidence and wellbeing (Busch et al., 2003). Salis et al’s UK study delineated three interconnected menopausal narratives; “a normal, biological process”, “struggle”, “transformative and liberating” (Salis et al., 2018, p520). Losses of the changing body are cited as potentially meaning-making (Perz and Ussher, 2008), with perimenopause and menopause contributing to physical and emotional

unsettledness, while women simultaneously note that menopause was life-changing in “meaningful, unprecedented ways” (Walter, 2000, p118). Renewal through transition is not a given however, many fear ageing and loss of control (Utz, 2011). While loss does not automatically lead to growth or self-development, making the choice to allow the losses inherent in any transition, and perhaps seeking growth from that loss, requires both effort and intent,

The woman who is willing to make that change must become pregnant with herself, at last. She must bear herself, her third self, her old age, with travail and alone. (Le Guin, 1997, p. 250)

ii. Ageing towards death

Widespread cultural ageism is reflected in negative attitudes towards the transition (Cooper, 1997). For many, ageing means confronting social constructs of gender for the first time, especially as appearance changes at midlife (Dillaway, 2005). Although ageing and death anxiety are commonly linked, loss of control over the ageing or diseased body is cited as potentially more fearful than death (Kaufert and Lock, 1997). Menopause is noted as a marker of finitude (Hvas, 2006), when an indefinite future is exchanged for a definite one (de Beauvoir, 1970/1996).

“Aging changes the horizon of our future because we experience it as containing a boundary mark” (Roddier, 2013, p. 39); the boundary mark is death. As noted by Lock (1998), menopause as the end of fertility is inextricably linked with ageing and therefore with death.

5. *Feminist*

Feminist research highlights concern about pathologizing women’s ageing bodies, globalisation, and de-individualisation. Some feminist research focuses on resistance to the medical discourse, promoting self-care (Perz and Ussher, 2008), alternative healthcare, and self-help (Hvas and

Gannik, 2008). Even so, we are reminded that rejecting biomedicine in preference for what is considered 'natural', ignores that nature itself is a construct (Leng, 1996). The assumption of a solely biological and white body as the norm, and "the idea that biology can be bracketed and represented independently of culture and society" (Lock, 1998, p39) offers an anthropological challenge to the tendency towards the medicalization and globalisation of our embodied experience. Problematically however, in rejecting the medical narrative, some feminist discourse neglects those for whom menopause is profoundly difficult, failing to address structural inequalities that give greater support to white and middle class women (McCrea, 1983). Among the structural inequalities, the burden of care in which women take on the bulk of caring responsibilities (Doubova et al., 2012) for children (including adult children), grandchildren, and ageing parents, shows up throughout in the literature and in this study.

6. Hero Narratives

The hero narrative emerges as an imperative for women to either maintain youthfulness so we can contribute to rather than drain society as we age (Kaufert and Lock, 1997), or a demand that we become wise crones (Le Guin, 1997) in an act of "feminist valorization" (Zita, 1997, pp. 100–104). While both narratives offer an alternative to the view that postmenopause is solely negative (Ayers et al., 2010), they can also burden; trying to step outside the downtrodden clichés of older women can enforce a heroic approach, exemplified by the assertion that "the climacteric marks the end of apologizing" (Greer, 1997, p. 273). Given the lack of power so many experience in postmenopause, manifesting in silence, shame and stigma (Salis et al., 2018), an unapologetic stance is plainly not available to all. In contrast to the dichotomies of the hero narrative, Laccelle (2018) suggests the possibility of an existentialist authenticity discourse of ageing that might connect anxiety and vulnerability to courage and openness, the possibility of both/and rather than either/or.

7. *Psychotherapeutic*

Vesco et al.'s systematic review of mood and menopause found that the menopausal transition did not automatically correlate to adverse mood, but cautioned that women with a history of depression might experience menopausal symptoms as triggering stressors (Vesco et al., 2007). Alongside studies questioning evidence for menopausal depression (Judd et al., 2012) and anxiety (Bryant et al., 2012), and asserting that depression in midlife is as connected with sociocultural and personal factors as with hormonal change (Hoga et al., 2015), Lock and Kaufert (2001) suggest depression became linked with menopause in biomedical and popular assumption due to clinical samples coming from women receiving psychiatric care in the 1960s and 1970s, compounded by Freudian theories implying that loss of fertility naturally leads to depression (Lock and Kaufert, 2001).

Awareness of intersectionality is stressed in psychotherapeutic intervention; racism *plus* ageism and sexism can compound psychological difficulties for Black women (Huffman et al., 2005), while Glyde (2021) cautions therapists to remember that not all menopause is heterosexual or cisgendered. Further, the already-marginalized are likely to experience menopause as more difficult (Mackie, 1997), with histories of past abuse and adverse childhood experiences (Kapoor et al., 2021) potentially contributing to a more complex and difficult menopausal transition, “including greater menopausal symptoms and mood disorders” (Faleschini et al., 2022, p. 2).

Certain specific interventions have shown beneficial results; MCBT and mindfulness (van Driel et al., 2019); psychoeducation with group support (Rotem et al., 2005); and several trials using group and individual CBT (Balabanovic et al., 2013; Carmona et al., 2023; Mann et al., 2011; Stefanopoulou & Hunter, 2014). Understanding menopause over time also proves useful;

pessimistic beliefs about menopause declined sharply during a five-year study, suggesting that viewing menopause as transitional and dynamic can contribute to development (Busch et al., 2003).

Despite the evidence noted above, a good deal of criticism was directed at the latest draft guidelines for UK medical health professionals from The National Institute for Healthcare and Excellence (NICE, 2023) suggesting that CBT might be considered for problematic menopausal experiences of depression, sleep and vasomotor symptoms. While the guidelines stress all options, including MHT, should remain available, with responses welcomed, the publication of the draft guidelines engendered widespread attention in UK national press and social media, particularly from those who viewed the suggestion of talking therapy for menopause support as gaslighting (Mills, 2023; Newson, 2023). An existential psychotherapeutic perspective, which necessarily connects body *and* mind, subject *and* object, might usefully offer a connection between talking therapies and biomedical approaches.

8. Sexuality and intimacy

Many studies note changes in intimacy and desire in the menopausal transition, with three areas drawing particular attention.

i. Fertility = youth = value

The conflation of heterosexuality and fertility with sexuality implies a problematic loss of fertility in menopause (Salis et al., 2018), although this is not experienced by all women, with many stating that they welcomed menopause as freedom from pregnancy and the work of child-rearing (Hvas, 2006; Stewart, 2003). Conflating sexuality, fertility, and femininity causes confusion, and this is particularly so in cultures where women's sexuality is considered a valuable commodity, thereby relating socially determined value to age (Doubova et al., 2012). Perceptions of the male

gaze can influence how women assume they are seen by partners in heterosexual relationships, whether or not they actually are seen pejoratively (Ussher et al., 2015). Dillaway (2005) found that additional problems arose for single women of colour in the equation of fertility with sexual attractiveness.

ii. Heteronormativity and Cisnormativity

Attending to LGBTQ+ experience of menopause is important for inclusion (Glyde, 2021) and it can also offer value to heterosexual women, with research suggesting lesbian women are often more interested in discussing relationship-based sexuality, supporting easier sexual relationships in later life (Winterich, 2003). Studies note that in biomedical terms, vaginal function is judged in terms of the vagina's ability to accommodate penile erection, "with the clitoris given a supporting role" (Marshall & Katz, 2012, p. 228); further, vaginal changes in menopause (Hoga et al., 2015; Walter, 2000) and heteronormative assumptions around sexual activity can mean women are prefacing their husbands' sexual pleasure over their own pain (Lazar et al., 2019). Writing for *The Lancet*, Glyde (2022) usefully notes the conflation of ageism and misogyny that affects many in the menopause transition, adding that while problematic healthcare experiences abound for LGBTQIA+ people, there may also be freedoms in being less constricted by patriarchal norms around body image and ageing. Writing of their gender-expansive and menopausal transitions, Smith states, "Transitioning isn't linear. Transitioning isn't the promise of a blank slate" (2023, p. 94). It is possible that reaching beyond cishet-normativity might offer useful knowledge and experience in the transition to postmenopause.

iii. Ageing and intimacy

Contrary to much of the common discourse, ageing within long-term relationships leads to better sexual engagement for some (Hvas, 2006), with changes in intimacy not attributed solely or even

purely negatively to menopause, instead women emphasised “relationship status and quality, health, and sexual history” (Winterich, 2003, p. 627). A study of Iranian women found that menopause actually facilitated agency to discuss sex and sexuality with husbands, enabling discussions of sex and gender roles for the first time (Amini and McCormack, 2021).

9. Silence

Women wanted to talk to their mothers about menopause (Walter, 2000) and were rebuffed, turning to sisters and friends, yet still felt they were not getting enough information (Marnocha et al., 2011). Some said censure from mothers created a desire to speak to daughters (Doubova et al., 2012), others that they spoke with contemporaries (Utz, 2011). Participants expressed feeling unheard by female and male medical professionals and fobbed off with prescriptions (Marnocha et al., 2011).

Blaming the lack of formal education about menopause in the UK, a 2022 survey of 947 women showed that while 40% of the respondents were accepting of menopause, another 30% were dreading it (Harper et al., 2022). This is part of a recurring societal narrative which maintains that no-one talks about menopause (Nosek et al., 2012; Salis et al., 2018), or if they do it is only with dread and in secret. Yet the studies in this literature review cover thirty years in which interviewees speak about it in every way. I would suggest several reasons for this discrepancy. From a research lens, while non-binary people and transmen also experience menopause, it is primarily perceived as an aspect of cis-gendered women’s lives; if only women bleed, then only women menopause, and women’s experience is routinely under-researched and under-analysed to the extent that this absence causes dangerous misdiagnoses and deadly accidents (Criado Perez, 2019). This absence is then perceived as silence. Although the idea of #MenopauseRevolution is gaining currency as a social movement, along with many bodily experiences ranging from

menstruation, fertility, pregnancy, to domestic violence and sexual abuse, it seems there needs to be a tipping point before, as with #MeToo, private discourse transfers to public dialogue and policy-making. There is also an echo in research on the transition to motherhood (Arnold-Baker, 2015; Garland, 2019; Stadlen, 2004), where despite an appearance of ‘silence’, the conversation actually takes place between peers. To outsiders this may look like silence, to initiates it offers connection. It is possible that, along with other major life experiences like parenthood and childlessness, serious illness, profound loss, we are only truly able to hear what is being said when we experience the event ourselves, when we become part of the group. Finally, given our societal hesitancy around death, it is arguable that what seems like silence may be a refusal, intentional or otherwise, to engage with the ageing and mortality signalled by menopause and lived in postmenopause; an attempt to protect us from our existential anxiety.

10. Sociocultural

Menopause is lived in the psycho-socio-cultural realm (Brown et al., 2015; Huffman et al., 2005; Rotem et al., 2005), with concurrent stressors around ageing and caring responsibilities underlining sociocultural expectations (Ballard et al., 2001). It is both personal and culturally contextual (Winterich and Umberson, 1999), with positive aspects including freedom from mothering and enjoying the company of adult children (Hvas, 2006). Sexism impacts on the experience of menopause with pressure to make ‘right’ choices regarding healthcare, MHT, diet and exercise (Kaufert and Lock, 1997), and menopausal bodies are more likely to be experienced as problematic in cultures that deny or denigrate ageing (Dillaway, 2005; Winterich, 2007).

There are specific and often less-researched menopausal experiences for those affected by the intersectionality of oppressions or lack of privilege (Glyde, 2022; Howell & McEvatt, 2005; Huffman et al., 2005; Riach & Rees, 2022; Schoenaker et al., 2014; Zou et al., 2021), and

exploring menopause at work offers a salutary reminder that the workplace can be “the intersection of gendered, aged, classed and racialized dynamics” (Riach & Jack, 2021, p. 3). Overall, the experience of menopausal symptoms and the emotional and social changes of ageing, including health problems (Doubova et al., 2012), are inter-related rather than purely biomedical.

Sociocultural research underlines the difficulty of coming to conclusions around quality of life in relation to the menopause transition because studies use different criteria to determine menopause and also attribute symptoms like depression, anxiety and poor quality of life either purely to oestrogen deficiency or purely to sociocultural factors like poverty, oppressions, unemployment (Jacobs et al., 2000). In actuality, it is all interconnected, as confirmed by research into grandmotherhood, both existential (Stadlen, 2023) and anthropological (Volland et al., 2014b). Understanding postmenopausal longevity from an anthropological perspective underlines the value of a sociocultural approach,

The evolution of postgenerative life span and the behavioral ecology shaping this period of human life can only be examined and understood in the context of social and family structures. (Volland et al., 2014a, p. 13)

2.2.3 Conclusion regarding postmenopause literature

This literature review reveals the menopausal transition to be a dynamic experience taking place in the body and in the world through the body – an interconnectedness rarely articulated in the literature. The transition involves far more than symptomology (Palacios et al., 2010) and reaching beyond a purely biomedical discourse allows the existential themes of transition, control, ageing and mortality to come to the fore.

It is clear that a great deal of research to date has lacked an intersectional focus which might

allow for a wider range of experience to inform our understanding of what it is to *live* our postmenopause. How we react to transition, how we live with lack of control, how we approach ageing and mortality are valid questions for any of us. As the research repeatedly surfaces these themes, considering them through the intersectional lens of a diverse range of participants may offer a valuable perspective for appreciating both the nuances and the broader aspects of postmenopausal experience.

With so much of the literature concentrating on postmenopausal bodies as a medical problem, what I found lacking was the embodied experience of *being-postmenopausal*.

Menopause is meaningful not because of physiological symptoms that an individual woman privately feels, but rather because her bodily change is enacted in the social world; that is, it is intersubjectively experienced. (Lazar et al., 2019, p. 9)

Considering postmenopause from an embodied perspective allows for a rich exploration of a constantly changing phenomenon lived corporeally, socioculturally, and temporally; “the essential ambiguity of selves that both have a body and are a body, and furthermore, experience only by way of embodiment” (Stephens, 2001, p. 653). Taking an existential phenomenological approach to this research allows an approach to postmenopause from a position of wonder, aware that the embodied self is always in flux and, even so, trusting that the exploration of my participants’ experience might offer moments of shared understanding, however fleeting.

2.3 LITERATURE REGARDING EMBODIMENT

2.3.1. Beyond symptomology

It is salutary to note that the term ‘symptom’ is far more likely to be used when denoting physical

signifiers of menopause than less medical terms like sign or experience. Symptom denotes a medical condition – a concept which feminists and medical professionals have endeavored to remove from discussions of pregnancy and puberty, yet which stickily lingers with menopause, further emphasizing the biomedical facet of what is a bio-psycho-socio-cultural transition. Menopause – and therefore postmenopause – has become so strongly attached to symptomology in the public conversation of the transition that I feel it is important to address what is meant by the term ‘embodied’ in the existential and phenomenological context of my research. I do not mean (only) the physical experiences that accompany the transition in many, though not all, cases. That is, embodied in the present study does not refer to night sweats, hot flushes, chills, increased or decreased sexual drive, or any of the myriad symptoms that tend to be associated with menopause, although many of them are referenced in the literature and in the experiences of the participants.

2.3.2. Being embodied

Embodiment instead refers to the wider whole-life experience of *being embodied*, living in and of the world, in and through the body. For Sartre, the body is the site of consciousness, and one cannot be without the other, consciousness cannot be without body (Sartre, 1943/2006). Merleau-Ponty takes this further, suggesting that before cognition we first have a pre-reflective embodied understanding, a “preconscious possession of the world” (Merleau-Ponty, 1945/2012, p. 311), sited in and of the body.

2.3.3. Simultaneously subject and object

We can explore the body as both subject and object, affecting and affected by the world and, usually simultaneously, we experience this affect as a subjective as well as an objective experience (Weber, 2019). Cartesian and materialist thinking might deem the body an object in

the world, separate from the mind, but with an existential understanding, the body is “something I ‘live’, something I inhabit, as the vehicle of my subjective experience” (Matthews, 2006, p. 51). I am my body, my body is me. We look into the world through eyes that are part of our bodies. We hear the voices of those we love and decipher meaning through a combination of sense and memory. We touch and are touched simultaneously, understanding as we do, that we are both isolated within the body and connected through it. For Merleau-Ponty, we only have a world because we have a body from which to experience the world, “the body is our anchorage in a world” and it is also “our general means of having a world” (Merleau-Ponty, 1945/2012, pp. 146–147). We experience the world through our emplacement, and we are emplaced because we are embodied.

Tallis (2019) usefully expands on our experience of the body both as subject for ourselves and as object within the world for others and for ourselves. This is the experience of being both ‘I’ within my body *and* my body being ‘it’, mine; to wash, to feed, to engage in conversation. For Tallis, the tension at the core of embodiment is that we are always already ‘I am’ (I who lives only through my body) *and* ‘it is’ (my body through which I live). He connects this tension with the term “ambodiment” (Tallis, 2019, p. 103), implying the I am within the it is, and vice versa.

2.3.4. Uneasy transition

This concurrent connection (I am) and disconnection (it is), becomes relevant in the involuntary nature of the transition to postmenopause and the changes experienced in that transition, especially when those changes are physically or emotionally problematic. Be it puberty, pregnancy, menopause, or change through disease, illness, accident, as well as ageing, in bodily transitions I am more likely to perceive my body as ‘it’ than as ‘me’. Whereas when we are comfortable in our bodies, we are likely to ignore our bodies entirely. Our ease and everydayness

in an undisturbed and undisturbing body becomes our ordinary and unacknowledged embodiment among the ordinary and unacknowledged embodiment of others (Heidegger, 1927/1962), and this dissolution is so usual we hardly notice it has happened until something changes, disrupting our previous pattern. When a disruption occurs, I am confronted by the attitude of others to this change, becoming “an object that is judged by others for breaking with the synchronized and fluid patterns of *Mit-dasein*” (Aho, 2018, p. xvii) while simultaneously judging the body that is myself, “The non-elective nature of many experiences arising from our bodies ... makes them alien.” (Tallis, 2019, p. 94). With physical change, and especially with involuntary change, the newly-experiencing body becomes strange, other; the previously habitual body now compared to the present actual body (Merleau-Ponty, 1945/2012).

2.3.5. Body narratives

Frank (1997) writes of three forms of body narratives revealed in illness. The Restitution Narrative understands illness as a stop on a forward-projection, with health in the past, illness today, and an assumption of renewed health in the future. The Chaos Narrative conversely imagines life constantly in turmoil with no predicted win at the end of the story, making this narrative difficult to live or to witness in a culture that prefers our stories to have happy endings. The Quest Narrative suggests that there is value to be found in illness when the ill person becomes the “teller of her own story” (Frank, 1997, p. 115). All three narratives are present in literature on the menopause transition; restitution aligns with the ‘forever young’ attitude (Hvas, 2006) and Quest with Crone (Ussher, 2006), while chaos is often noted in the menopausal transition (Nosek et al., 2012) where it is no more comfortably incorporated than Frank suggests it is in illness, “If chaos stories are told on the edges of a wound, they are also told on the edges of speech” (Frank, 1997, p. 101).

2.3.6. The challenge of groundlessness

Chaos is uncertain, felt more than understood, lacking language to define it. Asked to describe menopause, many in the literature discuss the menopause transition as an embodied chaos, an ongoing uncertainty, with habitual experience no longer accessible and the ‘new’ actual body not yet comprehended. There is a sense here of Heidegger’s *Unheimlichkeit*, uncanniness, where the literal meaning of *unheimlich*, not-being-at-home (Heidegger, 1927/1962), also translated as not-being-at-ease, becomes key. The body is the place in which each of us must dwell from pre-birth to death. When the body changes, that dwelling place, our first experience of home, becomes *unheimlich*. We are not-at-home in ourselves and the gaze of others often underlines this for us, experiencing our vulnerability and mortality, exposed as the object of others’ observation (Weber, 2019).

Certainty of the body must always be an assumption. Not one of us can ever be sure we are physically well. Now, as I write this – and there in my future and your present as you read this – and in the gap between the two moments, neither of us can say with certainty that we fully know the state of our bodies. Attending to the uncertain truths of our bodies can make the lived body an uncomfortable place, a not-at-home place, “When fear assails us, it does so from what is within-the-world. Anxiety arises out of Being-in-the-world as thrown Being-towards-death” (Heidegger, 1927/1962, p. 395).

Postmenopause, in the reversion to infertility, and approaching the last phase of life, cannot but be a living-towards-death. I would suggest that the ageing and mortality implications of postmenopause, as much as physical uncertainty, contribute to the lack of ease some people experience in the transition, tapping into an ontological anxiety that is not solely related to finitude, but is an anxiety of not truly or fully being; “It is anxiety about disintegrating and falling

into nonbeing through existential disruption” (Tillich, 1967, p. 99). This is further compounded by fearful, dismissive, or denying sociocultural attitudes towards the body as a thing to be handled, contained, controlled (Foucault, 1963/2003; Frank, 1997). Menopause as an existential disruption, experienced in and of the body and requiring a re-establishment of being in postmenopause was clearly articulated by several participants in this study.

2.3.7. The possibilities of groundlessness

Lack of ease can be challenging, even painful, yet existentially we also recognise it offers opportunity – crisis offers opportunity for growth (Arnold-Baker, 2020; St. Arnaud, 2022; van Deurzen, 2021). Heidegger (1927/1962) assures us that in acknowledging the anxiety of our finitude we have the opportunity to attend to the call of conscience, and “take up the task of living with resoluteness and full engagement” (Guignon, 2016, p. 135). Heidegger further affirms that we find this authenticity through mood, *Befindlichkeit*; how we find ourselves (*sich befinden*) is disclosed through mood. Feeling at-home or not-at-home in embodiment is a weathervane of mood that can guide us toward valuable self-inquiry and possibility, both in the present and in the embodied selves we are being-becoming. If we believe with Merleau-Ponty that “we are the world that thinks itself – or that the world is at the heart of our flesh” (Merleau-Ponty, 1964/1968, p. 136), then our being-becoming cannot but inform our world. Attending to how we are in our embodiment can give us vital information about how we are being, and this information can become a call of conscience; “it calls us from our authentic being to some possible way of being us, upon which we resolve” (Withy, 2019, p. 156). That is, acknowledged disclosure *and action*, in the awareness of being-towards-death, offers the possibility of resoluteness and Dasein’s authenticity, a resoluteness that is always and only sited in “*what is factually possible at the time*” (Heidegger, 1927/1962, p. 345). The choices we have in postmenopause are embedded in postmenopause.

2.3.8. Intersections of worlds and selves

Ortega (2016) adds an intersectional reading to Heidegger's being-at-ease that offers us *Dasein* as a "multiplicitous self". *Both* at home *and* not-at-home across lands, social groups, languages, sexualities, and always in flux; "the multiplicitous self is a self in process or in the making ... it is an in-between self" (Ortega, 2016, p. 63). I would suggest that an in-between self might well experience the dynamic transition of postmenopause as chaotic *and* offering the potential to uncover what has previously been covered over.

2.3.9. Being bodyself

In a phenomenological study of the body with Multiple Sclerosis, van der Meide et al (2018) suggest that the usual dis-appearance of the body, ignored until 'it' creates problems, can – with mindful attention – become a "eu-appearance" of the body, and that well-being might be possible "not despite but thanks to the body" (p. 2247). Biomedicine tends to define the body as purely an agent of causality; an existential understanding of my embodiment acknowledges that I am my body *and* I am myself, in an impossible-to-divide intertwining,

The phenomenon of the body as such is especially concealed to physicians because they are concerned merely with body as a corporeal thing [*Leib-Körper*]. They reinterpret [the body] as corporeal function. The phenomenon of the body is wholly unique and irreducible to mechanistic systems. (Heidegger, 1987/2001, p. 186)

2.3.10. Concluding embodiment in both/and

We cannot experience ourselves outside of the body in which we exist (Merleau-Ponty, 1969/1973) and our bodies are inevitably informed by the life we have habitually lived until now, thus our embodied experience carries with it both the facticity of our past *and* our potential

freedom. As the “medium of all values”(Ricoeur, 1950/1966, p. 122), the changing body also holds the possibility for a reappraisal of values, revisiting what has previously been certain. Allowing that being is inevitably embodied can support us to “carry experiencing further” (Gendlin, 1968, p. 214), enabling the experience of embodiment to further reveal our understanding of being. As Todres notes of the both/and possibility offered by investigating our embodiment, “In the ‘more’ of one’s bodily ‘felt sense’, one finds both wound and freedom, embodied history and being ‘more than’” (2011, p. 122).

Working with my participants in this study to understand their experience of postmenopause as an embodied, emplaced, worlded, and temporal encounter with their being-becoming, I met them in my postmenopausal, ageing, mortal bodyself in the hope of discovering the both/and that might inform this research. I leave the possibility of further connection to you, the reader; your embodied self now reading this text written in my embodied self, separated by time and space, connected through these words.

3. METHODOLOGY AND METHOD

3.1 METHODOLOGY

3.1.1 Ontology and Epistemology

In this research I explore the embodied experience of postmenopause. Quantitative research requires objectively observable data, measured in empirical analysis. Intentionally reductive, it allows little or no room for an individual's subjective exploration of their experience. Subjective experience is the basis of most psychotherapy as well as the existential phenomenological approach, meaning a qualitative research is most appropriate for this work, rooted in personal embodied understanding. As philosopher Critchley notes, exploring a Heideggerian understanding of science, "science has to offer an account of, and take into account, our lived being in the world" (2020, 1:06:01).

In *Being and Time*, Heidegger writes that ontology studies the Being of beings, it explicates being, and phenomenology (uncovers that which) shows the being of beings. He explains that the word phenomenon derives from, "to bring to the light of day, to put in the light ... that wherein something can become manifest, visible in itself" (1927/1962, p. 51). He also states that "ontology is possible only as phenomenology" (1927/2010, p. 33)¹. For Heidegger, phenomenology and ontology are not only necessary to each other, they point us to the same thing, "one solitary thing whose essence is appearing and which is constituted exclusively by it" (2003/2019, p. 6). The phenomenological focus of this study understands the body as in and of the world, always already intersubjective (Merleau-Ponty, 1945/2012) and intercorporeal (Merleau-Ponty, 1964/1968), affirming that our being-in-the-world is necessarily embodied, and our embodiment

¹ While the Macquarrie (1962) translation of *Being and Time* is used more commonly throughout this study, I will occasionally cite the Stambaugh (2010) translation where I feel the translation offers greater clarity.

is core to human existence.

Epistemology asks how and what can we know (Willig, 2013); in this work I aim to explicate knowledge that is embodied, experiential. Given that this knowledge is experienced, felt, intuited, inceptual (van Manen, 2016a), a positivist approach suggesting we might study a world that “exists independently of the human mind” (Seale, 1999, p. 23) is not appropriate. As L. Finlay writes of therapists, “Measured outcomes do not necessarily reflect the value of our work or inform our practice” (2011, p. 8).

Choosing to work qualitatively, I have embraced a phenomenological and hermeneutic approach to this research. In doing so, I recognise that any claim to knowledge, derived from any methodology, inevitably involves interpretation. For Sontag, interpretation risks obscuring what is with content about what it means, “our task is to cut back content so that we can see the thing at all” (2009, p. 14), while for Caputo, “Hermeneutics is a risky business, but it has the best chance to keep us safe” (2018, p. 179). I trust that in taking this risk advisedly, seeing the thing *as it is* may yet be possible.

3.1.2 Phenomenology and Hermeneutics

3.1.2.i. *Bracketing, the thing itself, and the body.*

Husserl’s phenomenological reduction aims to explore consciousness itself for evidence of what is, unclouded by assumption. Husserl maintains that we can come to the essence of phenomena by bracketing all preconceptions, “Under the *epoché* my belief in the world-horizon is put out of play, and with it all the *explanatory theories* (including psychological theories) that depend on it” (Crowell, 2009, p20).

Adhering to the methods of *epoché*, Husserl suggests that we can put aside our messy, personal, prejudiced feelings about events and experience, finding “atemporal, ideal truths and meanings purified of any contingent, contextual dross” (Jay, 2009 p.93). This purification promises the clarity of the “return to the ‘things themselves’” (Husserl, 1900/2001, p.168). Meanwhile, applying Brentano’s concept of intentionality (van Deurzen, 2010), we recognise that the consciousness we bring to bear for any investigation is always consciousness *of* something and that the body is the site of consciousness, “the condition of possibility for all our objectifications and theoretizations about the material world” (Heinämaa, 2003, p.36-37).

However successfully we achieve Husserl’s reductions, we can only do so in and of the body, in and of the world.

3.1.2.ii. *Phenomenology as uncovering.*

In *Being and Time*, Heidegger claims the work of phenomenology is not simply to describe the phenomenon, noting that ‘descriptive phenomenology’ is tautological. He maintains that the real work of phenomenology is to uncover that which is usually hidden, which does not show itself readily, which may sometimes show itself but quickly becomes hidden again or shows up only in disguise. This work of uncovering is *possibility*, opening up what is not yet obvious, “We can understand phenomenology only by seizing upon it as a possibility” (Heidegger, 1927/1962, p. 63).

Bringing a 21st century, intersectional, Latina feminist perspective to phenomenology, Ortega reminds us that for those who are marginalised, there is no singular selfhood, instead there is a “phenomenology of multiplicitous selfhood” (Ortega, 2016, p. 206). Therefore, the possibilities we seize upon, the ‘what it is’ we uncover, the disguises we expose only to find them rapidly

replaced, must be held lightly – what *it is* may well emerge as what *they are*. The work of phenomenology is to reveal and notice what is showing itself in the moment it is showing itself, not to set in stone for all time. This further suggests that what is written on the page, what is read by the reader, might also be held lightly. An uncovering, as it appears, for now.

3.1.2.iii. *Prejudice is grounded in being-in-the-world.*

In contrast to Husserl, Heidegger maintains that complete bracketing is impossible; there is no understanding without interpretation and all interpretation is built on fore-sight. While our task is to consistently notice and appreciate that our pre-judgements are already part of our interpretation, we are reminded that those prejudices exist *because* we are always-already in-the-world. That is, “one always understands out of some anticipations” (Grondin, 2016b, p. 302). Our being-in-the-world means we already sense the possibility of an answer to the question that asks the meaning of being, and this is what allows us to question that meaning at all (Ortega, 2016); it is the possibility of an answer which prompts the question, rather than the other way round.

Emphasising the relevance of interpretation to Heidegger’s understanding of being, Caputo writes, “Interpretation is not an isolated act, one thing among many that we *do*; it is what we *are*, the pivot, the crux of our being” (2018 p.31). This clarifies Gadamer’s much-cited phrase “being that can be understood is language” (1960/2013 p.490). In the preface to the second edition of *Truth and Method*, Gadamer explains this is not because understanding gives us “mastery over being”, with being as something we have constructed, rather it is experienced “where what is happening can merely be understood” (1960/2013 p.xxxiv). Our prejudices are the basis from which we understand and therefore interpret, constituting “the horizon of a particular present, for they represent that beyond which it is impossible to see” (Gadamer, 1960/2013 p.316). To acknowledge, address, and attempt to put aside our prejudices, we utilise the hermeneutic circle.

3.1.2.iv. The hermeneutic circle.

Where Heidegger's hermeneutic circle is primarily ontological, in which Dasein interprets itself, through itself and its being in the world (Farin, 2015), Gadamer's circle attends to the traditional notion of hermeneutics as textual interpretation, taking it further, so that "the hermeneutical task becomes of itself a questioning of things" (Gadamer, 1960/2013, p. 281).

In research, we not only question our participant's thinking, their approach to their experience, attending to the story they tell both through the words they use and their way of telling, we also question our own understanding, throughout the work. This requires continuously uncovering our pre-judgements to the best of our ability, while appreciating we can never fully know them, always expecting to return and reveal more in the reiteration. These are the prejudices we work to uncover in the hermeneutic circle in both of its forms; understanding the whole from the parts and the parts from the whole, and simultaneously utilising our reflexivity to attend to our fore-understanding of phenomena.

To both Heidegger and Gadamer, language is the way forward, "while understanding may appear to be thinking, it is only through language that we are capable of thought" (Grondin, 2016, p.400). Although the two philosophers have acknowledged divergences regarding hermeneutics, Moules suggests their discrepancies, "are not necessarily relevant to how one would choose to practice the tradition handed down through them" (Moules, 2002 p.12). We can take the tradition they both hand on and, as Ortega (2016) does, make hermeneutic understanding our own interpretation, grounded in our current time and place, in our present tradition.

3.1.2.v. Stepping into and out of text and meaning.

“A person trying to understand a text is prepared for it to tell him something” (Gadamer, 1960/2013, p. 282). Once the participant interview is concluded and transcribed, what remains is text within which I, as researcher, as interpreter, inevitably have a stake and a point of view. If I take steps to bracket my prejudices, including prejudices formed during the interview itself, it can become autonomous text (Gadamer, 1960/2013) from which new interpretation might arise, not just in the writing of this thesis but in subsequent readings, reaching beyond the original researcher and participant, “Textual meaning is not fixed at a historical point, but constantly develops and renews itself over time” (Simms, 2016, p. 322).

Considering Gadamer on text, Schmidt (2014) notes that what is striking or unusual in a text enables us to question what has become familiar and accepted, therefore we should search out what is foreign in the familiar. It is vital to repeatedly step back from the text, approaching it from different angles to see it anew. Even so, precisely because we always approach the text from a particular place, a judgement, an understanding, we can never assert that we have found the ‘truth’. For Gadamer, “truth is presented as a revealing; and every revealing is at the same time a concealing” (Dostal, 2015, p. 580), and so the need for the hermeneutic circle is again confirmed.

3.1.2.vi. Radical Hermeneutics – Interpretation and Interpretation.

Caputo (1987, 2018) maintains that, far from being anti-hermeneutics as Derrida’s deconstruction (1967/2016) is sometimes considered, deconstruction is actually radical hermeneutics in which we might shift our point of view from creator to receiver, allowing that a text can and often will contradict itself, and that the reader is a part of the whole of the text, right from the start, a creator not merely a consumer. Caputo goes on to quote Derrida, “The original opening of interpretation essentially signifies that there will always be rabbis and poets. And two interpretations of

interpretation.” (1967/1978, p. 67)

We can approach text from any number of ways – as reader, as consumer, as creator, as interpreter seeking truth and law (Rabbi), and as interpreter finding sense in unspoken rhythm, imbibing the flow of the text, and making it again our own (Poet). We can utilise these forms one by one, or we can shift between them. For Caputo, the key is opening to wonder, allowing that new understanding might arise where it all falls apart, “Radical hermeneutics arises only at the point of the breakdown and loss of meaning, the withdrawal and dissemination of meaning – in short, the thunderstorm” (1987, p. 271).

Invoking Heidegger, Eckhart, Levinas, and Derrida, Caputo (1987) offers the possibility that in allowing the mystery of the other *and* of ourselves, we come to an even deeper comprehension, a mystery we may never pin down, yet can still appreciate, through the act of diving into the abyss, into an unknown and uncertain flow.

3.1.2.vii. Connecting with the Other – the play of conversation.

For Gadamer, play is at the heart of conversation, the flow of play enabling us to come together easily, creating from the dialogical process something greater than just dialogue, “It is part of play that the movement is not only without goal or purpose but also without effort” (1960/2013, p. 109). Aiming for this effortless conversation in research interviews, we work towards creating something new, something “in-between” (Gadamer, 1960/2013, p. 113), allowing an autonomy for both researcher and participant, an autonomy for the work made between them, and an autonomy for the eventual reader; “Only by keeping hermeneutics in the equation can we begin to understand ourselves as creative interpreters, as Nietzsche would say: the poets of our lives” (Babich, 2015, p. 94).

In this way, each of us – researcher, participant, reader – is engaged in a collective and co-creative play of understanding in which language matters. Merleau-Ponty writes that speech is more than the words we use, it has a power, “To precede itself, whether in throwing the other toward what I know which he has not yet understood, or in carrying oneself toward what one is going to understand” (1969/2000, p. 131).

What we seek in this flow of conversation is a “recognised universality” (Merleau-Ponty, 1969/2000, p. 142), a space where we might find each other through our connections *and* our disconnections, where we understand *and* misunderstand each other, and in doing so come to a new comprehension we could not have achieved alone. In a further circularity, having achieved this new comprehension, “words accrue to significations” (Heidegger, 1927/2010, p. 156) and Dasein is disclosed in discourse in which both listening and silence are vital possibilities.

What I aimed to seek in the conversations with participants were moments – moments of understanding, moments of embodied connection, moments of exploration, moments too, of not-connecting and not-understanding. I understand all of these moments to be part of the whole of the therapeutic relationship, and I hoped I might also find them in the researcher-participant relationship.

3.1.3 Choosing a phenomenological approach

With these seven considerations in mind, I considered three qualitative approaches: Narrative Inquiry, Heuristic Research, and Hermeneutic Phenomenology (HP). All three understand reflexivity as crucial and the importance of context; research, like any phenomenon, is always already in the world.

3.1.3.i. Narrative Inquiry

Narrative inquiry is “a methodology based upon collecting, analysing, and re-presenting people’s stories as told by them” (Etherington, 2004, p. 75). It understands research as activism, addressing societal and institutional injustice through sharing testimony from participants and co-researchers (Chase, 2018). Hiles and Čermák (2008) maintain narrative research can address oppression, suffering and discrimination. Their Narrative Oriented Inquiry is based in the hermeneutic tradition of interpretation, creating a joint product between participant and researcher (Hiles & Čermák, 2008). Narrative researchers suggest that universal meaning can be extrapolated from individual stories and sharing individual narratives benefit many more than just participant and researcher (Lieblich, 2013).

Social context, intersubjectivity, and extrapolating personal experience to wider relevance are all applicable to this study, however narrative methodologies also put strong focus on meaning-making (Chase, 2018). In research where ageing and problematic physical and emotional symptoms are part of the prevailing discourse, I want to remain open to the possibility that the embodied experience of postmenopause might have no meaning to some people. I am also assured, through my own life experiences and my work as an existential psychotherapist, that not every life experience has meaning, nor should meaning-making always be a goal. While allowing that the process of research itself inevitably has a goal of finding out, exploring, understanding, I also want to allow that meaninglessness itself can have value of its own (Loy, 1996).

Narrative research tends to assume that Western story structure stands for all story form, “Since ancient times, we believe in the value of catharsis, in other words – that the mere expression of pain has healing potential” (Lieblich, 2013, p. 52). This generalisation has strong currency among

narrative researchers, but not all story forms require catharsis and not all cultures create cathartic stories (Connors, 2015; Cooke, 2017; Shah, 2017). More worrying is a belief that narrative research inevitably leads to change and that change is a good, of itself, “Research as solidarity is a joint movement towards social justice, contributing to ‘better social worlds’” (Salter, 2017, p. 366). Much as I welcome the possibility that research might contribute to social justice, I cannot agree with a defence of “narrative exceptionalism” (Frank, 2010); not all narrative supports understanding, not all story connects people.

3.1.3.ii. Heuristic Research

I find heuristic research’s valuing of participants and inclusion of the researcher’s subjective experience both relevant to postmenopause research and ethically satisfying. However, Moustakas (1990) writes, “I begin the heuristic journey with something that has called to me from within my life experience, something to which I have associations and fleeting awarenesses but whose nature is largely unknown” (Moustakas, 1990, p. 13). My decades-long experience of postmenopause has given me an embodied experience of the phenomenon that is far more than an association or fleeting awareness.

Heuristic research’s concept of “indwelling” (Moustakas, 1990, p. 24) parallels my experience as a writer; the need for understanding through the self and then to turn that understanding into shareable research, is exactly my understanding of the process of creating novels and theatre. I welcome the emphasis on Focusing (Moustakas, 1990), however, the experience of embodied postmenopause that interests me in this research is similar to but *not* my own; I am interested to explore an experience I have *not* lived, the more common experience of standard menopause. I am also ambivalent about heuristic research’s concept of transformation in the research process (Sela-Smith, 2002); while my experience is that any major project is likely to engender some

degree of transformation, I'm not sure it is possible to determine in advance that transformation *will* occur.

3.1.3.iii. *Hermeneutic Phenomenology (HP)*

Van Manen's HP appeals for its attention to text as the heart of the work, especially in communicating embodied experience. As a guide rather than a set of rules (Langdridge, 2007), it leaves us to work with a certain uncertainty. Even so, several key elements have resonance for this research.

a. Intersubjectivity

HP places particular emphasis on the intersubjective relationship between participant and researcher, and the influence this has on the research (L. Finlay, 2011). This connection between researcher and participant is underlined in HP's grounding in Gadamer's thinking on conversation and language as play (Gadamer, 1960/2013).

b. Wonder

"The most important lesson of the reduction is the impossibility of the complete reduction." (Merleau-Ponty, 1945/2012, p. xxvii). In this much-cited line, Merleau-Ponty denies the possibility of Husserl's reduction, not least because we are always already situated in the body (Merleau-Ponty, 1945/2012) and our fore-understandings are already embodied, making complete bracketing impossible. Too often however, his following lines are omitted, "This is why Husserl always wonders anew about the possibility of the reduction" (Merleau-Ponty, 1945/2012, pp. xxvii–xxviii). We are not advised to give up attempting the reduction, rather we are encouraged to fill the endeavour with an attitude of wonder.

c. Distinguishing descriptions of lived experience

As researchers we are enjoined to attend to both the participant's description, its immediacy, the lifeworld components they share, and to the language chosen, the way it is expressed in the moment it is being shared. There is a strength in this approach in that it adheres to a tradition of phenomenological respect for pure description, while emphasising our humanity. We are in conversation; how I listen affects how my participant speaks, how they speak influences my understanding, my understanding flows into what I share here on the page, and the reader is always present in this endeavour. Unlike Husserl, we are not seeking a mathematical purity, but a human clarity we hope may be imparted through text.

d. Writing embodiment

For Heidegger and for Gadamer it is vital to understand people in context, in their life-world, rather than trying to discern a specific essence or truth (Moules, 2002). The centrality of "corporeal knowing" (van Manen, 2016a, p. 271) to HP and to my research, along with the difficulty of communicating embodied experience in language, encouraged me to use a method that centred the writing process within the research. HP suggests that the created text itself might connect researcher, participants, and reader in understanding, through the act of reading, beyond the words on the page. My participants' experiences were, on the embodied level, untranslatable into text; my research inevitably needed to be interpretive, hermeneutic. There is an impossible possibility here; the writer-researcher can never guarantee the reader will understand what they intend and in trying to share the ineffable, the inevitable clumsiness of the written word risks annihilating the meaning we hope to convey (van Manen, 2016a). Paradoxically, it is the impossible that makes this challenge worthwhile,

The condition that makes it *impossible* to move – to act or to think, to make or to imagine,

to do theory or to practice – is just what makes it *possible* to be really on the move, to make our best moves in art or science or everyday life. (Caputo, 2018, p. 197)

3.1.4 Methodology Conclusion

HP best fits *this* study because it attends more directly to embodiment and to sharing the ineffable with the reader. I value HP's inclusion of the reader throughout the process, along with the imperative to negotiate researcher, participants, and reader into relationship, allowing a new entity – the text – to emerge through both the writing and the reading, “so that the world is revealed in as rich and fruitful way as possible” (Langdrige, 2007. p167).

In asserting that everything is interpretation, that we understand hermeneutically because of, not in spite of our prejudices, and that sharing the work through writing is key, I find an egalitarian method that recognises the potential power of the researcher in the same way existential psychotherapy attempts to lessen some of the power imbalances of psychotherapy through “existential relating” (Madison, 2021 p.141) and acknowledging the “constructions of power within the therapeutic relationship” (Greenslade, 2021 p. 123).

In choosing van Manen's Hermeneutic Phenomenology for my research method, I did so aware that narrative methods are also valuable, particularly in therapeutic work, where we are very often working with client's stories of themselves, with what they tell and how they tell it. As Grondin (2016) writes, “The soul of hermeneutics,” he (Gadamer) would insist in this context, “lies in the fact that the other might be right” (2016 p.403). Even so, because I am exploring the *embodied* experience of postmenopause, because text must become the medium of embodied experience, and because my hope is for this text to offer an embodied experience to the reader, HP must be the method. Well written hermeneutic phenomenology is an embodied experience for me. ‘All’ I need to do now is offer it as an embodied experience for you, the reader.

3.1.5 Limitations of HP

A limitation of any small-scale qualitative research is the relative paucity of data. While qualitative work, and HP in particular, can and must mine for rich data, there is also an inevitable lack of the objectivity prized by positivism and often assumed to be afforded by large-scale studies. A hermeneutic approach maintains that objectivity can never be fully guaranteed to hold no “personal involvement or vested interests on the part of the researcher” (Willig, 2013, p. 4). Further, Gadamer reminds us “that the certainty achieved by using scientific methods does not suffice to guarantee truth” (Gadamer, 1960/2013, p. 506), not least because scientific understanding, like any understanding, cannot be impartial in that it is inevitably sited historically and coming from a point of view (Moran, 2000); we are, each of us, always already emplaced and temporal.

Instead of affirming scientific validity, hermeneutics’ role is to find in dialogue the “giving and taking, talking at cross purposes and seeing each other’s point” (Gadamer, 1960/2013, p. 376) through which meaning is communicated precisely because conversation offers the possibility of a greater understanding between the two people conversing than exists for one person thinking alone. The intrinsic intersubjectivity of dialogue at the core of this research – my dialogue with the participants, their dialogue with their own experience, our dialogue as two people in embodied experience, your dialogue with the text as the reader of this work – immediately denies any pretence of finding objective truth. I work in existential phenomenological psychotherapy, I am interested in many-layered lives and experience, lives that change moment to moment as we open ourselves to the complexities of living in connection with the ever-changing self and others. From this place, I am content to reject the dubious certainty of ‘objective truth’ in search of the wonder of living-towards-death. I welcome you in this wondering with me.

3.1.6 Methodological Reflexivity

It is standard when embarking on qualitative research to state that we aim to bracket our assumptions, endeavouring to offer a fresh and untainted place from which to begin our work. While I agree that this might be ideal, and it is what I have worked towards in this study, I also know that in practice it is never fully possible.

The problem with focusing on things as they are given in our reflective awareness of them ... is not that we will end up falsely describing the objects of consciousness, but that we will miss the pre-reflective, pre-conscious mode of being in the world. (Wrathall, 2009, p. 41)

The fact of our being always-already in the world means that a pure, ‘scientific’ reduction cannot exist, there is always an “inevitability of unknowable limitations” (Dreyfus, 1991, p. 23). To even suggest we might overcome these limitations “is an illusion rooted in Dasein’s everyday repression of its capacity for authenticity” (Mulhall, 2005, p. 157). The very act of reflecting on our consciousness is paradoxical, in that reflection requires lifting oneself out of consciousness *now* in order to look at consciousness just *past*, it cannot happen in the instant of consciousness itself (Caputo, 2018). The only way forward, is to acknowledge the impossibility – and do it anyway. I share below how I attempted methodological reflexivity in this work.

3.1.6.i. *Old writing, new writing*

Van Manen describes HP as abstemiously refraining from “theoretical, polemical, suppositional, and emotional intoxications” (van Manen, 2016a, p. 26); this is arguably at odds with his later assertion that we must “engage language in a primal incantation or poetizing which hearkens back to the silence from which the words emanate” (van Manen, 2016a, p. 241). His further advice

became useful in finding my route between abstemiousness and poetizing, “Insights will not come if we do not read and reflect, write and rewrite” (van Manen, 2017, p. 823).

In my work as a novelist, playwright, and short story writer, it has been my experience that while plot (incidents, events) show up readily and often, story (insight, heart, ‘the thing itself’) can be a far slower matter, revealing itself in editing and rewriting, in repeatedly returning to the work, finally finding the grain that seems almost to reveal itself, regardless of how many hours and days of work preceded the revelation.

My first novel was published in 1994, I have been a writer for decades. I know what writing is like. I also know that every written work is entirely different to the last – and so, I don’t know what writing is like. Not in this instance, with these participants, in my growing connection with their experience. However much the embodied experience of sitting at my desk and typing mimicked previous writing experiences – this one was a new writing. As ever, it has been in the act of writing that I discovered the work; the process of creating the work was how the work showed itself to me.

3.1.6.ii. Found poems

As will be further explained in the Method section, I chose to make found poems from the participants’ words and phrases. I did so after I found myself dissatisfied with the coding and analysis. While this work engendered valuable themes and elements, all of which usefully explicated important facets of the phenomenon of postmenopause, I wanted to find something that felt *more* of the individual participants, their stories, their sharing. Returning to the vocative, the poetizing of van Manen’s HP offered a way to share sense rather than ‘fact’, intuitive experience rather than explanation. It is for the reader to decide if the poems open the participants

more to them, I was gratified by my own response to the poems – they felt more ‘right’ – and by the participants’ responses when I checked the poems with them. See 3.2.6 Trustworthy Enough. I do not claim that the poems are definitive, but they have an essence of the moments of the interviews.

This back and forth, between what I knew and what I didn’t yet know, but had a sense might show up – along with much that surprised me when it arrived – is what L. Finlay calls the dance between “reductive focus and reflexive self-awareness” (2008, p. 1). Each moment, as every dance step, requires its own balance.

3.1.6.iii. Noting prejudice

Gander (2015) writes that Gadamer acknowledges two relevant types of prejudice. The first that we will easily recognise as our own and are therefore readily attended to, revised, bracketed. The second kind are hidden prejudices especially relevant to hermeneutics,

Which are effective in us through history and whose origin is no longer directly accessible ... They often create the liveliest effects precisely where their historical origin is least known or understood. (2015, p. 142)

Like postmenopause, reflexivity is an ongoing and dynamic process. In the work of interviewing, analysing, checking validity with participants, writing up, I found that hermeneutic reflection required me to pay continual attention to my experience of being a researcher, while simultaneously attending to the phenomenon of postmenopause as experienced by the participants in this study, “so as to move beyond the partiality and investments of one’s previous understandings” (L. Finlay, 2005, p. 279).

3.1.6.iv. Noting privilege

I have lived my embodied experience of postmenopause for more than twenty years. I have been postmenopausal far longer than my participants and I understand myself to be a “privileged ‘Other’” (Salter, 2017, p. 71) due to the greater time I have had to assimilate my experience. In the interviews and analysis, I took care that my understanding of postmenopause neither diluted nor flooded theirs. To do this I worked to approach each interview as fresh, open to the unknown. This was a concern I held throughout this work, in analyses of the individual parts and analysis of the whole. Considering speech as connection between ourselves and others, a path between, reaching beyond subject and object, Merleau-Ponty writes,

Speech concerns us, catches us indirectly, seduces us, trails us along, transforms us into the other and him into us, abolishes the limit between mine and not-mine, and ends the alternative between what has sense for me and what is non-sense for me. (1945/2000, p. 145)

At various points in each of the interviews I found myself nodding passionately where I heard my own postmenopausal experience clearly reiterated by the participant and then surprised or confused when they shared experiences that were profoundly unknown, not-mine. In allowing space for both, and for everything in between, the interviews were not always comfortable, they did not always make sense to me in the moment, and while interviewing I reminded myself that I had chosen to trust that sense might come later, in the creating of text.

Wertz writes that “phenomenology dwells with and openly respects persons’ own points of view and honours the multiperspectivity found in the life-world” (2005, p. 175). Postmenopause is lived, embodied, and deeply personal, while also sited within a culture and a time. I experience myself to be variously (and never exclusively) queer, childless, raised working class, living with a

health condition and chronic pain, and I have been in a mixed-ethnicities relationship for decades; these less normative experiences too rarely show up in the research on menopause and postmenopause. There are also places where, to hold as open a space as possible for my participants, I needed to acknowledge my privilege – my whiteness, my cis-gender, the privilege of training and research, the privilege of being a woman in a less oppressive culture than some other cultures. Before beginning this work, and now, I hold an existential stance that postmenopause is sited within and between many worlds, and am wary of pathologizing any experience, yet I understood that some participants found it helpful to pathologize their experience. It was important to hold all these understandings fully and yet lightly – they were, they are, always assumptions.

3.1.6.v. A warning from 1995

Early in the research process, it was salutary to read Datan's 1995 retrospective report on her research from the late 1960s and early 1970s. She and two male researchers assumed their participants would regret their loss of fertility in middle age and would necessarily experience depression as a result,

We were all wrong: regardless of all these differences in childbearing history and the family of middle age, the women in our study welcomed the loss of fertility that menopause brought. And we did not believe them. (1995, p. 452)

I found Datan's paper beautiful and starkly warning. I returned to it often as a clue to my assumptions – those I recognised, those I was yet to find, and those I might yet uncover long after this work is done.

3.2 METHOD

3.2.1 Research Design

As this study set out to explore participants' embodied experience in postmenopause, I used an idiographic approach centring individual uniqueness. Given the tendency of menopause interest groups and research in the UK to focus on the experience of white, heterosexual, cisgendered, and middle class women (Glyde, 2022; Jermyn, 2023) an ideographic approach also opened the study to a wider range of potential participants.

The study was deliberately limited to a small number of participants. I initially imagined that nine or ten interviews might offer a useful range of experience, but it became clear within the first two interviews that the highly personal and in-depth nature of the participants' sharing, as well as the length of the interviews, around 75-80 minutes each, meant that eight participants would offer plenty of material for this work.

Having chosen to use van Manen's Hermeneutic Phenomenology, I referred back to his methodical structure (2016b, pp. 30–31) throughout the process:

1. Turning to a phenomenon which seriously interests us and commits us to the world.

I have been postmenopausal for over twenty years, more than a third of my life. Through the research process, and especially the work of the Literature Review both before and throughout the interview process, this lived experience broadened into a more layered understanding of the phenomenon – personal, academic, research-based, and philosophical.

2. Investigating experience as we live it rather than as we conceptualize it.

The interviews showed that the participants' experience both matched and diverged from the

literature, they echoed some studies and contradicted others. Further, they echoed and contradicted each other, and sometimes they contradicted themselves.

3. Reflecting on the essential themes which characterize the phenomenon.

In analysis, I looked for connections across participants' experience, as well as noting divergences. Eventually, twenty-one elements clustered into three main themes, which resonated with three themes found in the literature.

4. Describing the phenomenon through the art of writing and rewriting.

While I found myself deeply engaged in the coding and analysing process, once I stepped back from this work, I found that the thematic analysis felt it lacked emotional resonance, failing fully evoke the spirit of the individual participants as I recalled them from the interviews and the impact each of them had made on me. I then went back to the coded texts and created found poems from each, writing and rewriting to manifest the participants through text itself, as well as in data.

5. Maintaining a strong and oriented (existential) relation to the phenomena.

Van Manen uses pedagogy as an example in his original. Here I replaced 'pedagogical' with 'existential', which underlined the need to acknowledge the Being of the individual participants in (4) above. From an existential perspective, we understand that change is a constant, whereas academic analysis can feel as if it is encouraging us to try to pin down, to set. I held this paradox lightly throughout this work; here are some understandings, for now.

6. Balancing the research by considering parts and whole.

This balancing was core throughout the research process; interviewing one participant and giving

total energy to that interview, knowing they would be one of eight; deeply considering one coded element for one participant while appreciating that this strand, seemingly so vital, needed to be woven into the whole, taking its place as part of the fabric, not all of it; finding the individual lines that made found poems from each interview and then creating a collective poem to hold the whole. For Kierkegaard, “Nothing is as swift as a twinkling of the eye, and yet it is commensurable with the content of the eternal” (1844/2014, p. 106). The parts are the whole, and the whole is the parts.

3.2.2 Participants and Recruitment Criteria

3.2.2.i. *Participant Criteria*

The choice to take an ideographic approach to this study was prompted by my interest in inclusive, intersectional work, an interest confirmed as relevant for postmenopause research by the ten systematic reviews in the Literature Review which suggest that this is an appropriate method because menopause is a “complex phenomenon, experienced in different ways” (Hoga et al., 2015, p. 253).

All participants were postmenopausal having experienced standard menopause (neither medical nor surgical), within the age criteria of 55-69 and UK-based, offering several experiential homogeneities alongside the ideography of their personal experience. For full inclusion/exclusion criteria see Appendix 2.

3.2.2.ii. *Recruitment Process*

I created a web page on my psychotherapy website with the wording from the poster approved by the Ethics Committee and shared both the web page and a PDF of the poster on LinkedIn and Instagram. It was useful to have both the PDF and a web link – webpage links tend to have more

follow-through on social media and are particularly helpful when asking others to share the information, far simpler to share a link than having to download and re-share a PDF.

Aware that I was personally unlikely to reach the wide range of postmenopausal people I hoped for, before asking wider menopause organisations to share the information, I first asked Black menopause organisations and Black activist colleagues to share the link. I also asked trans and non-binary activists to share.

I had twenty-one initial respondents. Three were discounted as I knew them personally or they were closely connected to others I know. One pulled out of consideration early on due to personal circumstances. Two did not get back in touch when I responded to them. This left fifteen potential participants all of whom fit the criteria. As hoped, they were a range of ethnicities, sexualities, and dis/abilities, m/others, MHT-users and not, aged late fifties to mid-sixties.

I held fifteen-minute meetings with all fifteen online via Zoom and telephone, using the same confidentiality structure as noted under 3.2.3 Data Collection/Participant Interviews below. In this interview I told all potential participants that I was aiming for a range of interviewees, and that I would therefore not be using everyone who offered to take part in the final work. All potential interviewees were aware of this and stated that they understood the reasoning. I held my pilot interview after just two pre-interviews, as I did not want my experience with the pilot participant to be influenced by conversations with other prospective participants. The remaining seven participants were chosen based on their range of menopausal and postmenopausal experiences, aiming for a wide demographic reach also in terms of location. Having chosen the final participants and received their confirmation that they wanted to take part, I wrote individually to each of the potential interviewees, letting them know I would not ask to interview them for the

final study, thanking them for their time and interest. Aware this could feel like a rejection of sorts, I wrote that they were welcome to be in touch with me regarding this if they wanted, most responded with good wishes for my study, no-one asked to follow up further.

The full recruitment process took three months. I believe this relatively fast process is because I had spent over eighteen months beforehand connecting with relevant organisations and supportive individuals. Once I was ready to recruit, I had strong support to do so.

3.2.2.iii. Demographics

I provided each of the eight participants with a list of standard demographic questions, Appendix 3, noting both in person in our interview and on the form that while this data would also be anonymised, they were under no obligation to answer any of the questions. Rather than offering tick-boxes, I left space for each participant to self-define. See Appendix 4 for the full demographic breakdown.

3.2.3 Data Collection

3.2.3.i. Unstructured Interviews

In line with HP practice, I held unstructured interviews. In doing so I trusted that the play of conversation would offer the insights needed for this work, if I allowed the flow of language to speak between us (Walsh, 2004). I wanted to explore how it was and is for my participants to be being-postmenopausal, so allowing them to follow their own thoughts was important. Wharne writes usefully on empathy in phenomenological research, referencing Stein's three levels of empathy and the need for free conversation for these levels to unfold (Wharne, 2021). This worked well in the pilot interview, offering a great deal of rich data, much I had not expected, and so I felt confident to continue with unstructured interviews throughout. Towards the end of each

interview, I asked the participants if there was anything either of us had skipped over or missed, anything they wanted to address before we finished.

3.2.3.ii. Guide and Maybe Questions

Alongside this respect for the play of conversation, I also considered the value of guide questions, to ensure that neither of us strayed too far from the central interest in embodied postmenopause experience, nor that my expectations overshadowed their thinking. As well as the main guide questions, I wrote a list of maybe-questions for myself, to read before the interview, reminding me of areas in the research that I considered valuable for this study. I revisited these questions before every interview, as a way to formalise my preparation, but left them untouched during the interviews, trusting that they were offering a useful backdrop rather than a detailed map. See Appendix 5 for Guide and Maybe Questions.

3.2.3.iii. Participant Forms

Before each interview, I emailed relevant forms to the participants – Research Participant Information Sheet and Written Informed Consent. I also talked through these forms with each participant before the interviews. I similarly talked through the Participant Demographics and Participant Debrief Sheet at the end of the interviews and emailed these forms immediately to the participants after the interviews were concluded. The participants emailed back their signed Written Consent Forms before the interview, and they returned the Participant Demographics after the interview.

3.2.3.iv. Participant Interviews

All interviews were online. I had requested and been granted permission from the Ethics Board to interview both in person and online, and the participants were all happy with either. However, the

pilot interview had to shift to online due to traffic problems and personal circumstance of the participant. Given the embodied focus of this research and the strongly embodied nature of the online pilot interview, and while my personal experience of working online does not differ markedly from in-person (Duffy, 2023), I nevertheless felt it was useful to keep the format online for the following interviews, offering a sameness for me in place, always at the same desk in the same room, if not for the participants, each of them in their own homes. I believe that initially offering both online and in-person interviews may have contributed to the geographical reach of participants in locations across England.

In each interview I asked the participants if they would like to choose a pseudonym for themselves, acknowledging that while I might protect their anonymity from others, they would of course recognise themselves in their own words. I felt that offering them this opportunity – which six of the eight took up – allowed the participants to own more of the material they were sharing for this research.

The interviews were all online using password-protected Zoom video recording which was downloaded immediately following the interviews and saved to password-protected USB and to my account on the password-protected secure cloud server, Dropbox. The digital file of each transcript was saved in the same way and printed transcript texts were stored in a lockable filing cabinet.

Before and after each interview I handwrote diary notes to myself in a notebook, regarding my experience of the interview, using dates and interview numbers only to protect the confidentiality of the participants. The notebook was also stored in the lockable filing cabinet. See Appendix 6 for approval from the NSPC Ethics Committee.

3.2.4 Data Analysis

3.2.4.i. Transcription

I transcribed each interview myself and as I did so, made notes in a plain notebook so I could remember what stood out in that moment. Each transcript took several listenings to ensure I had heard and transcribed their words correctly, and each time further refined my sense of the participant and their experience. See Appendix 7 for details of the transcription method.



Figure 1. First notes on Paddy's transcript.

I aimed to complete each transcript soon after each interview, partly to ensure I did not lose the embodied sense of the interview as it became text and, more prosaically, as a non-typist I found the transcription highly labour-intensive, each one taking around eight to ten hours – I was keen to get it done as soon as possible.

3.2.4.ii. Transcript analysis

I read through the first two transcripts feeling for what might be potential themes within the text rather than from the literature search, marking them with colour-coded post-its. 'Themes' quickly felt too sure as a concept, so I named them 'elements' to allow a fluidity until the complete

analysis. While this was a semantic choice, given the importance of writing and language to HP methodology, I believe it was an important one, allowing a more open working process.

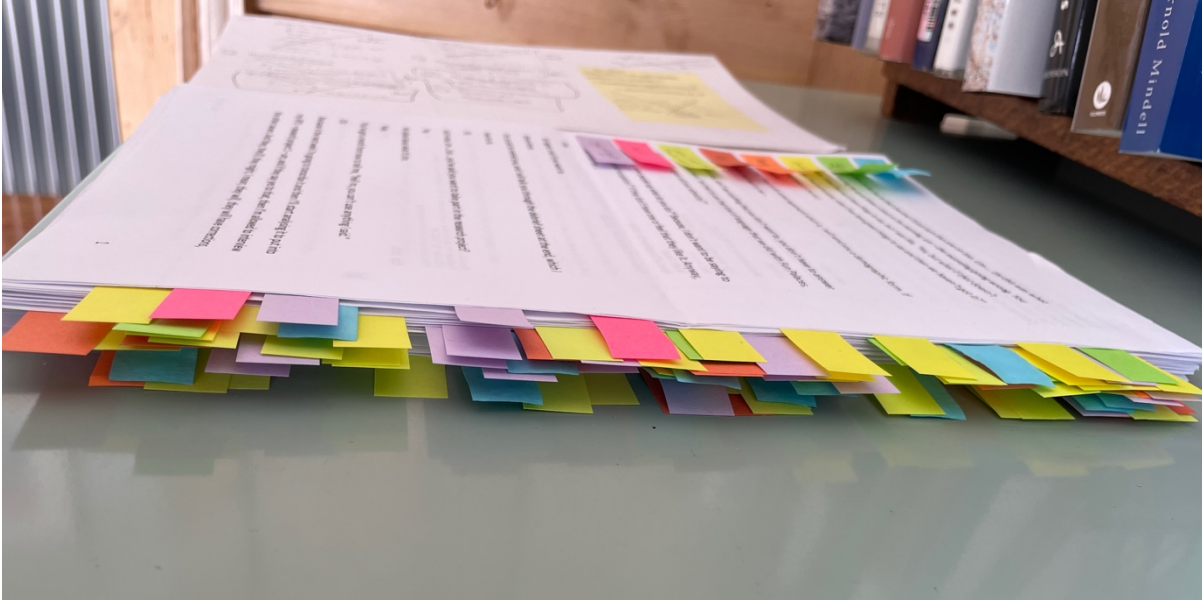


Figure 2. Élina's colour-coded text.

Having coded the first two transcripts by hand, I switched to MAXQDA software (files saved securely as above), which allowed me to include many more potential codes and to re-code the transcripts more easily as each subsequent analysis both opened up and closed down possibilities. The pilot interview had just eight elements, as I progressed through the transcripts these grew to twenty-five, finally settling on the twenty-one that remain. The elements were then clustered into three main themes, with seven sub-themes.

See Appendix 8 for a full breakdown of this transcript analysis process with examples and Appendices 9 and 10 for element frequencies.

3.2.4.iii. *Writing and rewriting*

a. Poems

While I found the thematic and elemental reductions valuable in terms of clarifying the material, I

was aware of van Manen's injunction to "describe the phenomenon through the art of writing and rewriting" (van Manen, 2016b, pp. 30–31). L. Finlay stresses research as an evolving process and the importance of "recovering something of our unreflective experience" (2003, p. 107). Shifting between conversation and text, analysis and understanding, I reminded myself that I too am in the work, in and of the conversation, "The practice of phenomenological "seeing" is an internalized, perception-based, and creative serendipitous act" (van Manen & van Manen, 2021, p. 9).

Van Manen (2016b) suggests five possible ways of working the text – Thematically, Analytically, Exemplificatively, Existentially, Inventing an Approach. Hoping to avoid a "methodical exactness" that reduces text to "distorted meaning" (Gadamer, 1960/2013, p. 485), I experimented in the pilot study with inventing² an approach that foregrounded writing, creating a found poem for the pilot participant, connecting lines from her conversational flow, where they felt most resonant with the wider meaning she was offering. I felt that the poem created in this way held the depth of the full interview, had a strong flavour of the participant's presence as I experienced her in the interview and, checking with her, she too found it a valid representation of our conversation. I went on to use this method for all of the interviews, trusting that there is value in allowing the text to speak for itself. The poems became a wondering, vocative access (van Manen & van Manen, 2021) to the participants' experiences of postmenopause, to the participants themselves, the interview process, and the work created between us.

b. Silence and gesture

Concentrating on sense within the text, aware that not all meaning is articulated, and that in seeking the embodied experience, words are not always available to us, I also sought *unspoken*

² I haven't read this specific kind of voice/tense playing in other work, yet given the vast number of phenomenological research texts and the use of HP as a research methodology, I can be sure I have not truly 'invented' it.

moments. This led me to add breath, movement, and gesture to the transcripts, the better to hold in mind both the sense of the moment as it was for me, and also to include these physicalities in the text, allowing for the reader's own interpretation.

c. Lifeworld Existentials as story and anecdote

Having engaged deeply in writing and rewriting, I returned to all eight texts, this time viewing them through van Manen's Lifeworld Existentials (2016b). I re-coded for the existentials of Lived Space, Lived Body, Lived Time, and Lived Human Relation. Recalling van Manen's enthusiasm for anecdote to convey a complete example of the phenomenon, I spotlighted anecdotes and stories that exemplified each existential. See Appendix 11 for an example of anecdote-gathering.

3.2.5 Ethical Awareness and Considerations

3.2.5.i. *Power*

For many people, the menopause transition itself is accompanied by a sense of loss of power, loss of status, loss of role or place (Ayers et al., 2010; Hoga et al., 2015; Pearce et al., 2014). I am also aware, from phenomenological, feminist, and intersectional perspectives, of the likelihood of power imbalance between researcher and participant (Baird & Mitchell, 2014; Edwards, 1996; Griffin, 1996), therefore I paid particular attention to ethical considerations throughout the process of this study. This meant making myself available for any questions or concerns from potential participants, clarifying in writing and in person my respect for their confidentiality and for their story. It involved acknowledging the participant's contribution in the found poems I created, sharing the poems with the participants, and welcoming their feedback before including them in this study. I worked to maintain their confidentiality while simultaneously acknowledging their contribution.

3.2.5.ii. Consent

To ensure informed consent, I used the pro-forma Research Participant Information Sheet, Appendix 12, detailing the project aims, confidentiality, the time commitment, how data would be collected and assuring the participants of their right to withdraw from the study up until data analysis with no justification necessary. My anonymised contact details (email and dedicated mobile phone) and those of my primary supervisor were shared with the participants to accommodate this possibility. As noted above, I talked the participants through the participant information sheet at the start of the interviews to ensure they understood their commitment and options. I provided a Written Informed Consent Form, Appendix 13, also talking through it before the start of each interview.

3.2.5.iii. Complexity of the issues under discussion

For some, the transition to postmenopause is welcome, for others it can be very problematic. However willing a participant believes they are when they put themselves forward, any genuine conversation might bring up uncomfortable or difficult issues. I acknowledged this possibility with the participants in the pre-interviews, during the interview, and in the debrief. The benefits to both of us in taking this time were useful, allowing the interview to be as in-depth as it needed to be, but also as well-held and contained as I was able to offer. There were moments throughout the interviews which both the participants and I found moving and acknowledging them as such felt appropriate as a researcher also in postmenopause. As L. Finlay writes, “Always, researchers affect and are affected by their participants in a process of reciprocal transformation” (2005, p. 288).

The embodied experience of postmenopause is deeply personal, I would have been surprised if the interviews did not elicit some potentially problematic emotions for the participants and for me

as researcher. As in therapy, I understand that this can also bring new possibilities and so I endeavoured to be with the participants in the same way I work to be with clients, in generosity and care. Similarly, I took care of myself during and after the interviews, with supervision, therapy, and personal care, just as in client work. Aware that immediate reactions may not always align with later feelings, I provided each participant with a Participant Debrief Sheet, Appendix 14, listing contact details for Menopause Cafés, UKCP, and BACP sites.

3.2.5.iv. Confidentiality

I ensured confidentiality by anonymising indicative data shared by the participants (e.g., workplace, hometown etc) and using pseudonyms whenever discussing the participants, including when discussing this work with my supervisors. When sharing the found poems with the participants to ensure they felt adequately represented, two came back to me with confidentiality concerns, suggesting that certain friends might recognise them from lines they had said about their experience. One said she wouldn't mind if a friend recognised her, but she wanted me to know it was a possibility. I chose to further anonymise that line in case she later felt otherwise. A second participant was more concerned that she might be recognised, despite anonymisation, so I re-drafted her poem twice, checking with her that she was fully satisfied her anonymity was assured. I included her poem only after she confirmed that she was happy with the result. See 3.2.6 Trustworthy Enough for more on this member-checking process.

3.2.5.v. Data Retention

As co-founder and co-director of the UK-wide communities organisation Fun Palaces (Fun Palaces, 2021) from 2013-2021 I was responsible for maintaining GDPR standards and understood and actioned relevant data protection management in all participant interactions in this study. The interviews were video recorded using a secure paid Zoom account and I transcribed

each interview myself. All participant identities were pseudonymised, recordings and transcripts stored separately in secure locations, a lockable filing cabinet and password protected computer files and USB. All video files have now been deleted, once this thesis has been marked and approved all printed transcripts (currently stored in locked filing cabinet) will also be destroyed by secure shredding. NSPC will retain raw data for at least ten years and will be custodian of that data, uploaded to NSPC's secure website where it will be stored confidentially.

3.2.6 Trustworthy Enough

3.2.6.i. *In qualitative research*

As noted in 3.1.5 Limitations of HP, this study is neither aiming for, nor convinced that a positivist certainty or objective 'truth' are valuable. Neither are appropriate in qualitative work, and both rely on a researcher believing they can be fully objective. Existentially we know this to be impossible; given our always-already embeddedness in the world we cannot but approach our work from a point of view, a place in time and space. I suggest therefore, echoing the psychotherapeutic notion of the good enough parent (Winnicott, 1971), that *trustworthy enough* is a useful aim for qualitative research, not least because in the 'enough' we acknowledge the uncertainty that any of us must embrace if we are to be honest about the impossibility of the full *époche*, complete bracketing.

3.2.6.ii. *Repetition*

Caputo writes that hermeneutics is a process of repetition, "It does not mean repeatedly covering the same ground, but digging deeper into a more originary ground" (2018, p. 38). The process involved in coding and re-coding the transcripts, and yet again in creating the found poems offers a depth of trustworthiness through repetition. Caputo goes on to explain that authentic repetition does not simply offer a facsimile of what has been, instead it opens space to find further inherent

possibilities. The poems shared in the Findings therefore offer another form of authentication, a repetitive evocation, uncovering what was part of the original participant offer.

3.2.6.iii. Involving the participants

Both Willig (2013) and L. Finlay (2011) question participant validation or member checking as either necessary or sufficient to ensure trustworthiness. I agree that “participants have their own motives, needs and interests” (L. Finlay, 2011, p. 223). Nevertheless, and after many decades in co-created arts practice, I chose to share the found poems with each of the participants for several reasons:

- to check they felt their anonymity was assured, as noted in 3.2.5.iv Confidentiality, above.
- to offer them a sense of what I had taken as core to their interview, welcoming their responses to that sense.
- to confirm that I understand artistry, resonance, and relevance (L. Finlay, 2006) to be valuable criteria for evaluating qualitative research.
- Riach (2009) emphasises the value of attending to participant reflexivity. The anonymity concerns of the two participants’ cited above further engaged their post-interview reflexivity, which I found added to my faith in the process of writing and rewriting as a valid way of sharing qualitative research.

The participants gave these responses to their poems,

Did I say how much I enjoyed your found poem based on my interview? Very special. I really like it – you are so clever in your use and understanding of words.

I have just my poem/story and I can’t believe it’s all about me. When I read it, I kept thinking, this woman can it be me? She is so strong ... but it is ME!! It’s BEAUTIFUL.

Wow! I've just read (participant's pseudonym) poem out loud to myself. I'm so proud of us, our conversation and your extraordinary attentiveness and empathy. I shall never forget our conversation and now I have a way to remember it through your reflected words back to me, so beautifully crafted.

You have no idea how pleased I was to receive it and I'm looking forward to putting some time aside to reflect on the poem. Thank you so much for the capture and for sharing it with me. I will use the poem to help guide me back to my true North.

Wow, it is so powerful for me reading this. Thank you for sharing this with me. I very much appreciate it.

Thank you for sharing. Found poetry is a powerful way to communicate the essence and cut through defences. Hope to see this out in the world.

I think the poem is a beautiful, powerful, unorthodox way to share the experience of the hormone driven, hormone abandonment journey!

And from the participant whose poem I re-worked until she was at ease with her anonymity,

I'm really touched that you did this. It works really well.

These participant responses satisfy me that this work is trustworthy enough within the paradigm of qualitative research. The Findings and Discussion are clearly my interpretations, they cannot be anything else. The poems are intended to hold space in this text for the participants as people, rather than a reduction to data. That they feel well enough represented in this work matters to me. This thesis is my work entirely *and* it does not exist without these specific eight people.

3.2.7 Reflexivity regarding Method

3.2.7.i. *Participant reach*

While I am happy with the range of participants in this study, I remain disappointed that although trans and non-binary people offered themselves as participants, none were of the right age to match the criteria I had chosen. I considered asking for ethical approval to change the age range, but the range of 55-69 was also important, chosen to shine a light on the particular age demographic that is the beginning of the rest of our lives in postmenopause. The lack of gender expansiveness in this study therefore equates to a cisgender bias.

3.2.7.ii. *Interviews*

For speech is the vehicle of our movement toward truth, as the body is the vehicle of our being in the world. (Merleau-Ponty, 1969/2000, p. 129)

Although the pilot study gave me great hope that this work really might engage potential participants as I hoped it could, it also set a template of a flowing, both-ways-engaged conversation, which opened possibilities of enquiry I found vital to this work. It was important then, not to expect the same from subsequent interviews, to allow them to be whatever they might be. What I found in practice was that with each subsequent interview I needed both to acknowledge the input I had already received, and still find a way to approach the next interview as openly as possible. I found this became more difficult as I progressed.

The first three interviews each felt very new, very fresh. I found myself thrilled when one person's story chimed with another, and while I was initially concerned when a participant directly contradicted the interviewee just before, I quickly realised that the divergences in this work are as valuable as the confluences.

As the interviews progressed, I worried that I was getting ‘better’ at interviewing – and that with my newly-practiced skill I might lose some of the freshness and conversational flow of the previous interviews. I especially did not want the later interviews to have a default structure created from what I had found useful in the earlier ones. To combat any slide into pattern, I made sure to give myself time before the interviews to clear an emotional space into which I might welcome the next participant. Practically, this involved keeping a handwritten diary of my thoughts before and after every interview, allowing myself a free-flowing spill of my concerns and hopes.

Looking back, I am interested that even in the last two interviews I was nervous beforehand, relieved and hopeful afterwards. I often wrote that I was moved to tears by what I had heard or seen – not every experience was translated into words, sometimes a glance, a shake of the head, a sigh offered depth that a sentence never could.

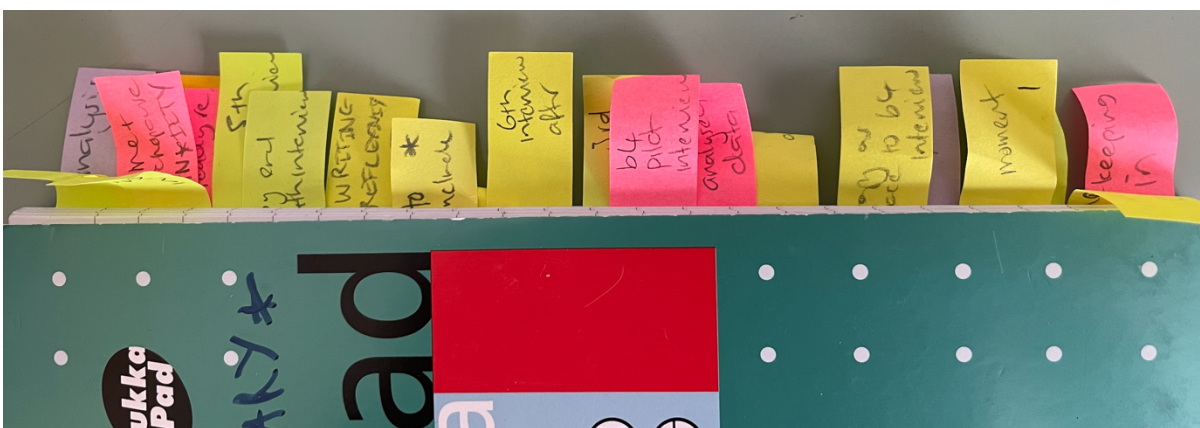


Figure 3. Reflexive Diary post-its 2021-2023

I remain enormously grateful to the participants who generously shared so much of themselves with me. As I hope will become obvious in the following pages, postmenopause is not a discrete

section of life, it is part of the continuous whole of who we are, have been, are becoming. In sharing their experience of postmenopause with me, the participants could not but share deeply of their whole lives.

3.2.7.iii. Analysis

To better understand the text, I wrote reflexively of my interviewing experience, checking each time what was mine, the participant's, ours. I rewrote their words many times, evoking the “dialectical dance” of “naive openness and self-aware criticality” (L. Finlay, 2008, p. 29). This writing process became core to the work of analyzing the interviews, both in checking the elements and themes that emerged against the participants' words, and in ensuring that the participants remained individual, even as I connected their experiences to form broader and reiterative understandings of the postmenopause experience.

Creating the poems and defining the anecdotes and stories enabled me to focus on the individuals, and on the wider phenomenon of postmenopause collectively experienced, trusting that the process of shifting between the particular and the whole, while holding both together, would explicate the implicit.

Writing, editing, and rewriting brought me back to what matters to me as a researcher, a therapist, and a writer – that our work is always about connection. Connections in the moment of the research interview, the therapy session, the blank page slowly filling with words, and the connections that ripple out beyond each of these.

3.2.7.iv. Creating the text

Sharing the poems took artistic and researcher courage – despite my many years of work in

writing, poetry has never been my form. Yet from the earliest attempt to analyse the pilot interview, it was obvious to me that these people, these beings, needed to be part of the work as themselves and not just data.

Reading back over that first interview, so many lines sung out to me. They did so from the words themselves, my memory of how she had said them – her gestures, her breath – but also something else, something that felt solid and needed space of its own. I am writing about this feeling fifteen months after that first interview and am still not entirely clear what that something was, but I know it is in the poems. It is to do with each of their embodiment, a resonance of their tones and actions, a sense – however fleeting – of how that conversation was.

I shared sections of the completed poems at the Middlesex University Research Students' Summer Conference 2022, see Appendix 15, and the SEA Conference 2022. The feedback I received suggests that they convey at least some of the individual postmenopausal experience to an audience.

The poems have a flavour, perhaps no more, of each of the interviews and therefore of each of the participants. I have often wished I was a visual artist, wanted to capture gesture knowing it too is language. In this work, especially given the centrality of the embodied experience, I would, if I could, have offered line drawings of frowns, laugh lines, angry fists, open palms, tears, a reaching arm. Instead, I offer poems. They are the best I have.

4. FINDINGS

4.1 INTRODUCTION TO FINDINGS

This chapter presents the Findings in five sections. First, a look at the participants as a whole, followed by the participants in their own words. Then I move on to reflecting on the essential themes and elements that emerged from the interview process. This is followed with an exploration of the Lifeworld Existentials through story and anecdote. Finally, I return to phenomenon of postmenopause, circling back to the HP process of writing and rewriting to describe the phenomenon more explicitly.

While Table 1 below clarifies the connections between these five sections of the findings, I believe it is important first to introduce the participants together, in their own words, in a found poem created as described in 3.2.4.iii. Writing and rewriting.

4.1.1 Living postmenopause

A found poem created from all eight interviews:

For a week before my period, I would go mad, literally quite mad.
When I hit menopause that stopped, completely gone.
That was just major positive. Enormous. Huge.
Menopause has made the space in me to be able to see things even more clearly.
It's a lot of different things but they're all connected –
As older women, what we should be doing is shutting the fuck up and,
you know,
knitting.
I am seen less as an older woman.
I am less noticed.
I don't like being invisible.

Is it because my hormones are depleted or is it some of those other things?
Internalised misogyny, ageism, sexism, you name it.
Maybe it is just totally shit and I'm allowed to feel that it's totally shit?
In that respect, yeah, wiser and wised up.
And this is what postmenopause gives me.
I feel freer than I ever have.
I feel like I am owning my own space,
my own body,
my choices,
my place in the world,
my ability – they feel like mine.
Can you separate age and menopause?
I don't think you can, actually.
Maybe there's something about the menopause and time running out.
We don't know what's coming, but you need to be ready for it, don't you?
You need to be ready.
That's the next phase.

(Élina, Joy, Maggie, Grace, Rita, Gina, Paddy, Dora, collected by Stella)

4.1.2 A reflexive note on sharing findings

These findings are gleaned from the eight people I spoke with for this work. Their experiences, their questions and concerns, their fears, hopes and impossibilities, explored in their embodied experiences of living with and through perimenopause and menopause into postmenopause, now carrying that state beyond, postmenopausally living-towards-death. These were profoundly personal, strongly embodied experiences, shared in conversations in which we both, in each instance, expressed moments of connection. Heidegger writes that “the attuned intelligibility of being-in-the-world *expresses itself as discourse.*” (Heidegger, 1927/2010, p. 156). In contrast, the demographics, the tables of elements and themes, and the diagrams from the coding software

necessarily funnel the aliveness of discourse into a form that can be reproduced on the printed page, a 2D table of eight vibrant lives.

This process of remaking engaged conversations into text turns the present-passing into a static form, with an inevitable limitation in reducing lived experience to printed moments. Even so, I have faith that I might find “language to describe language” (Moules, 2002, p. 15) and firmly believe, both from my previous work in literature and now as a psychotherapist, that it is possible to hold depth in a single moment, and for you, the reader, to find that depth for yourself, through your own embodied experience of the text.

I therefore offer a double-sided approach to sharing findings – both the evocative phenomenological work of the participant found poems and the more traditional thematic analysis from which the poems emerged.

4.1.3 Whole from parts, parts from whole

In this analysis then, I share both a focus on the individual and on the wider phenomenon of postmenopause as experienced by these participants, trusting that the process of shifting between the particular and the connected, while holding both together, can explicate the implicit, in the individual interviews and from the group as a whole.

Writing and rewriting	Creating poems of the participants' words/phrases and checking resonance with them for validity.						
Themes	The shock of change		Living with change			Making meaning in ongoing change	
	how it was		how it is			how it is being-becoming	
Literature Review equivalent	Control		Transition			Ageing and Mortality	
Subthemes	Embodying (294) 8/8	Struggling (109) 8/8	Connecting (206) 8/8	Engaging (107) 8/8	Loving (107) 8/8	Attending (315) 8/8	Living & Dying (98) 8/8
Major elements	Being seen (101) 8/8 Embodied (81) 8/8 Symptoms (61) 8/8 Body image (51) 6/8 (Élina, Joy, Grace, Rita, Gina, Dora)	Anger/frustration (44) 7/8 (Élina, Joy, Maggie, Rita, Gina, Paddy, Dora)	Other women (78) 8/8 Work (62) 8/8	Stoicism/strength (59) 8/8 Drive (48) 8/8	Sexuality (64) 8/8 Intimate relationships (43) 8/8	Self-awareness (164) 8/8 Exploring transition (99) 8/8 Hindsight (41) 8/8	Ageing (85) 8/8
Minor elements		Regret/loss (29) 8/8 Shame (22) 4/8 (Élina, Joy, Rita, Paddy) Dread/fear (14) 5/8 (Élina, Joy, Maggie, Paddy, Dora)	Menstruation & fertility (39) 8/8 Mothers (27) 8/8				Mortality (13) 4/8 (Joy, Rita, Paddy, Dora)
Lifeworld Existentials	Lived body (183)		Lived human relation (186), lived space (55)			Lived time (152)	
Phenomenon	Embodied Emergence						

Table 1. Elements, Themes, Lifeworld Existentials, and Phenomenon

(55) = code frequency of 55 segments

5/8 = 5 of the 8 participants

4.2. THE PARTICIPANTS

I introduce the participants below, first from a demographic perspective to give a more standard overview of who they are within the wider scope of menopause and postmenopause research, secondly – and more importantly in my mind – from their own perspective, in their own words.

4.2.1 Demographics

The participants who shared their experiences with me are aged between 57 and 64 and they are variously: Black, mixed other, white other, Welsh British, white British, straight, heterosexual, lesbian, lesbian/bi/queer, disabled, non-disabled, living with a health condition, working class, middle class, from all socio-economic backgrounds (Social Mobility Commission, 2021). They are mothers, not-mothers, a stepmother, and a grandmother, single and partnered, and they are all working, two of them part-time.

Their education levels range from PhD to A-Level/Foundation. This is notably a relatively high level of education, and I would suggest it is to do with a number of factors. Firstly, these participants were born between 1958-1965, at a time when social mobility in the UK was deemed to be making great strides for the working class – although not for all working class and not necessarily affording the golden era that has often been assumed (Brook et al., 2020).

Nevertheless, two of the participants worked in culture and creative industries, finding those areas were more welcoming, at least initially. Another two participants first trained as nurses, and both acknowledged this was their way into higher education in later years, as formal tertiary education did not seem accessible to them directly from school.

Asked if they would like to choose a pseudonym for this study, six named themselves, choosing names that had meaning for them. Their open text answers to demographic questions are shared

below. For further explanation of the demographic table see Appendix 4.

	Age	Work	Education	Ethnicity	Sexuality	Disabled/ living with health condition	Age first period	Age last period	MHT use?	Class (if mentioned in interview)	Socio- economic background
Élina	57	Dept lead in a cultural sector charity	BA & postgrad certificate	Mixed Other (White/Creole)	Straight	No	13	54 (approx.)	no	working class	Professional background
Joy	58	Fashion industry, self-employed	A Level, Foundation	Black Caribbean	Heterosexual	Not really – I am asthmatic	15	52	yes		Lower socio-economic background
Maggie	61	Former nurse & retired academic, developing creative practice	Masters	White British	Heterosexual	No	12	52 (I think)	no		Professional background
Grace	64	Semi-retired, university teaching & research part-time	PhD	White – Welsh British	Lesbian	I don't think of myself as disabled. I do have a lot of arthritis.	15/16	55?	no	middle class	Intermediate background
Rita	57	Cultural sector support re access & inclusion	Masters	White	Cis woman	Yes	13/14	43	yes		Lower socio-economic background
Gina	57	Artist	Masters	White other	Lesbian/Bi/Queer	Yes	11	50 ish	no	working class	Lower socio-economic background
Paddy	63	Psychotherapist	Diploma	White/other	Straight	Living with a health condition.	15	48	no	working class	Lower socio-economic background
Dora	61	Therapist & clinical supervisor	Postgrad	White	Heterosexual	No	13	49	no		Professional background

Table 2. Participant Demographics

4.2.2 The individuals

Van Manen maintains that a poetising attention to the vocative allows the “text to be addressive and speak to our whole embodied being” (2016a, p. 377). I created found poems of each participant’s text, in a chronology that mirrors their life experiences as told to me and largely echoing the shape of each interview. To make the full poems, I went through each transcript several times more, connecting their lines in chunks, lifted out of the conversational flow. The following extracts are from the longer found poems and each speaks to the main preoccupations of the conversation we shared. See 3.2.6 Trustworthy Enough for more on this member-checking process and Appendix 16 for all eight complete poems.

Élina, 57

As I reached my menopause
My sons reached really difficult times.
I had to be strong and resilient for them.
What my boys needed more than anything
is for me to be
like a calm rock.
And that is what postmenopause gives me
Not being ruled by my hormones
I can really step out of my shit
and
 be
 right
 there.

Oh, no more children.
There was a very real sadness around letting that go.
But then there's these children and they're nearly adults.
And they need looking after
They need fully equipping to be
Not part of the patriarchy.
Black boys that aren't part of the patriarchy.
I will sit here
bold as brass
and say yes
that is part of being a wise woman.
Stepping into my power is to contribute some males
who aren't going to be part of the problem.
My legacy isn't even whether I succeed,
My legacy is that we've been on a really good journey together.
What it shifts on to
It comes back to
It's just going to be me.
I want to explore this for myself
A focus on what this shift is.

At this phase in my life, I am my greatest source of support.

This took me a long time to learn.

Joy, 58

If I look at where I am today, yeah, I've got it.

I'm good.

I still got it sexually

I can still get somebody.

And yeah, I will have love, why can't I have it?

What, cos I'm fifty-eight?

What's that mean?

Sorry, was there a lock?

Are we in the desert?

You know, the clamps have come down and that's it, we're done.

I'm not about that.

I have as much value, as someone who's fifty-eight as someone who is twenty-five.

You're not going to make me feel lesser than just because I'm having a hot flush.

Don't get me wrong, live for the moment.

If you're in your twenties, live for the moment

Live the wild, the parties, live all of that

You're living for the here and now and I totally get that,

But just think, there are things that are still coming.

That past is not coming back tomorrow or next month.

You're a menopausal woman.

This is who you have become today.

You are a postmenopausal woman who has a different outlook on life.

The world is out there still waiting for you.

You'd better wake up, cos life is moving.

We don't know what's coming, but you need to be ready for it, don't you?

You need to be ready.

That's the next phase.

Maggie, 61

There wasn't a forum to talk about it ten years ago.

There weren't any 'famous celebs' talking about the menopause.
All power to them, but at the same time it diminishes ordinariness.
Their narrative gets amplified and given as the authority
That maybe the rest of us don't have.
Is it because my hormones are depleted or is it some of those other things?
Internalised misogyny, ageism, sexism, you name it.
I feel diminished and invisible as a woman at this age.
I have got other friends, five or six friends between sixty and seventy-five
Who are equally feeling shit.
It could be patriarchy.
And there isn't a pill for patriarchy.
Having more time at my disposal to think about how I've got to where I am.
At sixty, sixty-one – and getting even more angry.
I feel like I know more about my body
and about the communications between mind and body and spirit.
I have less energy,
I also have less tolerance for fuckwittery.
Some of us are so sensitive to climate change, Tory fuckwittery, betrayal, treachery, abandonment
issues –
That's why we're distressed.
And as an older woman, it's almost like people go,
“Yeah, and?”
That kind of adds fuel to our fire.
Somebody said, “Well you start doing it then.”
And I went, “Oh, OK.”
Be the change you want to be.
I need to be heard.

Grace, 64

I am slightly provocative.
I know that how I dress is slightly provocative to some people
I also know that it's very attractive to a surprising number of people who are not lesbians.
And I can play that, sometimes.
As I was leaving, I'd put my jacket back on,

A woman came up to me and she said,
“I just want to say how lovely your suit is.”
And I thought, I don’t think it’s the suit that you’re interested in.
I think I’m more myself now, as a lesbian, than I was.
I’ve just given up on trying to make myself look more like them.
Now I just revel in looking really different
And I feel more myself,
I feel freer than I ever have.
I suppose I didn’t expect,
Especially because I lost it completely,
I didn’t expect that I would become sexually interested again.
Or that there would necessarily be opportunities to do anything about that.
Because that’s part of the image of older women, isn’t it?
That they’re not interested in sex.
And even if they were, who would want them?
Well, it turns out, other women in their sixties.
Mainly, but not exclusively.
That was good to know.
I think everyone should know that. Definitely.

Rita, 57

For me, it’s all to do with my body.
I look in the mirror and I don’t recognise myself.
I hate my body. I hate it.
I didn’t mind being overweight, I liked my body.
The last few years, my body has changed.
My libido went through the roof postmenopause,
Which is unfortunate as I live alone.
My friends are my age and we’re all going through the same thing.
The difference is, some of them lost their libido.
They didn’t care if they never had sex again.
I find that horrific, the thought of never having sex again.
Can you separate age and menopause?
I don’t think you can, actually.

I have been more conscious of dying, of death.
And questioning the whole, what, why, what is the point in all of this?
What's the point of having these paintings on the wall, that will just end up in a charity shop.
How will they know that piece of glass is the most amazing piece of glass?
They'll just put it in a jumble sale with the stuff.
And everything has been dear to you, possessions, books or whatever, it's just gone.
What is it all for?
Surely some of it has to be about just enjoying being here.

Gina, 57

The really positive change for me
Was that pre-menopause, I had always been extremely hormonal.
For a week before my period, I would go mad, literally quite mad.
In my late thirties I suddenly saw it clearly as a pattern.
Those times of the month when I would have arguments with people,
And the rest of the time I wouldn't.
It was my hormones propelling me.
When I hit menopause that stopped, completely gone.
That was just major positive.
Enormous. Huge.
None of us likes getting more lines on our face or problems with our body or teeth or bones.
But when I say I'm getting older,
There's a power in that as well.
When you're middle aged, particularly if you're menopausal, there's huge discrimination.
All this anti-mum feeling.
You're receiving the same discrimination you've always received as a woman,
But now it's been desexualized, turned against you in another way.
I wouldn't say the discrimination is gone, because I'm a woman, in the society I'm in,
But it seems you get into a bracket where you're either being treated as "Old dear",
Or you're just allowed to be sort of old and eccentric,
Or you're being treated as wise.
And they all seem preferable to me to the middle-aged woman treatment,
Which really is just kicks.

Paddy, 63

I feel really in tune with my intuition.

I feel wise, a lot wiser.

I feel like I know what's going on around me.

If I think retrospectively to periods, my relationship to them would probably be different.

I'd be seeing that mood swings are not something to be ashamed of,
they're telling you something about what you need.

Now I don't have the periods, but I know what I need.

I don't need that cycle to tell me what I need and what I know.

I can think really quickly on my feet

In those situations where I feel something needs to be said or a point of view is missing.

And that makes me feel like a powerful –

That makes me feel like a woman, actually.

I don't know if I want to be an old, old woman.

I don't want to be swimming about in my own piss.

I don't want to be frightening.

I don't want to be mad.

I don't want to be mean.

I want to be kind of straight talking.

I saw Cagney and Lacey, the actresses who played them on a TV show,

I want to be like them.

Recognizably themselves, but they'd thickened out and they were older.

But they were – I want to be funny, they were funny.

And just like that, unthreatened.

Dora, 61

I probably feel more myself, now that I am no longer fertile, than perhaps I ever did.

Because everything was so out of control.

It was very much that my body wasn't my own,

And it's taken a long time for me to feel like this is mine.

Part of the joy of what goes on for me now – it's mine.

I think I'm in my prime at the moment.

I don't have many aches and pains,

I haven't got any chronic medical conditions.

Take it forward ten years, who knows?
I don't assume that I'm going to age and not have a fear of death.
How might I die? How will I die?
I also think change it, can't stop it, whatever comes will come,
Because it will anyway.
I'm just a little person in the universe.
The idea of feeling frightened doesn't frighten me.
I really like being a woman and I really like having women friends.
For me, this is the best bit of being a woman.
I see that's not the case for some of my friends
And I feel sad for them.
A lot of that stuff that some of my friends struggle with is male created.
If I can do something to chip away at that, I will.
Because I like a bit of quiet subversion,
Suits me very well.

4.2.3 The unspoken moments

What is unsaid demands acknowledgement. For Kierkegaard (1849/2016), “the moment” is a still point where everything that needs to be understood, and all that it leads to can be understood. He maintains this moment is possible only in silence. The space created beyond words is harder to record and later explore as part of the text, yet it is nonetheless a vital component of the work between researcher and participant – echoing the held moments of embodied connection we recognise as core in the psychotherapeutic relationship (L. Finlay, 2022), and the moments of felt sense when we understand something bodily (Afford, 2020), before we do so cognitively

In Paddy's interview she spoke about her disappointment in not being able to appreciate the sexual beauty of older bodies. As she spoke, there were a number of two and three second pauses, they were brief yet longer than those in the rest of the interview. She was feeling towards language, sharing an in-the-moment, painful acknowledgement of her internalised ageism. Élina

spoke passionately throughout our conversation, with few pauses. Towards the last third of the interview, exploring the loss of “no more children” in postmenopause, she explained that her young adult sons need her differently now, need her to support them, as young Black men. Feeling the weight of this acknowledgement, the import leading into an unknown future, we were together in silence for seventeen seconds. Gendlin notes the connecting possibility of the felt sense moment as [...]; “a step, a crossing, a making sense” (1991, p. 100). I offer [...] now as a moment for you, the reader, to acknowledge *your* embodied present, before further exploration of the experiences of the participants.

[...]

4.3 REFLECTING ON THE ESSENTIAL THEMES

Three themes emerged from the process of coding elements of the conversations and then writing and rewriting the conversations into the found poems. They are:

The shock of change – how it was to live their menopause transition, very much concentrated in the physical experience and how that manifested, along with the difficulties and possibilities it engendered.

Living with change – how it is now in postmenopause, a time of emerging from the shock of change, reassessing daily life and relationships in light of current experience.

Making meaning in ongoing change – how it is being-becoming now and into the future, exploring ageing, and what it might be to live postmenopausally towards death.

These themes break down into seven sub-themes, further defined as major and minor elements depending on their frequency. See Appendices 9 and 10 for full breakdowns of the element frequencies, ranked by quantity and per participant.

4.3.1 The shock of change

The menopausal transition is both involuntary and rooted in the body. For all participants, the transition involved some shock – not all of them experienced the often-problematic vasomotor symptoms that inform the bulk of the current narrative that was noted in the research, for some their emotional and psychological experiences were at the forefront. How this dynamic change is experienced in the menopausal transition affirms Butler (1986); that the body, and myself-as-embodied, is always a mode of becoming, never set or fixed.

4.3.1.a. *Embodying*

Even though, you know, periods and PMT just was a battleground, it felt like it was a part ... that battleground was part of my identity, you know? (Élina, 5)

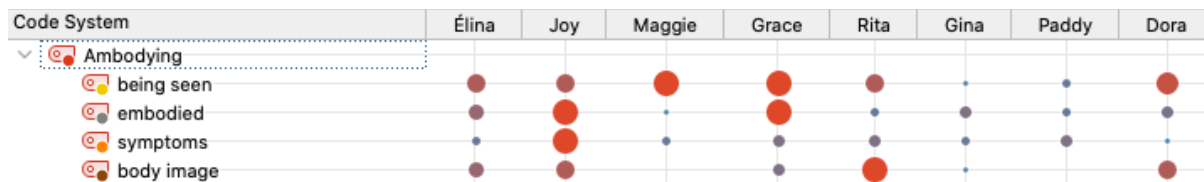


Table 3. *Embodying* code frequencies.

Embodying i. Being seen

Grace’s description of being seen as a postmenopausal lesbian showed how intercorporeality simultaneously encompasses embodiment, knowing, experience, and time,

I remember noticing it on the main shopping street one day, and I, I don’t, I can’t remember what I was wearing, but I would have had short hair then, cos it was pre-Covid, and um, there was a, a couple of women walking along, you know, not anything noticeable about them, and, you know, sometimes you glance at somebody and it’s just a glance, you know, you’re walking past and you, something catches your eye. And then there’s a second look. And that is often a kind of, “Oh, I think I know you”, or there’s something unusual about you, or, something. And then, if you get a third glance you know that they’re interested. (Grace, 311-316)

In contrast, Joy’s description of her first hot flush on a crowded train shared both her own concern about what was happening to her, and her fears about what others were seeing,

I literally felt like I was combusting, there was sweat pouring down the back of my neck, there was sweat pouring down my face, and I’m there trying to wipe it off, and you know, I’m literally like this (*she joins her hands to show the closeness of the passengers*) up against somebody thinking, “What are they seeing?” (Joy, 8)

Maggie returned several times to the connection between her postmenopausal experience and ageism,

I feel diminished and invisible as a woman at this age. (Maggie, 54)

Acknowledging this ageism, Élina considered that not being seen, while uncomfortable, offered an opportunity for conscious growth. Comparing past experience with present, she attended to her actual experience of being seen as a younger woman, rather than one nostalgically recalled,

It's a conscious reminder, about, to not think, "Oh, I'm a bit invisible, I don't like it." It's a constant reminder, "Oh, but much of that visibility wasn't really you Élina, they weren't seeing *you*." (Élina, 98)

Dora also considered the 'loss' of the male gaze in postmenopausal ageing,

I've got a friend who I talk to about this, because she's really caught up in it. Now she, um, she's, I think she's a year older than me, she's sixty-two, and she would have fitted the male stereotype I think, at one time, she's slim, blonde, um, and very needy, eager for their approval. So got a lot of attention. And she misses that, um, and she has things to say about it, which are very kind of honest, but quite a lot of the time she feels sad and blue and unseen and not very nice about herself, because it's strong drugs, isn't it, all of that shit? And, but, I think I never got addicted. (Dora, 310-311)

Embodying ii. Embodied

While all life experiences are necessarily embodied, there were moments when the participants clearly attended to their experience *as* embodied experience. Several spoke of the difference between menstruating and postmenopausal embodiment, finding value in their postmenopausal state,

I was one of those people that *felt* like hormones ran me. You know, PMT ... um, you, you know, the anger and rage, I would regularly say to friends, this feeling of rage – or despair or – you know, really hating my job, hating my partner – is this the, is this real, or is this, you know, or are these hormones getting me tuning into the reality, or is this the hormones lying to me? (Élina, 1)

I think something to welcome menopause and postmenopause is no periods ... I think because it was just so uncomfortable, the pain, it was just not a pleasant experience. (Rita, 334-335)

Describing her current relationship with her body image as much easier than earlier in her life, Dora noted that her embodied experience of herself changed in postmenopause,

Physically, I experience myself quite differently, really. I feel like I move through the world with much more grace. (Dora, 76)

For Paddy, embodiment showed up in her experience of energy and a concern with depletion in the future,

I'm really keen to ... find ways to keep my energy topped up. It terrifies me to come, the, the thought that I might come to a standstill, that really scares me. A standstill would be ... losing curiosity. Having ideas, pursuing ideas, um ... feeling that thrill – that kind of physical thrill of it. (Paddy, 121-124)

Embodying iii. Symptoms

The heavy biomedical and contemporary cultural focus on physiological symptoms noted in the literature suggests that physical symptoms would be higher in the list of elements ranked by frequency, whereas symptoms came just outside the top third. This is likely due to all participants

being fully into postmenopause, rather than simply in the biomedical definition of one year without periods. This meant that their experience of physical symptoms was largely in the past, affording perspective on the process, rather than exploring postmenopause from deep inside any physical difficulties with no knowledge of when they might pass. In contrast to the ambivalence with which many of the participants experienced being seen, there were other instances that emerged as more clearly challenging, with problematic vasomotor symptoms cited most frequently.

Joy captured her experience of a hot flush in the eloquent imagery of a burning match,

I'm sitting in meetings in the office, and I could feel like – it's like, the only way I can describe it is that someone strikes the match, so you know it's coming. Then they put it, they put to the tinder, and then you get the massive "whoosh!" and then all of a sudden somebody blows it out and it just goes back down like that. *(She lowers her hands from alongside her head to her chest)*. And that's the only way to describe how I was feeling. (Joy, 9)

Maggie used the analogy of a battery to describe her experience of menopausal exhaustion,

I just feel like, you know like your battery's on 50% and then it's suddenly on ... oh, it's run out, oh, I've got nothing. (Maggie, 254)

Grace described night sweats as problematic for herself and her partner,

I had the most terrible night sweats ... I would have to sleep on a towel. And I was in a relationship then, quite a long-term relationship, um, and um, I would often, you know, have to sleep in a different bed with a towel under me. Because I would be soaked, absolutely soaked. Very uncomfortable for me, and for her, actually. (Grace, 98-100)

Paddy noted early in the interview that she had experienced a wide variety of menopause symptoms, including vasomotor symptoms, later speaking in more depth about her surprise at experiencing anxiety,

I got anxious being a passenger in a car, um, where I never had anxiety before. I needed to be the one who was driving ... And it caused a fair few arguments between me and my husband, because I'd be, you know, gripping the seats, and, "Have you seen that?!" And it's like, we've been driving together for ... but he just couldn't understand why I'd suddenly – you know, lost confidence in his ability to drive. (Paddy, 81-83)

Lack of sleep emerged in both the literature and these interviews as important in symptomology, and Dora explored the disembodied experience of seeing herself not sleeping in the way she had been used to,

I remember watching myself adapt because my sleep pattern changed dramatically ... Um, and I got more and more and more knackered, and just, (*shudders*) eergh, and that was hard. And I had to ... adapt to that. And I remember almost a disembodied experience of watching myself adapt to these different ways of sleeping, because I was always quite a good sleeper before. (Dora, 103)

One of two MHT users in this study, Joy was clear that living with symptoms required her own efforts as well as medication,

I don't think I can just base it on medical. I think, um, I know there's some women that are thinking it's all got to be medical, I do think that sometimes we have to take ownership for some bits of this? I do believe that we need to look within ourselves and think to ourselves, well what, what, what have I been doing? What can I change, um, to help to alleviate some of the symptoms also? Don't sit there waiting for the magical pill to change

everything, because as much as it eases most of it, and gives you that comfort, there's still things that you still need to do within yourself. (Joy, 34)

Gina took an alternative approach to her hot flushes,

Like, thirty an hour or so. And they just went on and on. They were just crazy. (Gina, 77-78)

But then I invented a menopause tea and completely got rid of it. (Gina, 83)

Yeah, I just read up. All the science about symptoms, and what, and this and that, and I took all the herbs for which there was evidence. And I put them together in a big pot and boiled them up and drank them about three times a day. And it fucking worked. (Gina, 86-88)

Embodying iv. Body image

As noted in Hoga et al. (2015), a sociocultural conflation of misogyny and ageism affects body image perception for many people in the transition. Working in the fashion industry, the lack of choice accommodating body-shape change highlighted Joy's concern with body image, both regarding her metabolic change and the paucity of options available,

Normally I couldn't even gain a pound. And yet there's me sort of like gained two pound here, four pound here, six pound here, what's this? And then I started to notice the body shape change. So, there was things that I knew, um, I put them on and would go like, wow, that ain't look right. But then even going into the store as someone that has that background, I have seen how difficult it is to find something to wear. Once again, you get to a certain age, obviously you're not worthy apart from wearing a bin bag. (Joy, 143-146)

Rita's menopausal body change profoundly affected her experience of living in her body,

I, probably since I was about thirty-five, I've been overweight, but actually, I've been

overweight in proportion ... the last few years, my body has changed. And I, I've developed what I believe, and the doctor believes, is lipedema. Which can be brought on through menopause. So, I now have, I now have like, pockets of fat – which I can't bring myself to look at. (Rita, 4-8)

For Élina, her changing body connected with her understanding of the sociocultural pressures that shaped her awareness of her body image,

This isn't just about extra pounds, it's about a body, that when I was younger, I definitely internalised, that's not a good, that's not what we're supposed to look like. (Élina, 61)

Gina, however, noted her body shape change from thinner to more voluptuous, valuing both,

Even though my body's changed with menopause. Just, like, I was always pretty slim, and now I'm a little bit more, a little, I mean, I suppose I'm like two dress sizes bigger than I was, you know, fifteen years ago or something ... I mean, I am a bit overweight, but I'm not, I've still got a really nice body. And it's like become voluptuous, more voluptuous, and I've got like real tits for the first time. (Gina, 129-131)

For Grace, her discomfort about her changing body image prompted her to exercise more, returning to an embodied ease through movement.

I was carrying a bit of weight. And, um, and I thought I want to lose this ... And it was a deliberate decision to start running, cos I thought, oh I need to do something, and, you know, it's the obvious thing to do, cos you just put your trainers on and run out the door. (Grace, 203-207)

4.3.1.b. Struggling

Declaring that physical suffering can bring us closer to an understanding of “the order of the

world”, Weil writes “the body plays a part in all apprenticeships” (1950/2021, p. 84). While none of the participants expressed Weil’s wholehearted embrace of physical suffering as part of their emotional growth, many of them noted that the physical components of their menopausal transition encouraged a more attentive awareness of the experiences of others (noted in *Other Women*, 3.2.1.a.) and of the sociocultural setting for their postmenopause, prompting reflection on earlier choices and future determination.

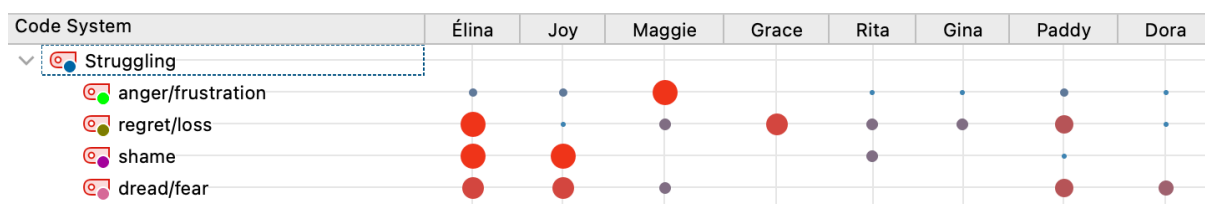


Table 4. Struggling code frequencies.

Struggling i. Anger/frustration

Joy expressed her frustration with the ageism she experienced in her postmenopausal late fifties,

Because I have all these years, I have got experience, I have seen things, I’ve seen changes and um, these are things that you don’t even know yet. So why are you thinking that because I’m now fifty-eight I’m not worthy or I’m not relevant? So no, you’re not going to do that. I’m not having that. (Joy, 101-102)

Paddy recalled a time during the transition when her children had left home and she was giving a great deal of time and effort volunteering for a membership organization connected to her work,

I was aware of a lot of anger. Lots and lots of anger. (Paddy, 101-102)

There are a lot of white males in charge. And training was, there was an arrogance about the training that was provided. Um, there was a lot of grandstanding. Um, there was a lot of, you know, us and them. (Paddy, 103-104)

Maggie used the image of a volcano to describe her experience of anger in menopause, eventually finding value in that expression,

I guess, in terms of um, yeah, the, you know, women's anger sometimes, kind of, I feel like I'm a volcano sometimes, where it's kinda like ... suddenly erupts. (Maggie, 85)
Cos actually, a volcano is, is, it's about making new land, isn't it? (Maggie, 96)

Struggling ii. Regret/loss

In discussing their postmenopausal experience, all of the participants expressed a sense of regret or loss in some way, several acknowledging a bittersweet balance in retrospect.

Élina, a mother of two young adult sons, connected postmenopause with her motherhood and her sadness at its ending,

Postmenopause for me, it's like, OK that's ... I – I would have loved, I would have loved to have had *twenty* kids. (Élina, 133)

There was a very real sadness around letting that go. (Élina, 160)

Then she shifted focus to the importance of the role she now plays in her sons' lives,

So, the emotional difficulty of, oh, no more children, and then it's very quick (*she makes a sweeping, circular arm gesture*), but then there's *these* children and they're nearly *adults*. And so, let's – and they need looking after. And they need equipping fully to be to be ... um, to be not part of the patriarchy, and – but to be, you know, Black boys in XXXX that aren't part of that patriarchy. (Élina, 165-169)

Paddy found that this period led her to consider what had come before in the transitions from

puberty to motherhood to postmenopause, comparing her council estate childhood to her present life, noting both the gains she had attained and the possibilities denied her as a young woman,

But by the same token, I think, oh, you know, what you, what you've missed out on ...
(*long pause*) you know, that kind of loss of what might have been. (Paddy, 253)

Struggling iii. Shame

In considering her experience of menopause in the workplace, and the attitudes of younger colleagues, especially vasomotor symptoms like hot flushes that were impossible to hide (see Other Women 3.2.1.a and Work 3.2.1.b), Joy described a sense of shame around her menopausal transition, suggesting it was experienced by many women of her age,

I think being more open about it would help. I think it is still something that has a label of shame against it. Um, and I do feel that probably women that are of my age also probably still have this inherent shame about it. Um, because that's just the way we've been brought up. (Joy, 115-118)

For other participants, shame linked both to body image and to what they understood was experienced by other women,

You know, so it's that, it's, you know, because you see women now, my age, and a lot of women have that belly that they've never had before. Ever. It's just appeared on them. You know? So, and they hate it as well. We all hate it. (Rita, 258)

Élina noticed a second level of shame in acknowledging her internalized shame around ageing as a woman and her fear of being dismissed as an 'old mum',

Those reminders not to be ashamed of being older, you know? I think that – there is so much shame attached to it ... You know, some of it is definitely me, um, and y-yeah, just, just that sort of tone of ... and I, and it is, it is worse for women. You know, “But she’s, she’s kind of, like not relevant anymore.” She’s not, that’s, that’s not the, a cool for, or a cool process, that’s, it’s just a sort of “an old mum”. (Élina, 64- 67)

Struggling iv. Dread/fear

Several participants commented on a negative sociocultural narrative around menopause, and Joy named her frustration with the MHT advertising that monetizes fear regarding the transition,

You see magazines, it’s always like the woman looks like she’s about to just keel over cos she looks so distraught about being in the menopause ... No. It’s (*MHT*) not the only thing that makes me smile, so you know, you see these things and you think God dammit, it’s only a packet of tablets and I’m going to see a woman that’s looking happy? Just cos she’s going through the menopause? That’s just absolutely crazy. And you think about how society has dictated to us, that, you know, God forbid you enter the menopause, it’s going to be doom and gloom, your life is over. No, it isn’t. (Joy, 84-88)

For Paddy, her experience of dread was strongly related to her concerns for her grandchildren’s future and a personal vulnerability around her potential inability to care for them in future,

It’s intense love, but also a fear because the planet is on fire. You know, what, what’s their future going to be like? What if anything happened to them, how would they cope? ... I don’t know, can I protect them? Am I going to be around to support if something were to happen? (Paddy, 219-220)

4.3.2 Living with change

For many of the participants, the menopausal transition coincided with other major life changes – in relationships, in health, at work. Through the shock of change, there was a sense of exploring

what it is to live with loss, with a greater understanding that the ‘self’ is always mutable, and who we have been in the past cannot be who we are being-becoming. As Sartre writes, the For-itself in the present, “Is not what it is (past) and it is what it is not (future)” (1943/2006, p. 146).

4.3.2.a. Connecting

De Beauvoir underlines our always-relational, situated experience, “A life is a relation with the world; the individual defines himself by choosing himself through the world; we must turn to the world to answer questions that preoccupy us” (1949/2010, p. 59). The participants frequently spoke about understanding themselves through others and understanding others through their own embodied and emplaced experience.

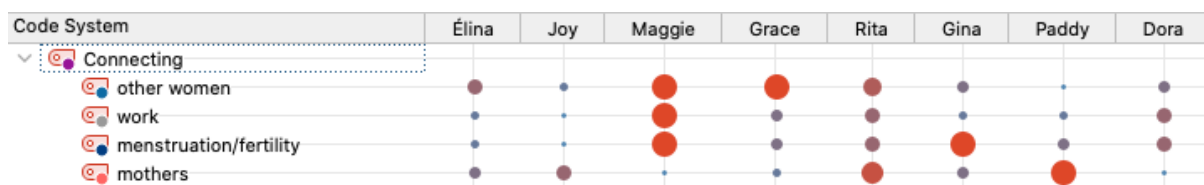


Table 5. Connecting code frequencies.

Connecting i. Other Women

Other women came up in many ways for all participants – as friends, sisters, mothers, daughters, stepdaughters, co-workers, and those in the public eye.

Maggie expressed her frustration that the UK discourse on menopause has had a strong celebrity element to it. Of her menopausal transition ten years ago, she said,

You know, there weren’t any ‘famous celebs’ talking about the menopause. I guess it’s just in terms of it being, um, they’re special, and the rest of us, you know, tend to kind of fade into the background. I mean, all power to them, to some extent, but at the same time it

diminishes ordinariness. That I feel, you know, I, I get quite cross about that sort of thing, where ordinary women are diminished by the narrative, and their narrative gets, gets amplified and given as the authority – that maybe the rest of us don't have (Maggie, 16-19)

The tone of public discourse was also difficult for Paddy,

I feel like with some of the white women that we see in the media, there's almost a kind of manic, um – and it fucking grates on me – this kind of manic, um, (*she struggles to find words, shakes, shifts her arms*) embracing of it, because I think it's, it's much more kind of nuanced than that. (Paddy, 168)

Heidegger tells us that we cannot understand swimming from reading about it, “Only the leap into the river tells us what is called swimming” (1954/1968, p. 21). Similarly, Rita found that her friends only really understood hot flushes when they had the embodied experience themselves,

So actually, I, I've been in a state of hot flushes, on and off for ten years, I would say, twelve years, you know, to me. So, I can't help it, and it's a bit ... you know, when my friends were like, then, in the last few years stripping their stuff off, “Oh my God, I'm so hot”, I'm like, now you get it. And it sounds terrible, but you know what I mean? (Rita, 2)

Élina and Gina noted that some friends struggled with the transition more than others and both felt this might be to do with sociocultural experience and expectations.

The friends ... that I ... this sounds, this is going to sound really judgmental, but I might as well be honest. The friends that I know that are really struggling with their menopause ... are ... people without loads of other people's stuff to, to, to deal with, whether it's parents or kids and teenagers. (Élina, 16)

I've just realised. The ones, the ones who've moaned – oh, is this right? Let me just think – yeah, the ones who've moaned are all middle class, like privately educated people. And the ones who haven't moaned like my, my close friends that are working class like ... that's interesting. (Gina, 255-256)

While they were both concerned not to be critical of others' response to the transition, they nonetheless conveyed a sense that, with their concurrent difficulties and problematised experiences – disability, chronic illness, care of children subject to racism, social housing inadequacies – menopause did not stand out as their only or prime difficulty at that stage of life.

Several participants expressed their hope that women might be more supportive of each other as we age,

The friends that I've got that are, you know, that we're ready for some real talk now, it's just – it's just amazing to go there, to really have very, to all, you know, to try and have those conversations about being, you know, more powerful, more ... a lot of us are single mums, lead, you know, leading our families and I don't know, there, there's just a, sort of like seeing myself in them, supporting each other. (Élina, 222)

Joy particularly commented on the importance of women supporting each other around physical change in postmenopause,

As women, we should be empowering each other, we shouldn't be breaking each other down, "Oh, look at the state of her," Well, look at the state of you! (*laughs*) What does that mean? What, because she looks a certain way, and you feel you look so hot? Really? Who said that? Is that what you said to yourself in the mirror? Well, that's what she said to herself in the mirror. She thinks she looks fantastic and so what, what's it got to do with you? You know, let's stop breaking each other down, let's stop criticising each other and stop belittling each other and saying, "Oh, she's too old to be wearing that." (Joy, 296)

Connecting ii. Work

Problematic experiences in work largely showed up in ageism and a lack of awareness and consideration regarding menopausal symptomology.

Joy found the ageism of younger women towards older colleagues infuriating,

I remember one of the, one, the woman there saying that she needed a fan. I remember the, one of the younger females in the office going, “Oh God, don’t tell me you’re at that age already”. Now, I knew she was going through the menopause cos we’d already had discussions about it, and I could see the tears just well up in her eyes when that was said to her. And then these, the, the young lady that said it, she was sitting there giggling with another, another female in the office. That incensed me. (Joy, 104)

She went on to speak about the difficulty of implementing workplace policy around menopause without also ensuring understanding,

I don’t care what your *policy* is. It doesn’t make no difference. ‘Cos, I work part time in an office as well still, and I know that there’s all these policies and there’s this and that. And it’s still, it’s still happening, because a policy is a piece of paper that you know you have to adhere to, if you see fit. However, the *understanding* of the menopause is not fully there. (Joy, 106-110)

Later in her interview, Joy spoke about racism in the workplace and at school, underlining her personal experience of how ineffectual policy is unless it is understood and enacted,

Because I grew up in the 70s, 60s and 70s, and obviously, as much as there’s racism now, racism back then was rough. It was nothing like what it is today. Today it’s a lot more probably underground, but back then it was *in – your – face*. (Joy, 178-179)

Gina also experienced what she described as a ‘trigger reaction’, a dismissive antagonism from some younger women she managed in the workplace,

There’s certain younger women, who, you know, if you say something to them, um, that might be like about asking them to do something, because you’re their line manager or whatever. And there’ll be a trigger reaction, and you’re just getting back (*she pushes herself back in her seat as if she is being pushed away*) and it’s like, “Whoah!” You know, there’s nothing you’ve done or said to trigger that. And it’s like, really, and that’s quite upsetting. (Gina, 165-166)

Affirming the complicated intersection of workplace inequality, sexism, menopause, and ageism, she went on to explain that they had been younger women with little or no power themselves,

Kicking against the woman in power ... egged on by a man. (Gina, 177-178)

Élina described starting a new job and choosing not to let her hair go grey, fearful she would have less respect in the role as an older woman,

Before I started the job, I was going to go grey and then I thought, I can’t, I can’t have them meet me as a grey woman, because they’ll never respect me. I suspect I was right. (Élina, 195)

Maggie’s working life ended in age-related redundancy, which she experienced as brutal and suppressing,

I was made redundant when, you know, they made assumptions about the fact that I was getting pension age, so it didn’t matter. Right. Um, and actually you realise that that is about silencing women. (Maggie, 82-84)

Echoing Glyde (2022), Grace noted that she didn't trust her workplace to have empathy around her experience of hot flushes and disturbed sleep. Describing herself as,

A bit of a fish out of water as an out lesbian. (Grace, 288)

She explained,

I didn't bring it to the table, because the people I was working to, would not have, they would have seen that as a weakness and a problem. That was me. That then I become the problem. So, um, and I knew that because I'd seen how they dealt with other people. Not around menopause, but around other issues. So, um, yeah, so I didn't, um, didn't much talk about it at work. (Grace, 114-116)

Once fully into postmenopause however, several of the participants described very different work experiences, speaking up, speaking out, feeling more at ease in themselves,

For the first time, I've asked to come off a group. You know what, why should I put myself through that? So ... yeah, so that the, so, I think in that respect, wise, yeah, wiser and wised up ... I'm wised up. (Rita, 327-329)

So, this, this person that I am at home – that's who I am at work, for the first time in my life ... It's not achieved, but it's authentic, it's really authentic. (Élina, 184-186)

I fell in love with this kind of, not new image of myself, but new confidence about this image of myself. So, I became more myself. And that's, I remember saying that to someone when I was working there, I said I feel more myself. (Grace, 294)

Connecting iii. Menstruation & fertility

Menstruation and its connection to fertility came up for all of the participants, both in relation to the children they did or did not have and regarding their emotional and mental health.

Grace opened her interview with a declaration about herself as a not-mother and the importance of that status for her,

My experience of being embodied as, you know, whatever stage of life, is, um, er, less usual than a lot of women, in that I've never had children. So, um, I think that makes a big difference to your body and your sense of self. Um, and I'm, that's my choice, I'm very comfortable with that. That's, um, very definitely what I wanted from a very young age, even though people kept telling me I'd change my mind, never changed my mind. Um, and I think, um, so in the sense that menopause is the end of reproduction – that for me wasn't a big issue, um, and it didn't kind of signify a change in my status in the world, I didn't feel that at all and still don't. (Grace, 1-3)

Joy acknowledged menopause as the end of fertility, but was also clear that she had never assumed motherhood was inevitable,

OK, so I'm no longer fertile, now, if I go back to say, my daughter's eighteen, so I had her when I was thirty-nine. And even when I had my daughter at thirty-nine, it wasn't like, wasn't planned. I wasn't even thinking that, "Oh, I want to have a child, oh, I need to have a child, oh the clock's ticking," was none of that. (Joy, 59-60)

Maggie, also the mother of one unplanned child, noted with relief that her periods stopped as her daughter's began,

I, I think I was about fifty-two and she'd be about twelve. So, so, what I can remember

saying, out loud, that as her periods started mine stopped, “Thank fuck for that.” (Maggie, 6-8)

Rita described difficult periods throughout her menstruating years,

Very crampy, very painful. Yeah, yeah. Yeah. For about two weeks. I hated them. I hated having periods. Absolutely. Yeah, I hated them my whole life. (Rita, 48)

And while she had considered adopting, Rita recognised it more as a societal pressure than a personal desire,

I went through a phase probably in my, probably about 39. And I thought, oh my God, if I’m going to have a child, I’m going to have to adopt now. Cos I’m not with anybody, I’ll adopt. (Rita, 137)

But actually, it was ... I didn’t want children. But I felt as if I should, because I’m a woman, who, who’s thirty-nine, who soon will not be able to have one, er, children. (Rita, 141)

Paddy expressed a sense of loss without her menstrual cycle as a cathartic prompt,

I would do that, you know, big snotty kind of crying, um, kind of once a month. And then feel energised afterwards. And I felt like my emotions had, I had to create opportunities to cry. It just wasn’t just there on tap, like it, it used to be. (Paddy, 83-85)

Whereas Gina related the end of menstruation as emotionally positive,

One of the major changes, ah, and the sort of really positive change for me, was that pre-menopause, I had always been extremely hormonal. And what I mean by that is for like a week before my period, I would, well, for about three days, I would go mad, I mean,

literally quite mad. And it took me years and years to understand what was actually going on. (Gina, 50-51)

Connecting iv. Mothers

As well as considering their m/otherhood in relation to their menopausal transition, all participants also spoke of their own mothers. Grace and Maggie noted silence around menopause,

No idea what she went through. No idea. Don't even know how old she was, you know. I'm, I'm more aware of when she lost her teeth. (Maggie, 165-166)

I have no idea if that's, um, follows the pattern of my mother or my grandmothers, I don't know. They never talked about it. Never ever ever. (Grace, 11-12)

Joy felt that her mother's silence was connected to ethnicity,

Now, when I look back at my mum ... um, the menopause was never something that anybody discussed, I mean and – nah. In the Afro-Caribbean community, and I'm sure with most Black communities or ethnic communities it's very much something that people just don't talk about. (Joy, 19-21)

Going on to link the silence with a stoicism that showed up several times in her interview,

So, for my mum, I mean I always remember, like when she was fifty-five or so, I remember her talking about always waking up, and just being drenched, but again as well she said, she never said ... So, I would, I would have been in my thirties. Yeah. So, to me she was like, yes always just waking up, wet bed, but she never ever went to the doctors to get anything for it. (Joy, 24-26)

While Rita and her mother did talk about the transition, she found her mother lacking in empathy,

But she’s never had any symptoms. Never had anything like that. So, so for her, it, it’s quite, um ... she’s a little, like, imply, implied, um, that she finds it all a bit odd. Because, for her, it was, and actually, she’s a very empathetic person actually, it’s like, “Well, it was alright for me and ...” You know? (Rita, 57-59)

In contrast, Gina’s mother was very forthcoming – more so than Gina’s friends,

My mum was always just, talked, she talked about everything, really, um, no kind of boundaries, and which, which had it’s really good side and it’s really down side, but one good side was, you know, she talked about, you know, if I asked her about her menopause, she wasn’t like backwards in coming forwards about it, she’d be as graphic as, you know, but my female friends, funnily enough, not so. (Gina, 249)

4.3.2.b. Engaging

Recent research (Aljumah et al., 2023; Harper et al., 2022) has investigated current interest in menopause, highlighting a growing awareness that not all menopausal experience is negative, along with a desire to see menopause understood as more than solely biomedical. Similarly, participants in this study described themselves as strongly engaged in their postmenopausal lives, seeking possibility in their emergence from the transition.

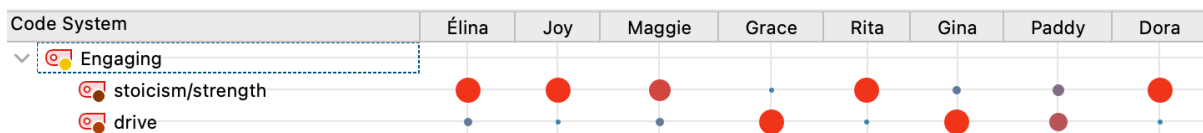


Table 6. Engaging code frequencies.

Engaging i. Stoicism and Strength

The participants generously shared difficult earlier life experiences with me, describing how they

had built on those experiences to offer perspective on their menopause transition.

Considering complex relationships with previous partners, Élina emphasised that in postmenopause she has found herself particularly able to step up for her sons,

What's been interesting is the, dealing with what I've dealt with in this period, is – what my boys have needed more than anything is for me to be like a calm rock, and that is what postmenopause gives me. Is that I – I can be so much – calmer, more sensible, more you know, you know, I think I've always been a generous mum, but not in the same way as, I can really step out of my shit and be – *(lightly bangs her hand on the table)* right – there. (Élina, 25)

Joy explored her experiences of racism to emphasise her commitment to embracing life as she moves into her postmenopausal phase,

Have, do I, you know, I've been in places where I have been the only Black person there, and ...? It's never affected me. Has it stopped me from progression? No, it hasn't. Have I been into industries where they just look at me since I walked in the door, and I could tell straight away I'm not going to get the job? It's happened. But then I think to myself, would I want to work here anyway? I wouldn't want to work with you, cos I think I'd lose my job on the first day anyway. So, um, you know, it's had its challenges and that's just life, isn't it? But it's about how much you let life take you down, or how much you embrace it, learn from it, and do something about it. (Joy, 307-309)

Dora made a conscious choice to talk about her experience of childhood sexual abuse in the interview, recognising that the resources she had developed to survive the trauma in childhood were also useful in the menopause transition,

I thought, OK, this is a bit shit. And, and, there's loads of stuff I don't know, but you

know, I'm safe – I'm all right, I've got loads and loads of resources, I've got lots of external and internal support mechanisms and people. And, it'll be right. And I do have a fairly optimistic nature, I think because, um, I ... literally feel glad to be alive. I'm, I feel lucky I'm alive. And that's never left me. (Dora, 126-128)

Engaging ii. Drive

The participants also described engagement with a sense of drive, a forward-facing energy.

Grace consistently explored her experience in strongly physical terms, her desire to connect with herself and others in movement,

I feel ... it's like a, it is a drive. I feel like I have to push myself physically and if I don't, I feel like, I don't know, I feel trapped. So, I've got to sort of get rid of this feeling and, and, and it's got to be quite physical. So, when I say dancing, I'm not talking about a slow foxtrot. I'm talking about, you know, mad clubbing, you know, 90s kind of dancing. Yeah. Release, yeah. So, yeah, so really physical push. (Grace, 222-227)

Élina likened her choices in postmenopause to class-related choices she made in her teens,

They, when you're on a council estate, the students are like a million miles (*she makes an 'away' gesture*), especially in XXXX, and those days, the students were a million miles, and I thought, they seem like they're having a really cool time. The people on my estate are just being miserable and ... judgy. I want to be more like them, I'm going to go and hang with them. And I made some very conscious decisions, um, to, to sort of like, look, and think, oh no, I like that, I want to be like that. And I feel like that's what I'm doing now. (Élina, 219-220)

Paddy spoke about political engagement as important and her desire to tap into a communal energy in postmenopause,

I've been on quite a few marches, so, I stewarded the march, was it make, Make Some Noise march, when Trump visited? Um, oh, my God, it was, it was a very kind of thrilling experience. They are, aren't they? (Paddy, 225)

You just want to feel the power and the weight of those voices behind you ... So there, yeah, there is definitely looking for kind of energy sources. Where am I going to get it from? What, what can I plug into, I suppose, is what I'm thinking now. (Paddy, 228-230)

4.3.2.c. Loving

Sexuality and intimate relationships were discussed by all participants, both in terms of how they connected with others and how they connected with themselves.

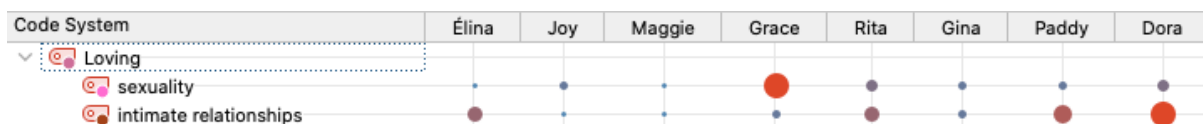


Table 7. Loving code frequencies.

Loving i. Sexuality

Élina expressed a pre-menopausal fear that the sexual energy of her menstrual cycle would be lost in postmenopause,

Especially in terms of sex drive, you know being, being a pre-un-menopausal woman, and how, you know, having, really noticing how that, that cycle would affect my desire, would affect um, how, how I liked sex – how I wanted it. And then, so I think I was really afraid of, of the menopause – really ... ah, thought, but you know, that's an intrinsic part of my identity as a woman, if that's not there, what will that be like? (Élina, 1-2)

Grace also missed the sexual energy of her menstrual cycle during the menopausal transition,

The loss of my periods was a mixture, because I always felt that I was very sexually interested just before I got my period. (Grace, 40)

And she noted her pleasure when that sexual energy returned in postmenopause,

I didn't expect that I would ... I didn't, that I would become sexually interested again or that I would, or that there would necessarily be opportunities to do anything about that. Because, um, you know, I suppose and that's part of the image of older women, isn't it? That they're not, a) they're not interested in sex and b) even if they were, who would want them? Well, it turns out, other women in their sixties. Mainly, but not exclusively (*she laughs*). (Grace, 370-372)

Gina described a change in sexual energy during the menopausal transition,

I think probably the only time I haven't loved my, well, no, but I think I still loved my body, I think I didn't maybe love myself sexually when I was going through perimenopause. I think there was a period then, when for the first time in my life, I didn't feel sexually confident. (Gina, 138)

Going on to say that while chronic illness now affected her embodied experience, she still perceived sexuality as important in her life,

And I don't know what that is going to do to my sex life long term, because I haven't had sex since I've had this illness. Or, I haven't had sex with somebody else, I should say (*she bursts out laughing*). No, of course, yeah, but that still takes energy. But you know, so yeah, I don't know, I'm really happy in my body. (Gina, 223-226)

For Joy as a single woman, assumptions around continued sexual activity were part of ageist expectations about relationships,

I think I still got it sexually, I can still get somebody. Um, you know, and I think there's also this other thing, isn't there, like when you get to certain age and you're on your own, that's it, you're finished. (Joy, 232-233)

Paddy expressed a disappointment in her own ageism regarding sexuality,

I remember seeing a photographic essay in the, in the Guardian Magazine, Observer Magazine, years and years ago, and they had pictures of, naked pictures of older people being intimate, um, you know, no holds barred and, and thinking yes, they are, that looks beautiful, but it's not for me. And, and feeling really disappointed in myself that I couldn't, I couldn't um ... be more accepting. And see the beauty in it. It just made me sad. I think it's still there. I think it's, yeah, I think it is still there. (Paddy, 190-195)

Loving ii. Intimate Relationships

Joy talked about the discrepancy between her own experience and that of her then partner when she was experiencing vasomotor menopausal symptoms,

There was a lack of appreciation or understanding as to what I was going through. And there was sometimes I'd be like, don't even touch me. Until you get this, don't even try it. Yeah. For me, you need to understand it. I don't need you to, like, be going "There, there, there", you need to understand what this is and how I don't have – cos I think men seem to think that you got control – over it. You don't have control over it. (Joy, 226-228)

Whereas Dora described a loving postmenopausal sexual relationship with her husband, based on mutual sexual attraction and connection,

We find each other very attractive. I don't look at anybody else, and I know he doesn't either. So, there is something about him, which isn't just the way he looks, but it's part of

it, but who he is. Who he is and who we are together. I like us. And so, I'm motivated, sexually, because it's all entangled with all of that, kind of connected with all of that, liking us and liking who I am with him. (Dora, 262-265)

Maggie's experience was of physical difficulty, but emotional connection nonetheless,

We don't actually have intercourse, it's, it's more just like, you know, looking after each other. Um, because it was just too bloody painful. Too painful. But I, I don't have libi- no, I don't have the urges, the energy that I had thirty years ago. Um, and it's more about intimacy, and more about, um, it is, it's about intimacy, it's not about anything else. (Maggie, 269-272)

Élina saw the postmenopausal phase of her life offering an opportunity to revise her previous relationship dynamics,

Maybe, this next phase of my life, I can be somebody who isn't chasing, not chasing, or not entangled (*bringing her fingers together*) with – the wrong relationships, the wrong men. (Élina, 101-102)

In many ways, the most important intimate relationship each of the participants expressed was with herself; her changing, ageing, mortal self, as noted in the third theme.

4.3.3 Making meaning in ongoing change

A desire to make meaning of and build on the changes they had experienced and continued to experience in postmenopause emerged strongly for all of the participants. Now that they were largely out of the vasomotor symptomological phase of the transition, they looked towards the future from a present focused in who they were being-becoming, describing a sense of being on a cusp, a dynamic liminal space between ageing and aged, with an awareness that the passing of

time imbued an urgency to their present choices.

So, it's like, like a lot of, lot of different things but they're all connected in terms of, as older women, with what we should be doing is this – which is shutting the fuck up and, and, you know, knitting ... there, there wasn't, the, you know, there weren't the models, the role models of, of being disruptive and agitating and activism so much, um, that, we need, basically. So, you know. And it's a bit like, somebody said, said to me about it, well *you* start doing it then. And I went, oh, OK. Um ... (*she laughs*) Be the change you want to be, yeah. Yeah. Exactly. (Maggie, 201-207)

4.3.3.a. Attending

Writing of how best to 'love our neighbour', Weil summons an attention that echoes Buber's *I and Thou* (1923/2017), so that we might approach the 'other' as subject rather than object. She writes,

This way of looking is first of all attentive. The soul empties itself of all its own contents in order to receive into itself the being it is looking at, just as he is, in all his truth. Only he who is capable of attention can do this. (Weil, 1950/2021, p. 70)

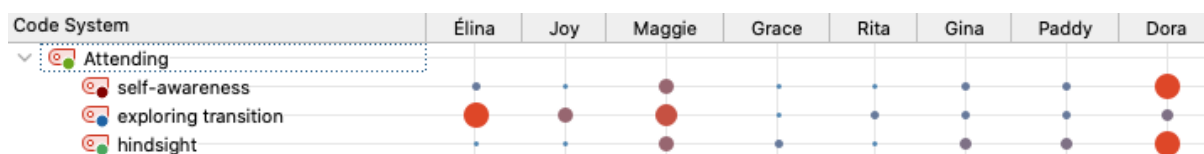


Table 8. Attending code frequencies.

In existential psychotherapy we also support our clients to attend to themselves in this way, to experience themselves as subject rather than object. In their scrupulous attention to self, all of the participants chose to deeply contemplate where they were in their lives and they included the research interview in this attention,

Why I was looking forward to this conversation actually, was that if you have conversations with, with women about this, then that energises you to actually go and, go and knock down the doors of all these people who say you can't do these things. (Maggie, 174)

Thinking, yeah, yeah, I want to be in this study, because, because this thing about being the other side of menopause – really interests me and it really feels – like, you know, as much as I'm helping you, I really want to explore for myself this, this whole, um, you know, postmenopausal woman, this, I think I said to you, this ... this phase and age of my life. (Élina, 9-10)

Attending i. Self-awareness

Not surprisingly, given the depth and length of the interviews, there was a focus on self-awareness, both as prompted by the transition into postmenopause and as a deliberate choice, sometimes in terms of regaining a possibility of control or, aware of the ephemeral nature of control, learning to live without it.

Élina described a stability *within* uncertainty that she believed came from her yoga practice,

My menopause co-in, coincided with maybe thirty years of yoga, and I wonder how much that sort of con ... you know that just, not that my practice gets fancier or, or, you know, but it's just constant, it's just a constant place that I go to, to say, sometimes, just, "Calm the fuck down Élina, just calm down, and take a moment (*brings her hands to her heart space*) and you know, and be with yourself." Yeah, yeah, yeah, and I, I think, I think as well, you know, I will do that a lot in my practice. I will, I will remind myself that I am – you know, this took me a long time to learn and – and at this phase in my life, I am my greatest source of support. (Élina, 26-27)

Maggie talked about a need to clear emotional and intellectual space to move forward, opening

her volcanic imagery to the growth possibilities after an eruption,

Actually, a volcano is, is, it's about making new land, isn't it? It's not a destructive force. It's only destructive because humans decided to live under one. (Maggie, 94-98)

Grace described taking a number of active, engaged choices to re-shape her life in postmenopause and following a relationship breakup that coincided with menopause,

I also looked and thought, oh my God, you know, I haven't been out in the community for a while. So, I had to sort of rediscover all that. Um ... yeah. Um ... I 'spose ... I'm a bit like, I just got on with it. I found out, you know, that people are doing this, and also, I'm a bit of a ... if there's a gap and I want something, I don't sort of go, ooh, isn't it sad that there isn't this? ... I go and find things. (Grace, 191-200)

Thinking of her parents' home and their lack of change, Paddy clarified her fear of stagnation and desire for renewal,

I've always liked the new – and renewal, you know, I get freaked out if, I don't know, a light bulb goes and we don't replace it quickly, because it just feels like this is the slippery slope. You know, we'll be sitting in here in the dark. (Paddy, 135-136)

My parents still live in the council house that we were raised in. There's been no adaptations made to that house. So, sixty-odd years, my mum's ninety-two, my dad's ninety-three ... You know, and it's, just the way they're living, it's actually not that different. My mother's mother's cottage, which was, you know, no proper flooring and a range and no light, it's like, nothing's changed, she's still ... and that whole scenario, absolutely, yeah, terrifies me. (Paddy, 138-139)

Attending ii. Exploring transition

For Élina, postmenopause offered an opportunity to grow towards the older woman she wants to

become, into an unclear future, made more unclear by a lack of terminology for who we are when ageing and old,

And look, we're talking about menopause, but I do feel like it is, there is, that, that, that has made the space in me to be able, able to see things even more clearly than I was already seeing signals of, of, um ... I think, well, interestingly ... in a kind of, you know, in, in as much as, that's, that to me that signifies that's the end of that period of your life. So, the next period of your life is, is, your final – you know, crone. Um, you know, we don't have many words for this, this ... (*moving her hands, a reaching/rising gesture*) this um, you know, wise old ... (Élina, 123-126)

Both Joy and Maggie noticed a need to find their own ways to discard the constraints of sociocultural expectations,

I do sometimes feel that, you know, there are some women that are impacted by, you know, they tried to do something, their husband just puts them down like, "What are you doing that for? Oh, you're too old to go and do that." It's about thinking to yourself, but I want to do it. This ain't about you, it's what I want to do, and standing firm with that. But again, sometimes you just need that woman that's going to empower you to just think, I can do it. I'm going to do it. (Joy, 168)

I might have to find my own way at the moment, in terms of, actually there might not be role models because we haven't talked about this before. So – so, it's, it's all of that, and it's still kind of, but it is helping me think that actually, there are things I can do. (Maggie, 197-198)

Talking about the value of adaption and how she had seen people adapt through extraordinarily tough circumstances, Dora stressed the possibility of growth from difficulty,

So, it's kind of the same thing in a way that actually, through horrible loss and adversity, that the human ability to kind of, it's more than adapt, it's adapt and grow. (Dora, 214-215)

More fearfully, Paddy described a horror of inertia,

It terrifies me to come, the, the thought that I might come to a standstill, that really scares me. A standstill would be ... losing curiosity. (Paddy, 121-122)

Attending iii. Hindsight

Dora and Maggie noticed that they had been unlike their usual selves during their menopause transition and that they had only recognised those feelings as unusual in hindsight,

It was a very unfamiliar experience, feeling so unsettled. And I didn't recognise it as part of menopause. And I think it was. Um, because it was so kind of odd. So, there was that, that was going on behaviourally and emotionally. (Dora, 102-103)

But if I were to say what are contributory factor to that, what I now see as a very, um, unwise decision, would probably be the menopause interfering with some of my thinking. Right, right. And because it wasn't a societal conversation much ... Well, no, nobody would go, "Hang on a minute, how old are you? Oh right, OK, is something else going on here, Maggie, that's interfering with your, you know, your thinking? Cos, it seems to me that what you're, what you're deciding to do is really quite unwise." (Maggie, 159-163)

In common with many of the participants, Dora felt that she had downplayed her menopausal experience, attending to it more in retrospect than in the midst of it,

I think, um, my starting point would be that, at the moment to be me is really positive.

And much more ... positive than it was during, or certainly when I had menopausal symptoms. I found that – I wouldn't say I found it mega tough, but in, I probably find, find it tougher retrospectively than I did at the time, because at the time I would have been coping. And trying to get on with it. Whereas now that I don't have to, I look back and think, ooh. And I think that's part of why is that it's nice to be me now. It's a bit like when you, um, or when I get ill, if I get ill, once I get better, I get a surge of energy, almost like I'm better than I was before I was ill. Because the joy of being better – is, is quite uplifting. (Dora, 42-45)

4.3.3.b. Living and Dying

Directly connecting menopause, ageing, and death, de Beauvoir writes, “The problems of menopause will last – sometimes until death – if the woman does not decide to let herself grow old” (1949/2010, p. 639).

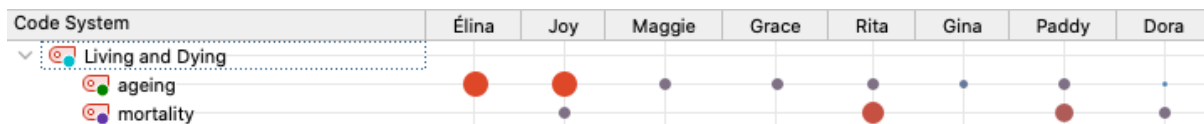


Table 9. Living and Dying code frequencies.

Living and Dying i. Ageing

At the time of our interview, Paddy was just discovering what a very recent diagnosis of osteoporosis meant for her,

I've got this image of my bones like twiglets you know and ... dusty, and brittle. It's upsetting. I mean, I cried a lot yesterday. I didn't cry until the end of the day and then my husband just kind of gave me a hug and (*she mimes sobbing while smiling at herself*) you know, I just felt ... old. I felt like somebody had let the old lady in. (Paddy, 143-145)

Gina had a hope that old age might be less discriminatory than middle age,

I think, when you're in that middle age-y thing, I think you get a hell of a lot more discrimination than when you're older. Like, I feel now like, I mean, maybe I don't know whether I'd be perceived as being in the middle age thing or as being old age, I'm not really, I'm not really sure, but, um, er, but obviously, I feel like I'm going into the older bracket now, and, um, and that feels more powerful. Feels like I'll have less discrimination. (Gina, 146-148)

Élina felt that menopause meant she had definitely moved from middle age into the beginning of being old,

The menopause, just, it, for me it was like, OK, you're not, you're, you're not-middle aged. I keep saying "middle-aged", "middle-aged body". You're not middle-aged. You are heading into your final phase. This is the final phase now. This is old age. What's it going to? Is it going to be like (*sneering, disgusted look on her face*) "Oh, my God, old age!" Or is it going to be, "Oh, let me find ... Let me find ... who she is, this older woman that I feel inspired by and proud of." (Élina, 151-153)

In talking with friends, Maggie found the sociocultural dismissal of ageing women a spur to action,

Um, and that, as an older woman ... it's almost like people go, "Yeah, and? Yeah? So, so, so what?" You know, "Like we give a shit." That, that's, I think what we realised, kind of adds fuel to our ... (*hands revolving*) fire. (Maggie, 246-252)

Grace's physicality was threaded throughout her interview, including in relation to ageing,

I have, like nearly everybody I know, quite a lot of things that hurt – when I wake up in the morning. You know, I am, um, I have arthritis, I have arthritis in my hands, I've got a broken bone in my wrist, I've got, so I've got pain. I've got, um, I have, you know,

sometimes my knees don't feel great, or my ankles, and you know, there's various bits and pieces. I haven't got anything dramatic or life changing, so far, but I do think these things are creeping up, you know. (Grace, 347-348)

Dora also noted the physicality of ageing and the inevitability of change,

I don't have very many aches and pains, I haven't got any chronic, um, medical conditions. So, I'm in quite good nick. So, I think I am in a very positive bit of life, replaying this. All the things we've talked about ... Um, I think it won't always be like that (*soft, resigned smile*). Yeah, for sure. You know, here I am at sixty-one I think, OK, take it forward ten years, who knows, you know, I don't ... (Dora, 224-227)

Considering ageing, Rita offered a beautifully self-aware contradiction,

We age, we get the age spots, we get grey hair (*she strokes her dyed hair*), we, um ... well, to me, to me, it, it's a, it's a natural process, it happens to everybody, regardless of whether you want it, want it or not. The only people it doesn't happen to, is if you're dead, and that's always, you know, the worst alternative, isn't it, um, I think, for many people. So, it, it should be embraced, and it's not embraced. I can't embrace grey hair though. My, my mother and I, my sister, we've all had this conversation, we're all natural brunettes, and none of us will ever be able to embrace grey hair. (Rita, 113-115)

Living and Dying ii. Mortality

Weil writes that death, honestly faced, forces a shift away from the 'I' we have so long embraced, "Consent to suffer death, when death is there and seen in all its nakedness, constitutes a final, sudden wrenching away from what one calls 'I'" (1949/2002, p. 297).

Rita underlined this sense of a fixed self dropping away, connecting menopause and ageing,

ageing and death,

Can you separate the age and menopause? Age, menopause, menopause? Can you? I don't think you can, actually, in women, I don't think you can. Um ... so, I have been more conscious of dying, of death, of dying. Um ... and questioning the whole, what, why, what is the point in all of this? (Rita, 153-154)

Joy both connected and disconnected menopause and death,

My mindset has always been, I'm in the menopause, but I'm not dead yet. I'm not dead up here (*points to her head*). (Joy, 89-90)

Dora acknowledged that she couldn't be sure of her stance towards death when it came, along with a hope she would trust her past experience to inform that present when it arrived,

I don't assume that I'm going to ... age and not have a fear of death. I, I'm frightened of dying, I would say I'm frightened at the circumstances of dying, I think. How might I die? How will I die, um ... and what might, and I think quite a lot, probably, I don't know actually how much people think about it, but I certainly think quite a lot about what would it be like if (*her husband*) dies before me? Or what will it be like for him if I die before him? ... However, I also think well, can't change it, can't stop it. Um, will adapt because that's what people do. (Dora, 228-229)

4.4. EXPLORING THE LIFEWORLD EXISTENTIALS THROUGH STORY AND ANECDOTE

Mindful of van Manen’s (2016a) belief that anecdotes illuminate undercurrents of hope and loss in an everyday story, I share here anecdotes and stories to offer a flavour of each Lifeworld Existential. Table 1 (p. 86) clarifies how the Lifeworld Existentials map on to the themes and elements. Table 10 below notes the frequencies for the Lifeworld Existentials of each participant.

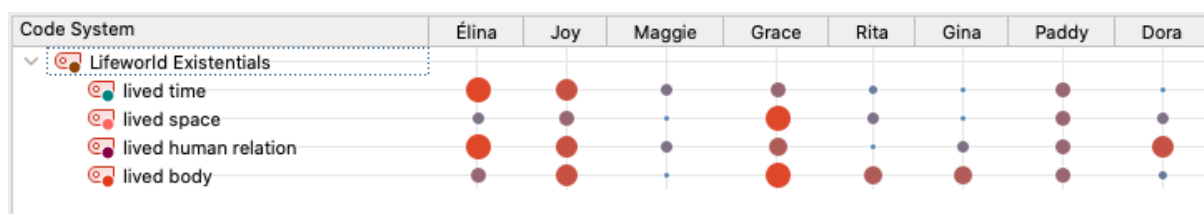


Table 10. Lifeworld Existentials code frequencies.

For this study, I define anecdote as the retelling of specific incidents with a sense of lived experience that may or may not be fully processed, while story offers more the evocative sense of a past incident or experience with less specificity, but a strong relevance in the present retelling. Rather than gathering together specific quotes to illuminate an element of postmenopausal experience, anecdotes and stories root the experience deeply in the lives of the participants and, as is clear below, in their being-in-the-world, their being-with-others.

4.4.1 Lived Body – corporeality

Grace spoke often in her interview of how her sexuality was important to her in an embodied sense, that her lesbianism imbued her life with a physicality, something she was enjoying even more in postmenopause having given up trying to fit in with heterosexual colleagues and friends,

At the party towards the end, as I was leaving and I’d put my jacket back on, a woman

came up to me who I had not spoken to all evening and I don't know who she was, and she said, "Ooh, you know, you know the woman who's event it was, you, you work with her, don't you?" I said, "We used to work together, yeah, we worked together for quite a while, I know her, and you obviously know her, dah-dah-dah-dah dah," and she said, "I just want to say how lovely your suit is." And I thought, I don't think it's the suit that you're interested in. And she was a straight woman. She was there with her husband. (Grace, 269)

Talking about experiences of racism in work, Joy shared an incident where a client showed surprise on meeting her in person, having assumed from her voice on the telephone that she would be white. She linked this to research shared on social media about different ethnicities' experiences of menopause,

And as much as he probably wasn't – he probably wouldn't admit to thinking that way? Underlining that is what he thought, cos he wasn't expecting. Now, I can go and meet somebody and I'm not thinking if they're Black or white, I'm just going to meet you. That simple. I don't have a colour thing to it, I'm just going to meet somebody. To me, I don't think, I wonder if this person is a Black person? Or is it an Asian person? Or whatever. No. And it's the same with menopause, isn't it? Menopause ain't got no colour to it. (*We both laugh.*) It ain't a colour ... Yeah, I've heard that, that we get more physical symptoms and white women will get it more psychologically, and you know, things like that, and maybe that is, who knows? But as far as I'm concerned, menopause is menopause, whichever way you want to look at it. (Joy, 200-206)

While Grace and Joy evinced different attitudes to menopause and intersectionality – Grace embracing her minority sexuality in postmenopause, Joy connecting rather than dividing ethnicities in her menopausal experience – both women spoke strongly from their lived body experience.

4.4.2 Lived Human Relation – relationality, communality

Élina told an anecdote about visiting another European nation and finding men talked to her differently, as a person rather than an objectified woman. In this experience of relationality, she had a chance to question her ageing in postmenopause, how she understood herself being seen and not seen, and what she now wanted from that.

You spend so much, so many years internalising that you should be desirable, that you should be attractive, that you should be, as, you know, as a woman, that you should, people should fancy you, and then all of a sudden – they don't – and, we've got no value to what – hmm-mmm, to what there is instead. It's like, OK, so maybe, you know, and it's, it's a really interesting one, like at work and um, in social situations. I was in XXX a couple of weeks ago and it was just brilliant, because strangers – I don't know if you've ever been to – but strangers talk to you – without an agenda. Just to be friendly. It's absolutely mad. And men come up to you and start talking – and like there was one time, there was a, a guy, early twenties, came up and started chatting to me, and it just blew my mind, because it was like, but – I'm old enough to be his mum, I'm old enough to be his gran, he can't be hitting on me, he's not hit – and it, then it was like, oh, we're in XXXX! (*Élina makes a gesture like letting go.*) And it was really confusing because, well, you know, as a, as a, a younger woman, here, you – people, you know, men, talk to you because, not because you're intelligent or they want to hear what it's like from a female perspective, because they, they want to hit on you. And, and all of a sudden, and you're supposed to feel pleased and, and, you know – er, ack – acknowledged by that and all of a sudden people, you're not, as you get older you don't get as much attention from, you know. (*Élina, 70-79*)

And ... so it's (*sigh*), so it's kind of, OK, well how, how do you get, you know, then you're being seen, if you're being seen, it's in a different – it's for who you are, and you know, and I actually, it, it takes a, a, an, another lot of that work of, like, no, that's, that's *good*. (*Élina, 84-85*)

4.4.3 Lived Space – spaciality

Reviewing Merleau-Ponty's *The Phenomenology of Perception*, de Beauvoir writes, “The

experience of spaciality is the experience of our situation in the world” (1945/2021, p. 161).

Rita, who found her changed body in menopause both physically painful and emotionally distressing, shared the importance of her home near the sea which offered a literal grounding in temporality and the possibility of pleasure within uncertainty and inevitable loss,

I hear the sea every day. I smell it every day, it is in my blood. You know, cut us, and it's in there ... I walk along and I think of all of the hundreds of thousands of people over the years that have walked there, who are gone. Who were here and who've gone, and so it also makes me question, what's it all about? See, you know, so surely some of it has to be about just enjoying being here. Enjoying being here. (Rita, 308-310)

4.4.4 Lived Time – temporality

Later in the same review, de Beauvoir explores Merleau-Ponty's claim that we can only understand our existence through the body, “And this body is not enclosed in the instant but implies an entire history, and even a prehistory” (1945/2021, p. 163). In considering the ageing that is signified by postmenopause, the participants experienced their embodied experience of postmenopause stretching *through* time, rather than confined to a specific moment.

Élina remarked that postmenopause had been looming throughout her adult life, an always-already time she was inexorably headed towards,

I think that I, without really noticing it, throughout most of our lives, as, as women, we're kind of told that – postmenopausal women are really like, they're, they're, they're done, they're, they're, that's it. (Élina, 4-5)

Talking about her osteoporosis diagnosis, Paddy described a new understanding of time passing,

You kind of, because you're seeing yourself every day, you can, you can, kind of incrementally, kind of come to terms with it. But yeah, you don't see what's going on inside, until somebody says *this* is what's going on inside. And that's, yeah, that's a different feeling. (Paddy, 148-149)

In contrast, she also shared a poignant hopefulness about the creativity she is embracing now, a creativity denied to her younger self due to poverty and class, connecting herself through time,

It's like I'm going back, and I'm going to go and get her. I'm going to go back and get that one (*her young self*). (*We're both moved.*) (Paddy, 251-252)

I feel the, you know, in many ways I think about my life now and it's, and the things that I've done and seen and experienced, and it's beyond my wildest, it would have been beyond my wildest imagination as a kid. Absolutely. But by the same token, I think, oh, you know, what you, what you've missed out on ... (*long pause*) you know, that kind of loss of what might have been. Um, and so, so there is something about going back and, and getting that. (Paddy, 253-254)

4.5. DESCRIBING THE PHENOMENON

Circling back to the hermeneutic phenomenological process of writing and rewriting to describe the phenomenon more explicitly.

4.5.1 The phenomenon

This process of writing and rewriting the participants' shared experience created space for a further clarification of the embodied experience of postmenopause. The phenomenon, as experienced by these participants, is involuntary transition; how it is lived in and of the body which is always already in the world with-others and, crucially, it is also what comes after;

Emergence. Emergence in this context is a dynamic and ongoing arrival towards being.

4.5.2 Writing and rewriting

Van Manen asks us to balance “the research context by considering parts and whole” (2016b, p. 31) and Heidegger, acknowledging the prejudices and assumptions in our necessary fore-knowing and fore-seeing, asserts that within the circle of interpretation “is hidden a positive possibility of the most primordial kind of knowing” (1927/1962, p. 195).

I return then, to the found poem that opened these findings and encourage you, reading, having met the individual participants through various analysis-specific lenses, to reconsider the group as a whole, through the phenomenon of emergence that is their embodied experience of postmenopause.

For a week before my period, I would go mad, literally quite mad.
When I hit menopause that stopped, completely gone.
That was just major positive. Enormous. Huge.
Menopause has made the space in me to be able to see things even more clearly.
It's a lot of different things but they're all connected –
As older women, what we should be doing is shutting the fuck up and,
you know,
knitting.
I am seen less as an older woman.
I am less noticed.
I don't like being invisible.
Is it because my hormones are depleted or is it some of those other things?
Internalised misogyny, ageism, sexism, you name it.
Maybe it is just totally shit and I'm allowed to feel that it's totally shit?
In that respect, yeah, wiser and wised up.
I feel freer than I ever have.

I feel like I am owning my own space,
my own body,
my choices,
my place in the world,
my ability – they feel like mine.

Can you separate age and menopause?

I don't think you can, actually.

Maybe there's something about the menopause and time running out.

We don't know what's coming, but you need to be ready for it, don't you?

You need to be ready.

That's the next phase.

(Élina, Joy, Maggie, Grace, Rita, Gina, Paddy, Dora, collected by Stella)

5. DISCUSSION

Everyone's experience is so different, isn't it? Everyone's experience is so different. (Rita, 336)

In this section, I offer a consideration of the multi-dimensional and non-linear postmenopausal phenomenon of emergence; the embodied, emplaced, and temporal experience which was shared by the participants in this study.

As seen in the Findings, three overarching themes emerged from the participant interviews, echoing the three themes found in the literature:

The shock of change – *Control*: participants spoke of how it was to be being menopausal and coming through the physical transition.

Living with change – *Transition*: they described how it is now, beyond the fiercer, largely vasomotor aspects of the physical transition, more able to acknowledge the emotional, psychological, and sociocultural properties of the experience.

Making meaning in ongoing change – *Ageing and Mortality*: aware that the present is part of the ongoing transition of ageing in postmenopause, they considered with both trepidation and curiosity what is to come.

5.1. INTRODUCTION

Snow White's stepmother asks the mirror once, twice, who is the most beautiful in the land, and each time the mirror confirms that her own beauty is pre-eminent. The third time she asks, Snow White's beauty is revealed to be greater and the story really begins (Grimm & Grimm, 2021).

Dorothy's house is lifted in a tornado and when it lands in the technicolour Oz, it kills the Witch of the East, setting in motion the journey to find the Wizard of Oz (Vidor et al., 1939). The

Buddha leaves his family-imposed seclusion from pain in the palace and is confronted with the four sufferings of birth, old age, sickness, and death (Gregory, 2012), sending him on a quest to solve the suffering of humanity. Campbell's monomyth (2008) names this first confrontation with the life project the Call to Adventure. In the monomyth this invitation is followed swiftly by the Refusal of the Call, a fearful rejection of the call or a denial of its existence,

You know, like thinking, never in my time did I even think it could be the menopause. Didn't even consider the menopause at any stage, not in my forties. (Joy, 4-5)

While the form of the Hero's Journey (Vogler, 1992) based on Campbell's work has been criticized as mired in twentieth century western, sexist, and heteronormative attitudes (McDaniel, 2020), and simultaneously so over-used in literature, film, and television that many critics feel it is inappropriate for the current digital era (Gomez, 2019; Quist, 2020), there is nevertheless a recognition that myth and fairy tale often repeat a recognizable narrative: that knowledge can be gained through trial and tribulation, difficulty can lead to greater self-awareness, and a hard-won rising from personal suffering might be of value to others,

It's adapt, and, you know, do something that reaches beyond what you thought you might have done or been. (Dora, 216)

In considering the stories these participants share of their postmenopausal transition, I hope to tread the fine line between the suffering-leads-to-redemption clichés of the Hero's Journey while allowing that clichés usually become so because we recognise ourselves in them. I also return to you, the reader, acknowledging that we are in this task together. In books 63 and 64 of *Being and Time*, Heidegger not only explores the authentic ontology of Dasein, he also urges his readers to acknowledge their relationship to him as the writer; for him, reading is not a passive engagement,

but a “mode of existing” (Mulhall, 2005, p. 158). Given this possibility, I encourage you to consider your experiences of embodied transition as you read those of the participants. In this way, I hope we can hold in mind their subjectivity, rather than reducing them to academic objects.

What follows is necessarily linear. This written form moves from left to right, top to bottom, page follows page. None of the participants in this study discussed their transition as linear. They leapt from internal and personal musing to pure vasomotor symptomology, they spoke of postmenopause and pre-menstruation in one moment, considered their sixties and their teens in the same breath. While clarity, readability, and academic tradition demand that I write this discussion in sections, with numbered pages, I would ask you to bear in mind that the participant experience of postmenopause is anything but linear. Embodied, it holds lived past and dreamed future in a present moment, a moment that passes even as it is noticed (Sartre, 1943/2006).

Like this moment – now – gone.

Gone – now – like this moment.

5.2. TEMPORALITY

Merleau-Ponty reminds us that the transition to postmenopause is intrinsically connected to time and temporality, “I am not in space and in time, nor do I think space and time; rather, I am of space and of time; my body fits itself to them and embraces them” (1945/2012, p. 141).

Time as the present-passing experience of measured events occurring in seconds, minutes, hours, days, years, and temporality as the lived experience of ourselves *as time*, the being of a continuous past, present, and future which moves in inexorable motion from birth to death.

Caputo clarifies this, writing that we understand being, “Temporally, not merely as a being *in* time, but as a being whose Being it is to *temporalize* (towards the future, from out of the past, in

the moment)” (2018, p. 52).

To come into perimenopause is to experience a change in the menstrual cycle, whether immediate or intermittent, regardless of how regular or otherwise that cycle has been. To confirm that we are menopausal we must measure backwards from now to what we can only know was our final period when we have not menstruated for a year. And, using the biomedical definition of that year (Hoga et al., 2015), the moment we realise we have been-being menopausal, we are already postmenopausal.

Merleau-Ponty’s work on temporality is particularly useful in exploring embodied experience. Siting our understanding of time in the connection between each of us as subject situated within the world, we are reminded that in the same way we perceive a desktop as a flat surface for useful objects – pen, paper, computer – simultaneously appreciating that the objects and the desk itself have an underside we cannot see and yet we perceive that they are still part of the object, so too do we bring a similar perception to the temporal events of our lives. Merleau-Ponty maintains that our present is always caught up in “the flow of duration” (1945/2005, p. 80) – in retention (the imminent past which included this present moment as future) and protention (the imminent future which will include this present moment as past) – so that we acknowledge the horizon of what is now, extending it to include what we recall and what we imagine will come. I am writing this on a Sunday afternoon. Yesterday I swam in the sea. Tomorrow I will see clients and attend supervision. Not as one event succeeding another but, “One single ‘living cohesion’, one single temporality which is engaged, from birth, in making itself progressively explicit, and in confirming that cohesion in each successive present” (Merleau-Ponty, 1945/2012, p. 474).

Everything I experience coalesces in my subjectivity, right now, as I type this sentence –

emplaced, embodied, temporal. Further, time does not exist outside of us to observe, but is experienced only in *my* relationality to the world, “Whatever is past or future for me is present in the world” (Merleau-Ponty, 1945/2012, p. 434). The present holds the explicit present and the implicit past and future (Romdenh-Romluc, 2011); explicitly *present* perimenopausal vasomotor symptoms like hot flushes hold an implicit *future* reversion to the infertility we lived in our premenstrual *past*. Merleau-Ponty stresses that the present is not made of sequential moments, rather that each present gathers together the whole past and all that is to come in one single moment.

Asserting the moment, and the discernment and care needed to recognise the moment, as vital to our experience of being, shines a light on why the involuntary and embodied nature of the menopause transition can be so problematic. While we might cognitively understand that a night sweat or an experience of anxiety will pass eventually, because it was not chosen and because the present gathers all moments into “one single time” there can be a perception of *this* moment being constant, an endless suffering. Further, Merleau-Ponty holds that motor intentionality is our core intentionality, we reach out to the world from our subjective body. When our motor intentionality is affected – in a hot flush or cold chill, with exhausting insomnia or the shallow breath of a panic attack – our connection with the world is affected. Fortunately, he also offers potential remedy for the loneliness of these physical and emotional struggles, “It is by communicating with the world that we communicate beyond all doubt with ourselves. We hold time in its entirety, and we are present to ourselves because we are present to the world” (1945/2005, p. 493).

In noticing that I *am* the world, my change might become mine to share rather than mine to bear alone. In recalling that the world is always in flux – day and night, war and peace, urban and rural, the differences that time creates in those we love – I can also gain a greater appreciation of

my own constant change. For Heidegger, this is the notion of temporality “as the sense of authentic care” (1927/1962, p. 374); an awakened, authentic experience of being, in which each moment presents itself as a new choice, a new possibility which, if we are to be truly authentic, requires of us a letting go of previous projects, dreams, ideals, behaviours, should they no longer be relevant (Dreyfus, 1991). In doing so, each moment also reminds us that we are always-already beings-in-the-world, our temporality stretching throughout our lives, in situation with others. Maggie several times emphasised the importance of connection,

That was the conversation I had with my friend on Saturday actually, about how some, some of the liberating, um, issues, right now, at sixty-one is not giving a shit about some of that. (Maggie, 330)

To consider postmenopause, participants talked about menstruation, remembering the difficulties of periods,

I think something to welcome menopause and postmenopause is no periods. I think because it was just so uncomfortable, the pain, it was just not a pleasant experience. (Rita, 334-335)

They made connections between menopause and fertility,

In the sense that menopause is the end of reproduction – that for me wasn’t a big issue, um, and it didn’t kind of signify a change in my status in the world, I didn’t feel that at all and still don’t. (Grace, 2-3)

They placed themselves firmly in the world in noticing others’ reactions to the transition as well as their own,

I remember the, one of the younger females in the office going, “Oh God, don’t tell me you’re at that age already”. (Joy, 103)

And compared their understanding now to their understanding past,

That’s the work that ... I have to keep reminding myself of, you know, that, that much of that attention when, when I was younger, just wasn’t very pleasant (Élina, 93)

They experienced themselves in postmenopause as intrinsically embodied,

Physically, I experience myself quite differently, really. I feel like I move through the world with much more grace. (Dora, 76)

And dreamed into who they were being-becoming,

Alice Walker’s older women were amazing. Are amazing. Um and, and I think, yeah, I think I think that that’s where, that’s where – somewhere tucked in my head – I, I’ve thought, mmm, I’m going to, you know, that ... I want to go there. (Élina, 130-133)

While knowing that ageing and death is always part of being-becoming and, having lived the constant uncertainties of the menopause transition, they were also aware of uncertainties to come, choosing to dream their being-becoming nonetheless, as possibilities rather than certainties – authentic Dasein in resoluteness (Heidegger, 1927/1962).

And just thinking, just having a sense of, I’ve probably missed out on some stuff,
And there’s not, there’s not much time left. (Paddy, 182-183)

In this sense, their experience of being postmenopausal was shared as profoundly temporal,

encompassing past embodiment and future expectation in a present understanding of postmenopause; a dynamic, ever-fluctuating, emergent state of being-towards-death.

5.3. THE SHOCK OF CHANGE: HOW IT WAS

While menopause can be brought on through medical or surgical intervention, standard menopause is an involuntary transition. As noted in the literature, the lack of control in involuntary change can be problematic for many, even as it offers a signal that we are, as ever, in flux,

Women described the physiological changes in the reproductive body as something that not only happened to them without their control, but was a signal from the ‘uncontrollable’ body that they had to move on to the next stage. The body, therefore, was found to shape women’s new identity. (Ballard et al., 2009, p. 283)

Aho (2020) states that our actions, choices, everything we understand as the self-construct, takes place against the situated nature of our embodiment, thus a changing body over which we have no control contributes to the sense of shock experienced by many of the participants in their transition. Further, this uncontrollable corporeality most often comes at a time where sociocultural attitudes to ageing begin to bite,

In Western society, the ageing reproductive body is the epitome of the abject – with none of the redeeming features of youth or maternal femininity to save it from complete exclusion from the symbolic sphere ... If the older woman is depicted as alive, as sexual, this in itself makes her an object of fascination (or disgust). (Ussher, 2006, p. 118)

For several of the participants in this study, their first intimation of the menopausal transition was through physical experience, and for some of them, those changes were experienced as forms of

suffering. Weil explains that while our thoughts might flee from non-physical suffering, the very rootedness in the body makes physical suffering an especial affliction, “Affliction is an uprooting of life, a more or less attenuated equivalent of death, made irresistibly present to the soul by the attack or immediate apprehension of physical pain” (1950/2021, p. 72).

Riach writes that not only must we experience ageing in our own body, but “we can also never escape the experiences that aging brings us as a socially situated subject” (2022, p. 109). These layered experiences mean that the transition to postmenopause is both ontic – actual, experienced in the lived body, and ontological – concerning the very nature of being. For Merleau-Ponty, “the body continuously expresses existence” (1945/2012, p. 169). As we live our daily existence through the body, much of the experience of the body becomes routine and it is only when this habituated experience is interrupted that we are awakened to the frail, uncertain, yet insistent limits of the body. Writing of motherhood, Arnold-Baker notes that “we experience an existential crisis when we are confronted with the unpredictable nature of our lives” (2020, p. 7). The end of fertility in menopause (Lock, 1998), the vasomotor symptoms of the transition that vary culturally, ethnically, and attitudinally (Ayers et al., 2010), and the sociocultural attitudes to this involuntary change (Hoga et al., 2015), forcefully remind us of the corporeal limits of our existence.

It is this awakening that existentialism understands as anxiety. When we stop or are jolted out of losing ourselves in the everyday busyness with which we can easily or usefully distract ourselves, we are made aware of ourselves both as Being and of the inexorable actuality of not-being, “That in the face of which one has anxiety is Being-in-the-world as such” (Heidegger, 1927/1962, p. 230). When Joy described her first experience of a hot flush, she related the story as if it were yesterday. It remained with her as both a narrative and an experience, fearful of what others might

think when they saw her with sweat rolling down her face and also deeply anxious about what was happening, an experience over which she had no control and had not anticipated – the ontic and the ontological in one moment,

I was catching the train ... typical rush hour, being stopped at red lights, you know so you're sitting on this track forever, and it was like we were in sardines (*she brings her hands together to demonstrate the closeness*) and all of a sudden, so it was winter, so I've got a big thick coat on, we're like sardines, and all of a sudden this hot flush hit me and ... to this day I've never had one like it. (Joy, 8)

Heidegger clarifies the inherent anxiety in this shock of change, “That which threatens ... is already there, and yet it is ‘nowhere’; it is so close that it is oppressive and stifles one’s breath, and yet it is nowhere” (1927/1962, p. 231).

5.3.1 Ambodying

Tallis describes ambodiment as “the ultimate embrace” (2019, p. 103) between the first-person who *I am* and the third person *it* of my body. In the Ambodying elements of the transition, participants described being acutely aware of the physicality of their experience; what it was like to live a transitioning body, both from within that body and in that body’s intercorporeality with other bodies, co-existing in the world. Marratto explains, “We are intercorporeal selves insofar as our involvement with otherness constitutes for us a kind of archaeological pre-history subtending our present experience: older than any consciousness, but present at every moment ‘in the flesh’” (2012, p. 9).

Ambodying i. Being seen, body image, and the cloak of invisibility.

Our embodiment means that we are always in connection with others. We live in the body, in the

world with others, and it is through others and in connection with others that we experience ourselves, as de Beauvoir affirms, “It is not as a body but as a body subjected to taboos and laws that the subject gains consciousness of and accomplishes himself” (1949/2010, p. 70).

Considering Sartre’s concept of *The Look* (1943/2006), Weber notes that “our vehicle towards the world, as body-for-myself, is out of our control when it is seen by the Other” (Weber, 2019, p. 61). Grace proudly described being seen and recognised as lesbian as something she was delighted to embody; Joy talked lightly about the surprise she registered in someone she’d spoken to on the telephone and then met in person, his assumption of her whiteness and her enjoyment in his discomfort; and Rita shared her experience of being objectified in the male gaze from puberty through to postmenopause,

I haven’t actually (*experienced feeling invisible*), because of the boobies ... definitely the boobs, there’s no denying that, you know. That’s a nearly every day occurrence, that. Nearly every day. No, I still hate it. I hate it. (Rita, 91-94)

While lifelong othering around sexuality and ethnicity might not change with age, the sense of the male gaze fading, of a cloak of invisibility offered by age in postmenopause, brings with it a paradox of not wanting to be objectified as a female body, yet simultaneously struggling with invisibility, being ignored. The taboos and laws noted by de Beauvoir are customs we learn to live with, however painful or offensive, and our enforced accommodation to these customs mean their absence can also be experienced as problematic, indicative of a change we have not chosen.

Dillaway (2005) asserts a sociocultural expectation that a feminine body ought to be unchanging, questioning whether it is menopause specifically or ageing that brings a sense of negativity towards body image. In interviews with 61 women, she found that her interviewees were

concerned to look good in their menopausal bodies, yet looking ‘good’ often meant that appearance needed to remain unchanging over time, and further, the inability to conform to gendered ideals of attractiveness implied a loss of heterosexual desirability. While mine is a far smaller study, both lesbian participants, Gina and Grace, considered themselves just as desirable now as in premenopause, suggesting they experienced less interest in or affect from the male gaze.

I think I feel more confident. Like, it’s interesting, because I really like, still, really like my body. Even though it’s not doing what I want it to do always. (Gina, 128-129)

I fell in love with this kind of, not new image of myself, but new confidence about this image of myself. So, I became more myself. (Grace, 293)

While Dora, who described herself as in her prime, was clear that she had never found the male gaze of value,

I don’t want them to look at me, fuck ‘em. It’s, it (*male gaze*) doesn’t interest me. (Dora, 309-310)

Pearce et al’s systematic scoping review of body image during the menopausal transition looked at 15 studies, noting that “women often simultaneously interpret their experiences as both positive and negative” (2013, p. 481). They also found that “women who were dissatisfied with their appearance were more likely to experience more menopausal symptoms” (2013, p. 475), while underlining an uncertainty as to whether it was the transition that changed body image, or if an already-negative body image exacerbated symptomology. Reviewing twenty-four studies from seven different countries in Oceania, north and south America, Europe, the Middle East, and Asia, Hoga et al. determined the wide-ranging presence of negative and stereotypical attitudes towards

menopause and ageing,

The transition to menopause is associated with undesirable body changes, such as an increase in abdominal fat, and declining health. Women feel damaged in appearance and perceived femininity, and there is a close connection between poor body image and low self-esteem. (2015, p. 280-281)

Both the participants in this study and the literature underline a clear paradox here – we can find problematic the sociocultural objectifications imposed on our bodies, *and* we can objectify our own bodies, acknowledging the contradiction even as we do so. Élina thoughtfully worked through this contradiction as she spoke,

It's there's still, a bit, the, that, that, that thing that that I – I was going to say we – that I chased, of being desirable – sexy. Um, for, for so long, you know, feeling the – this judgement of trying to look a certain way, trying to be certain amount of attractiveness ... um, the – the not being, it, is still hard to say, no, actually I, I, you know, yes, I am done with that. It – is – there's still a little bit of effort around that but – I think it's conditioning. (Élina, 42-45)

Experiencing ourselves as subject to the gaze of others reinforces the connection between embodiment and spaciality. Feminist architecture clarifies that as our bodies are subject to the social construct of gender (Barker & Scheele, 2019; Butler, 1988), so too is our experience of taking up space in the world. As long as we are raised with gendered expectations, we will continue to have gendered experiences in the landscape, built or otherwise, in which those expectations are played out (Dwyer & Thorne, 2007). We might reject sociocultural assumptions around the female body – a particular standard of 'beauty' that is often a white, western, ableist, and pronatalist judgement about the value of fertility couched in heteronormative assumptions regarding what looks 'good' (Astbury-Ward, 2003) – and yet still feel a loss when we find

ourselves outside of what is considered valuable or appropriate within these standards. Rita enacted the contradiction as she spoke,

It's the whole, it's, really weird discourse going on in your head, because it's like, I'm not going to look old and I'd quite like to hold this back (*she pulls back some skin from her face*), I'd pull that bit back there I don't like. Um, but then I don't do anything about it. Because I don't want to, because ageing is the most natural thing in the world ... isn't it? You know. (Rita, 110)

It is precisely because we experience the transition physiologically and psychologically that the postmenopausal emergence offers this many-layered experience,

The psycho-physical event can no longer be conceived in the manner of Cartesian physiology or as the contiguity between a process in itself and a *cogitatio*. The union of the soul and the body is not established through an arbitrary decree that unites two mutually exclusive terms, one a subject and the other an object. It is accomplished at each moment in the movement of existence. (Merleau-Ponty, 1945/2012, p. 91)

“Dasein understands itself proximally and for the most part in terms of its world” (Heidegger, 1927/1962, p. 156) and it is the complexity of this worlded understanding that means limiting the transition to a purely biomedical experience denies us the exploration of who we are being-becoming in postmenopause,

Because, I think, because we are so programmed to view ourselves through the male gaze, then you have to question what is it that, so what is it that I find attractive, um, or not, about myself? And so, I, I'm curious about those things. (Dora, 259-260)

Embodying ii. Embodiment, symptoms, and the changing world.

Existential philosophy understands us as intrinsically in and of the world. We are not looking at

the world as an object from our own position as the subject, nor are we an object for the world, we are already-always in the world, and the world is in us. For Merleau-Ponty, “I have the world as an unfinished individual through my body as a power for this world ... because my body is a movement toward the world and because the world is my body’s support” (1945/2012, p. 366). From this perspective, when the body changes, our world cannot but change with it, and when that embodied and experienced change is involuntary, unexpected, or unpleasant, there is clear scope for experiencing the world as problematic. As Tallis clarifies, it is precisely because I live the world through my body, that how my body is, how I am in and of my body, so deeply affects my experience of being in the world,

A headache is a pain in my head, yes; but also a pain in my present moment; indeed, it is I, not my head, that is in pain. I have compulsory ownership of the headache and am forced to live it out. (Tallis, 2019, p. 83)

Our very familiarity with the habitual body (Merleau-Ponty, 1945/2012) means that when our actual body experiences unfamiliar sensations, such as the vasomotor symptoms of hot flushes, night sweats, cold chills, or the psychological experiences of anxiety and depression – which Bryant et al’s (2012) systematic review suggests may as likely be connected to the stressful life events of mid-life as to menopause – these occurrences show up in stark relief. Grace’s night sweats were disturbing for her *and* they became problematic for her relationship.

These events may feel as if they are purely of the moment, but the transition to postmenopause emerges as a lifetime of interactions. A cross-cultural anthropological perspective allows that diet, ethnicity, environment, heredity, all play a part in the physiological and psychological experience of the menopause transition,

The menopausal phenotype may well reflect the outcome of an individual's lifetime interactions in the local environment. Each menopausal body is the product of decades of physiological and anatomical responses to the environment and is a record of nutritional, immune, reproductive, social, and cultural history. (Melby & Lampl, 2011, p. 63)

In a generational comparison of class and poverty, also noted in Dillaway (2005), Paddy underlined this biocultural component, comparing her adult diet to that of her own childhood, her mother's diet, and her grandmother's life in poverty,

I didn't even, it didn't even occur to me that maybe you should go and maybe speak to someone about what this means for you now, and maybe what you should be looking out for, even though my mother and her mother before her had kyphosis, you know. So, it's like, I just didn't want to be like her. I didn't think I was anything like her. And I think there was just, I was just in denial. That, that was her, she came from a very impoverished background, um, her diet was rubbish. (Paddy, 65-67)

5.3.2 Struggling

I think anger is – you know, Audre Lorde's right, you need the anger, um ... but I would like it to be, you know, fuelling in a more constructive way and not making me at risk when I'm in the car. (Maggie, 91)

Much of the attention in the literature, whether in the public realm or academic research, remains focused on the experience of the menopausal transition as a seemingly-static experience of physiological symptoms (Hoga et al., 2015; Palacios et al., 2010) and even where depression or anxiety are noted (van Driel et al., 2019) they are generally considered a primarily biomedical experience. The *APPG on Menopause, Inquiry to assess the impact of menopause and the case for policy reform* (APPG Menopause, 2022), having heard wide-ranging evidence from 43 witnesses and 67 written submissions, delivered four recommendations, yet only one of the four,

Menopause in the Workplace, fully broadened the scope beyond menopause as a physical health issue. As is clear from the participants in this study, as well as the literature on menopausal wellbeing and attitudes towards menopause (Ayers et al., 2010; Brown et al., 2015), the transition is far from static and rarely *either* physical *or* medical. Further, it does not end with the year of menopause itself, instead it is experienced as a back and forth of emergence into postmenopause, sometimes gradual, sometimes staccato, an unpredictable flow. Alongside the biomedical and physical changes described in the *Embodying* sections above, the participants in this study often shared greater concerns about the sociocultural setting of the transition, and the emotional and psychological difficulties of moving into postmenopause in a pronatal, ageist, misogynist world, deeply in its own transition in climate change.

Struggling i. Anger and frustration

These are natural processes, we're humans, we must have a natural process. Therefore, to liken yourself to a volcano is not a bad thing, but let's have a look at – you know, whether you need to have gravity monitors in your volcano so that you know when you're about to erupt. (Maggie, 103-104)

Maggie eloquently described her feelings of rising and subsiding rage, shifting ground, deep uncertainty, and a need both to express that anger and to understand it better in order to use it well, taking care of herself in doing so. Heidegger (1927/1962) perceives moods as contributing value because they offer us the opportunity to engage with any mood as a signifier of our worldedness and, once acknowledged, the possibility of directing our energy. Moods certainly can be valuable in this way, but only if we have the time and opportunity to attend to them and follow them up with the sociocultural power required for a valuable re-direction of emotional energy. After her involuntary redundancy, Maggie initially found that her rage seemed to have no outlet, recognizing also that sociocultural attitudes hampered her expression of anger,

When you let the kind of societal norms kind of interfere with some things, and, and also, you know, you've internalized some of this other crap, then that's what you've got to get – it's almost like you've got to clear it out. (Maggie, 94)

Ussher notes this lack of permissible anger and distress as particularly relevant to women's bodies, culturally policed with regard to menstruation, childbirth, or menopause, each with specific elements that might increase the experience of difficulty, "What is pervasive, however, is the cultural representation of the fecund body as abject and monstrous—a representation which many women find difficult to resist, which is not surprising when we are continually told that it's the unquestioned truth" (2006, p. 160). This attitude of policing our own and other women's bodies is explored further in *Other Women* in both Findings and Discussion.

Paddy found herself making an effort to use anger to create value in her work,

Lots and lots of anger. ... And I started to think I've got, I've got to do something about this. I was, I was challenging some of the senior males in, you know, in conversations, and I was involved in various committees. (Paddy, 102-105)

Far from being solely problematic or limited to menopause, she acknowledged that anger had always given her impetus,

I feel like I managed to, I think I, I've, anger has carried me throughout life. (Paddy, 113)

For Joy, anger was an opportunity to rail against cultural impositions,

I'm not one that's ever been led by society. You know, we read things, we see things, but

my thing is the media will always tell you what they want you to know. And it's always their narrative, not mine (Joy, 284-285)

The sociocultural story that anger is not appropriate in women becomes more complex in middle aged and older women, when the tropes of harpy, virago, dragon, or termagant really engage (Atwood et al., 2022), as misogyny mixes with ageism (Irni, 2009). It is telling that in describing her new, postmenopausal manner of addressing problematic situations, Élina explained that she does so smiling,

I'm kind, I'm calm, I'm friendly, I try to like everybody, I try to get along with everybody, but I call out anything, with a smile on my face. (Élina, 189)

While existential psychotherapy certainly acknowledges anger as having constructive potential (Strasser & Strasser, 1997; van Deurzen & Arnold-Baker, 2005), anger needs first to be recognised as possible and permissible. This recognition and the follow-up of action is not readily available to all, particularly not to Black women (Ashley, 2014), disabled (Milbrodt, 2018) and queer people (Chiaro & Balirano, 2016), all of whom have long been subject to accusations of lacking perspective or a 'sense of humour' around our oppression.

Struggling ii. Regret and loss, shame, dread and fear.

Moods, emotions, and attitudes, whether or not we are open to creating value from them, are invariably experienced within a context of culture, history and society. They become an "affective intentionality" (Merleau-Ponty, 1945/2012, p. 396) whereby I experience myself through attuning to my mood in relation to others and the world. Ayers et al. (2010) affirm that attitudes to the menopausal experience also change over a lifetime, with pre and perimenopausal women having more negative attitudes, while those emerging into postmenopause became less negative towards

it. Even so, if the world itself is concerning, then the experience of the world in transition, in addition to the experience of oneself in transition becomes doubly problematic. Paddy explained this when she considered her fears around her own and her grandchildren's future in light of climate change,

I think it's just a general sense of increased vulnerability. Yeah. And so, if I'm feeling more vulnerable, the world seems more vulnerable. I think it is, um ... more so than any time I can remember. (Paddy, 220-222)

The elements of regret/loss, shame, and dread/fear, while less prevalent throughout the interviews, were pervasive. As noted in recent surveys (Aljumah et al., 2023; Harper et al., 2022) the growing discussion of the menopausal transition in the UK may be contributing to breaking a silence, creating a more open culture for sharing the difficulties of menopause. At the same time, care needs to be taken to ensure that the public discussion of menopause does not purely focus on problematic aspects, with over-medicalisation and a singular focus on symptomology creating negative assumptions that fuel a more negative experience (Hickey et al., 2022). There is a complexity here, in that acknowledging the difficulties of menopausal transition has been welcome given a relative lack of acknowledgment in the past, yet it can also make those difficulties the prime focus, creating a stasis in experience. Weil describes this as the "complicity with regard to his own affliction" (1950/2021, p. 76) that affects those who have suffered for long enough. As Joy put it,

And you think about how society has dictated to us, that, you know, God forbid you enter the menopause, it's going to be doom and gloom, your life is over. (Joy, 88)

We are largely revealed to ourselves through our "way of being with the worldly things with which we are most familiar" (Wrathall, 2009, p. 39). A sudden change in this way of being, due to

physical or emotional discomfort, the shame of being seen or not seen, or the dread inculcated from ageist culture's assumptions around the menopausal body, is not only an ontic shock in terms of daily activity, but also an ontological shock in how we experience ourselves and the world in which we live.

All of the participants in this study described the shock of change as both sudden and ongoing, sharing a sense that the continuing nature of the transition was often imbued with loss and vulnerability from their personal past, brought into the present and near future (neatly connecting the temporal basis of our Being-in-the-world) through the experience of involuntary change. In this way, Élina considered what she might learn from her mother's experience of ageing in postmenopause, almost as a warning to herself in moving forward,

She is, you know, just a shutdown unhappier self, unsatisfied, full of regrets, and just become quite mean with it. And I, and I feel, you know, I'm full of regrets, a bit of shame and rah-rah-rah, and I just feel like, and I do think it, you know, and look, we're talking about menopause, but I do feel like it is, there is, that, that, that has made the space in me to be able, able to see things even more clearly than I was already seeing signals of, of (*pointing back to mother*). (Élina, 123)

Struggling iii. Dasein's anxiety and intersectionality

Existentially, our moods are an attunement to how we are. Anxiety may usefully awaken us from our fallenness in the everyday, an inauthenticity exemplified in the busyness and hustle with which we distract ourselves, and yet the distraction itself is an alienation "which closes off to Dasein its authenticity and possibility" (Heidegger, 1927/2010, p. 171). With Dasein as a body-mind-spirit being-in-the-world – undivided and non-Cartesian – Heidegger writes that in anxiety,

"Dasein is taken back fully to its naked uncanniness and stunned [benommen] by it, But

this feeling of being stunned not only *takes* Dasein back from its “wordly” possibilities, but at the same time *gives* it the possibility of an *authentic* potentiality-of-being.”
(1927/2010, p. 328)

I cite the Stambaugh translation of *Being and Time* here because ‘stunned’ feels more appropriate to these participants’ initial experience of transition than Macquarrie and Robinson’s translation as ‘fascination’. Further, it is useful to note that while the standard translation of *unheimlich* is uncanny, the sense in which it is commonly used in German is of something ‘unknown to me’, rather than the purely supernatural implied by the English term uncanny. Dr Daniela Bloom, for whom German is her first language, explains,

It is related to something scary and uncomfortable, but not like a sticky tube ride, more like a tube ride where you don’t see anything and suddenly the shadow of the person opposite you looks a bit weird and not human, so you get a bit of a cold sweat. (D. Bloom, personal communication, 21 June, 2023)

A sense of unease as an embodied experience, especially in the early stages of the transition, was often evoked by the participants, describing an uncertain and unchosen liminality. Approaching their fundamental and potentially life-awakening unease from an intersectional, twenty-first century perspective, Ortega reminds us that not everyone has access to the resources that might enable them to find value in anxiety. She explains that for those living on the margins of culture or society, a thin sense of unease is *already* their everyday, “This *thick* sense of not being-at-ease becomes even more pronounced when the self is in a condition of marginalization and oppression” (2016, p. 63).

In Ortega’s terms, many of the participants in this study – marginalized through gender, ethnicity, disability, sexuality, class – are multiplicitous selves, *already* living with a sense of unease. They

are further marginalized by our culture's ageism. It is vital then, to recognise that while existential philosophy and psychotherapy might see our attunement as useful signals, or even as profound opportunities to awaken to our fallenness and seize our lives, our "ownmost potentiality-for-Being" (Heidegger, 1927/1962, p. 232), the initial shock of change may shift an already-thin sense of unease into a thick sense of unease, hampering action and making resoluteness more difficult. Further, even where we might usefully consider the menopausal transition's effect on identity – however constructed that identity may be from an existential perspective – we also need to consider that for those most affected by intersectional marginalization, as are some of the participants in this study, there is no "*a priori* central identity" (Ortega, 2016, p. 77) from which to experience oneself as changing. Instead there may be a multiplicitous self, which has already had to become well-practiced at fluidity, due to living in a culture in which the notion of a single central identity is enforced, regardless of the emotional labour this entails from those who live marginalized lives.

5.4. LIVING WITH CHANGE: HOW IT IS

The for-itself (Sartre, 1943/2006) is who and how we are as we experience the present. In being present we cannot be what we have been in the past, nor can we be what we might become in the future. Not being our past or our future, we can choose to be present in the present. Once the participants had acknowledged and understood they were actually in the transition, they began to adjust and accustom themselves in ways that suited *them*,

And so, for me, knowing that yes, I am postmenopausal, yes, I was peri, whatever we want to call it, it's just knowing and acknowledging. (Joy, 28)

In the shock of change and their adjustment to living it, the participants noticed an impulse to look again at what they had taken for granted, let slide, or grudgingly accepted,

You don't want to get into a situation where you constrain yourself even further by feeling like you've got to present yourself in that way as a menopausal woman, it's just another prison. (Paddy, 172)

While it might be tempting to view this how-it-is, present-tense state as a clear space between how we have been and how we are being-becoming, it is important to reiterate the dynamism of the transition. In the same way that menopause is not a universal experience (Astbury-Ward, 2003; Avis et al., 2001; Ayers et al., 2011; Huffman et al., 2005), the transition through perimenopause, menopause, into postmenopause is neither sequential nor predictable. No wonder then, that while all of the participants knew when their periods started, they were more unsure about their ending,

I can't actually remember when my periods stopped, and I only realised that today when I thought about the, think, I was just thinking, oh, well, that's like the basic first thing, isn't it? (Gina, 46)

It does seem so, such a significant moment of transition, or we kind of think of it in that way, culturally. Um, and yet obviously (*she laughs*) it wasn't so significant to me that I bothered to note it down. (Gina, 47)

As biomedical menopause is only observable in retrospect, the emergence into postmenopause is often conflated in both the literature and the public discourse with menopause itself. In this study, the participants tended to talk about *menopause* in reference to vasomotor symptoms or psychological-emotional experiences,

I think ah, my menopause started when I was about fifty. It might have been forty-nine, fifty, fifty-one, it was roundabout that age, because I was looking at what was I doing at these ages. Cos that's my sort of prompt. And there was a particular job I had, um,

between 2006 to 2011, and I know that, definitely, for the first few years of that I was having, what I think of as my major menopause symptoms. (Grace, 19-21)

They more often considered *postmenopause* as the time when the symptoms had largely passed, understanding themselves to have been through something, beginning to wonder what that meant emotionally, acknowledging the embodied nature of the experience,

And then ... I kind of adjusted to kids leaving home and – I think, time. We saw a lot of them, ah, we're very close. Um, and, and kind of trying to see it as an opportunity to kind of re-evaluate how I wanted to spend my energy now. (Paddy, 99-100)

In exploring being-postmenopausal, the participants focused strongly on connection with others and with themselves, in doing so they extended the embodied cognitions they were experiencing individually to their experiences with others and in the world. In return, this *enaction* (Varela et al., 2016) supported them to apprehend cognitively how they were living their transition. Merleau-Ponty reminds us that while we always have the option to close our eyes, block our ears, lose ourselves in personal pleasure or pain, “my body is also what opens me up to the world and puts me into a situation there” (Merleau-Ponty, 1945/2012, p. 168), and for all participants in this study, their connections with others – friends, family, work colleagues, strangers on the train – were intrinsic to their understanding of themselves in postmenopause.

5.4.1 Connecting

To be a consciousness, or rather to be an experience, is to have an inner communication with the world, the body, and others, to be with them rather than beside them. (Merleau-Ponty, 1945/2012, p. 186)

Considering the importance of social relationships in all realms of life, including work, Ballard et

al. (2001) suggest that the deemed outdated term “change of life” might be more appropriate for the midlife transition of which menopause itself is only one element, noting the impact of social status changes also experienced in this time. Philosopher and psychotherapist Gendlin affirms, “Your physically felt body is in fact part of a gigantic system of here and other places, now and other times, you and other people—in fact, the whole universe” (2003, p. 77).

Brown et al. (2015), citing a lack of research into positive wellbeing in menopause in their systematic review, suggest that conflation of midlife difficulties with menopause may lead to overpathologizing, and clarified the value of seeing menopause in a psychosocial context. For the women in the current study, connecting with others was key to processing their own experience, confirming Weixel-Dixon’s view, “Authenticity is not an internal quality but a state of being that occurs in the in-the-world, among and between the many contacts and engagements we have with our world” (2020, p. 59).

The participants recalled relationships with family, friends, work colleagues, people from the present and the past; a feeling of exploring what being with others was like for them now, in this new phase of life, emplaced, embodied, and enacting in connection.

Connecting i. Other Women

A key existential notion, thrownness (Heidegger, 1927/1962) – that we are each thrown into the world in time, place, physicality, and emotionality, experience of self and others, and of self-with-others – emerged strongly in the stories of other women, as others in transition against whom they measured themselves, both problematically and supportively. De Beauvoir further personalizes thrownness, “Only I can create the tie that unites me to the other. I create it from the fact that I am not a thing, but a project of self toward the other” (1944/2021, p. 93).

The participants spoke of relationship-damaging night sweats, a wide range of vasomotor difficulties, problematic anxiety, insomnia, and problems at work, yet also maintained their own experiences were easier than those of other women,

I know that, definitely for the first few years of that, I was having what I think of as my major menopause symptoms, nothing – and talking to other women about it – but nothing in comparison with friends. (Grace, 21)

You know, I've heard lots of stories about women having very difficult experiences leading up to the ending of ah, menarche, and I didn't have that. (Paddy, 64)

To be honest, I got away with it pretty lightly compared to most of my contemporaries. (Dora, 103)

Thinking about the comparison more specifically, both Gina and Élina noted a connection between other women's relative privilege and those women's self-reported worse experience of menopause. A study of midlife Black urban women in the USA, which included comparisons with women from other ethnicity and location groups, noted that women with lower incomes “demonstrated an attitude of people who had dealt with difficult situations before” (Howell & McEvatt, 2005, p. 54). It is certainly feasible that the participants in this study had dealt with difficult situations before and this may have impacted their sense of themselves in comparison to others in the transition; as is clear from the demographic breakdown, none of them have lived purely privileged lives. Contrarily, far from finding that previous problems make current difficulties easier to cope with, Faleschini et al. (2022) note that a history of psychosocial stressors in childhood, adolescence, and early adulthood correlates with higher levels of midlife menopausal symptoms. While it is possible that the participants in this study had a degree of

resilience that supported them in the transition, it is also possible that they were so used to difficulty that they underplayed their experience, to others and to themselves. Rita's mischievous satisfaction when her friends finally began to have hot flushes, catching up with her after many years is echoed in Weil's desire to have others understand her pain experientially, "I must not forget that at certain times when my headaches were raging I had an intense longing to make another human being suffer by hitting him in exactly the same part of his forehead"(1947/2002, p. 3).

Our intercorporeality means that appreciating how it is for another in their physical experience and being understood in our own physical experience can be enormously important. For Merleau-Ponty, "It is precisely my body which perceives the body of another, and discovers in that other body a miraculous prolongation of my own intentions, a familiar way of dealing with the world." (1945/2005, p. 412)

This emphasizes that no matter how often we might share experiences with those yet to come into menopause, and despite the current calls for menopausal education and information to be available from an early age, our need to understand experientially as well as cognitively means that many of us do not fully appreciate an experience unless we have it in and of our own bodies. Even then, we can never be entirely sure that another's experience is the same as our own,

What I feel is indissolubly linked to the fact that my body is *my* body, not just one body among others. I am out, let us say, for a walk with a friend. I say I feel tired. My friend looks skeptical, since he, for his part, feels no tiredness at all. I say to him, perhaps a little irritably, that nobody who is not inside my skin can know what *I* feel. (Marcel, 1951)

The loneliness engendered by this hunger for others to understand, accompanied by an

appreciation that no-one can have exactly the same experience, may go some way to explain how complex and sometimes difficult many find this involuntary transition.

In their systematic review of attitudes toward menopause, Ayers et al. (2010) noted that more symptoms were reported by women with more negative attitudes and, looking at longitudinal data from over 400 women, Avis et al. (1997) observed a cultural variation whereby women in societies where menopause was viewed more favourably tended to report fewer symptoms. While attitude plays a part in the menopausal transition as it does in any experience, this does not necessarily mean that those who mentioned fewer symptoms actually had fewer symptoms than others, they may simply have reported them less. While Joy plainly stated that her experience was that menopause simply wasn't spoken about in her Afro-Caribbean community, this may also have been connected to a culture of Black women being listened to less or believed less when they did speak up (Rolston & Christie, 2023).

If the prevailing cultural and familial attitude is one of stoic acceptance, regardless of the severity of the experience, then thinking “with the cultural instruments that were provided by my upbringing, my previous efforts, and my history” (Merleau-Ponty, 1945/2012, p. 62) will have contributed to Joy's greater likelihood of endurance. This despite indications that midlife Black women experience greater physical and mental health disadvantages than white women (Geronimus et al., 2010; Newhart, 2013), further compounded by a lack of research into the menopausal experiences of minority women, so that professional medical interventions tend to be based on symptoms and attitudes of white women (Huffman et al., 2005).

Menopausal studies often note the value of connecting around experience, especially when that experience is perceived as negative (Hickey et al., 2022; Hoga et al., 2015; Howell & McEvatt,

2005; Weiss, 2023). Even while acknowledging experiential difference, the women in this study evinced a strong desire to connect with others, believing that in connection they might make gains in postmenopause and were enthusiastic to pass on those gains to others.

As women how are we supporting each other to be more happy, more outgoing, and more energized? Because some women have just blown out that candle and they're done (*a gesture of pushing away*). Done. And to me, that is sad. (Joy, 167-168)

If you have conversations with, with women about this, then that energises you to actually go and, go and knock down the doors of all these people who say you can't do these things. (Maggie, 174)

Connecting ii. Work

Considerations of quality of life showed up powerfully in the research, underlining that we always experience the menopausal transition in situation. While late twentieth century research tended to focus on menopause in familial, sociocultural or biomedical settings (Avis et al., 1997; Bell, 1987; Datan, 1995; Lock, 1998; McCrea, 1983; Zita, 1997), recent research has more often included work and the workplace (Aljumah et al., 2023; Hickey et al., 2022; Rees et al., 2021, 2022; Riach & Jack, 2021; Riach & Rees, 2022; Yates et al., 2018), confirming that we live the transition emplaced as well as temporally and embodied, “The menopausal body is not a body that ‘has been’, marked as ‘past it’ on a linear career trajectory; it is always in becoming, with an eye to the future, but with unpredictable and undefinable outcomes” (Jack et al., 2019, p. 139).

As intercorporeal beings, situated from birth to death between the two ontological structures of natality and mortality (Arendt, 1978; Stone, 2019), our connections with each other are not merely necessary, they are core to understanding our existence,

The phenomenological world is not pure being, but rather the sense that shines forth at the intersection of my experiences and at the intersection of my experiences with those of others through a sort of gearing into each other. (Merleau-Ponty, 1945/2012, p. xxxiv)

In February-April 2023, 72.3% of women in the UK aged 16-64 were employed. For comparison, in 2000 it was 65.9% and in 1980 it was 56.7% (Office for National Statistics, 2023). It is important to clarify that ‘employed’ here means in a way that is countable as paid work by the ONS, which has also noted that women take on 60% more unpaid work than men, largely in a caring capacity (Office for National Statistics, 2016).

The growing presence of women in the countable labour force makes the workplace fertile ground for observing how our experiences intersect and what it is like when they do. Joy related upsetting interactions with younger women, prompting her both to intervene directly with the women concerned and to speak to her whole office about menopause,

I said to my manager in the office, I said, “Can I talk about menopause in the office, please?” And she’s going, “What, what do you mean?” I said, “No, I’ve noticed some things”. I said, “We talk about, we like to do these team events, about different things and different interests, so let’s talk about menopause.” (Joy, 104)

As shared in the Findings, Joy was clear that she didn’t believe policy per se was useful, what mattered was how office policy was implemented in terms of understanding the transition,

In a contrast noted by Hvas (2006), while women felt themselves becoming more competent and capable in work as they aged, they also became more aware of others’ ageism and the possibility of being assumed less capable of working as they grew older. Gina talked about the aggressive dismissal she experienced from younger women in her work,

Most of the team were young and female. I felt it, it, there was a lot of upward bullying going on and I was really shocked by that. Because I was used to sort of thinking of myself as quite young and go get – I wasn't used to thinking even of myself as like in that bracket of like, where I'm suddenly going to antagonize all this like, anti-mum feeling, or anti this, do, do you know what I mean? (Gina, 158-160)

Although she went on to say the younger women had been encouraged by a man, what shocked her was that the bullying had come from other women, just as Grace had believed it simply wasn't possible to bring her menopausal concerns to work.

The conflation of menopause, ageing, and a presumed lessening of capacity is confirmed in Aljumah et al. (2023), in which 829 postmenopausal women responded to questions regarding attitudes towards and knowledge of menopause, “Many women spoke about the lack of support in the workplace and how negatively impacted they were as a result of this; this included losing their jobs” (p. 13).

Work mattered to all of the women in this study and while they acknowledged gains made in the workplace in recent years – Élina's new-found ability to “call out *anything* with a smile on my face”; Grace's pleasure in being more herself; Rita's “wised up” – they did so with a sense that they had come through something to get to this point and it was only now, in *postmenopause*, that they were able to reap the rewards, just when ageism really kicked in. The relevance of intersectional awareness around menopause in the workplace was underlined in written evidence to the APPG on Menopause, “It is important to note the difficulty of extrapolating the nature and extent of discrimination around the menopause from broader age and gender-based biases and stereotypes. Menopause discrimination is intersectional in nature” (Riach et al., 2021).

Connecting iii. Menstruation, Fertility and M/Othering.

De Beauvoir maintains that women are bodily disenfranchised by our sociocultural assumption of cisgender women as the breeding ground for future generations, “From puberty to menopause she is the principal site of a story that takes place in her and does not concern her personally” (1949/2010, p. 40). Recent changes to abortion laws in the USA (Berg & Woods, 2023), along with concerns about women’s bodily autonomy in the UK (Thomas, 2023), Malta (Harwood, 2023), and Poland (Lewandowska, 2023) among others, indicate that we are perhaps not as far removed from de Beauvoir’s statement as we might have hoped to be, well into the twenty-first century. Pronatalism and gendered expectations around women’s roles in family and society, highlighted during the Covid pandemic (Flor et al., 2022) continue to mean that menstruation and fertility are linked to womanhood, socioculturally as well as biologically.

For the participants in this study, menopause, menstruation, fertility, and m/otherhood were clearly interconnected. They often began speaking about one and segued into the other. Given the strength of pronatalism in current culture, where womanhood is equated with motherhood or at least the ability to become a mother (Bartholomaeus & Riggs, 2017; Day, 2016; McCutcheon, 2020; Palmer, 2019; Turnbull et al., 2017; Warnes, 2019) it was interesting that the participants barely bemoaned the menopausal ending of periods and loss of fertility. Of the five mothers and stepmothers, only Élina said that as menopause arrived, she felt the loss of fertility as a sadness, quickly adding that she understood herself needed now by her almost-adult sons, and that this pressing need, especially given considerations of ethnicity and racism, overtook any longing she might have had for more children.

Paddy noted that her children leaving home had coincided with her periods ending, but felt it was hardly related to her menopause,

When my daughter went to uni, and my son went to uni, I cried then and I felt like I'd had a limb severed when they went, but you know, I think that's, that's barely related. (Paddy, 85)

While Grace missed the sexual drive that had coincided with her period, and Paddy missed the catharsis of premenstrual emotionality, Maggie was thrilled when her periods ceased, and Gina also described it as offering freedom from cyclic hormonal difficulties.

In keeping with a culture of pronatalism, in which even women who cannot or choose not to have children are conditioned to understand fertility as intrinsic to their womanhood (Coates-Davies, 2020; Lee, 2023; Meyers, 2001), all three of the not-mothers mentioned motherhood. For Grace, not wanting to have children was a conscious and lifelong self-knowledge, and Rita questioned whether she had actually wanted a child when she had felt that she did, or if it had been more of a societal pressure to become a mother. Gina spoke of having wanted a child, but that given her work, not being in a relationship, and the added complications for queer women considering motherhood, motherhood simply did not feel possible. She acknowledged both loss in that impossibility, and freedom from that loss once menopause began,

So that longing that is there, just kind of goes when your hormones change, and you just go oh, well, it was just a biological thing. I'm not saying that you don't have those instincts. But it is instinct is all it is. It's just instinct and hormones. (Gina, 280-283)

Connecting iv. Mothers and daughters.

Given the relative agency of twenty-first century women compared to most of our foremothers, it is intriguing that many studies continue to note that daughters wished their mothers had spoken to them about menopause (Aljumah et al., 2023; Marnocha et al., 2011; Utz, 2011; Walter, 2000),

yet we might equally question why adult daughters fail to ask their mothers about menopause.

Mother-daughter relationships, and mother-blaming, (Blum, 2007; Caplan & Hall-McCorquodale, 1985; Jackson & Mannix, 2004; McCrory, 2022) have been the fodder of psychotherapeutic and dramatic writing for many years, so it is not surprising that this dynamic should come up throughout the interviews, what is intriguing is the varied experience of these participants. Grace and Maggie had both left home by the time their mothers transitioned into postmenopause and had no conversations with them about it, and as noted above, Joy felt her mother's silence on menopause was related to Afro-Caribbean stoicism. Although Rita's mother did talk about it, she evinced little empathy for Rita's difficult experiences, while Gina compared her mother's readily offered menopausal thoughts with her own friends' relative silence. In the opposite direction, Maggie, Joy, and Dora all confirmed they were open with their daughters about menstruation and menopause, and Maggie and Dora also shared how much they were learning from their daughters, especially around inclusivity regarding gender and sexuality.

Utz's comparison of mothers and daughters' menopausal experience, suggested that American baby boomer 70-something mothers were more accepting of menopause than their 50-something daughters, due to the older women's lesser experience of agency throughout life and the younger women's greater expectation of control over their lives, especially their ageing bodies, "The daughters often detested the thought of menopause because it represented either a conscious decision or physiological mandate to give up some control of her life" (2011, p. 149).

Conversely, Paddy and Élina's concern was of ageing unhappily in the way they perceived their mothers to have done, speaking of them in stark, embodied terms, as a warning for their own futures,

My mum's ninety-two, my dad's ninety-three. My mum ... refuses all assistance. I mean, in a really hostile, aggressive way (Paddy, 138)

My mum, I used to – ah, you know she was amazing, she really was amazing and ... she's not very nice anymore. You know, she's sort of ... like she's just shrunk her life, she doesn't like anybody, she judges everybody, everybody. You know, she's critical of everybody. She's disloyal to her friends. She's, you know, she's – her own regrets are making her really hard on other people. (Élina, 119)

Highlighting the need for an intersectional approach to menopause research, all of the women in Utz's study were white and, as homeowners, relatively middle class. This, in addition to the twelve years that have passed since Utz's research, might go some way to explaining the difference between Utz's participants and those in this study, who were largely more accepting of their ageing, but also keen to ensure they aged as comfortably as possible.

5.4.2 Engaging

In response to growing commercial interest in the menopause transition, as evidenced by the many documentary and drama television programmes (Jones, 2023), along with self-help and fiction writing (Allardice, 2023), there have been recent calls to consider the menopausal transition from a more nuanced and inclusive perspective. Reproductive scientist Professor Joyce Harper and endocrinologist Dr Annice Mukherjee have both been vocal about the need to offer balance in the menopause discourse, underlining the value of an approach including sociocultural factors in any exploration of the problematic elements of the transition. Mukherjee says in Harper's podcast,

I think menopause gets a bad rap because everything's put down to menopause. And

actually, a lot of these symptoms are nonspecific, and they're occurring across society, because of our world changing. And some of these symptoms, particularly, you know, anxiety and depression, and some of the sleep problems and fatigue, that the prevalence is increasing across society. (Harper, 2023, 26:14)

This wider approach of siting the transition within other life changes became especially clear when the participants considered how they engaged with others and society now that they were in postmenopause.

Engaging. Drive, Stoicism and Strength

While acknowledging a wide variety of challenges, some specifically related to menopause and others to do with being menopausal in an ageist and sexist culture, the women in this study largely shared a drive to draw on reserves of strength and stoicism both in daily experience and in imagining how they might be becoming in postmenopause. This tallies with Jung's sense that our journey towards wholeness, our individuation, only truly begins to matter from middle age (Storr, 1998). Further, in keeping with Merleau-Ponty's assertion that "the body is our general means of having a world" (1945/2012, p. 147), the sense of postmenopausal emergence occurs in the body towards the world, emotionally as well as physically.

Where Grace revelled in conforming less with her straight friends and dressing more as her lesbian self, Paddy looked to community and political activism to channel her postmenopausal energy. Élina felt herself making postmenopausal choices that echoed those of her late adolescence in terms of how she might live her next phase of life, and Maggie began to perceive herself as her own creative project, giving space to her anger and passion in writing of and for herself.

For Dora, the strength required to survive and eventually process the trauma of her childhood sexual abuse, stood her in good stead in the transition to postmenopause, reminding her that she had become skilled at coping in the past, of necessity and not always happily, but that out of her self-development over many years she now had personal resources to fall back on,

I'm obviously not glad about what happened to me when I was a kid, but out of it, I can see that I have some things that I know some other people don't have. And it is just, that's just the fact of the matter, I guess. (Dora, 168-169)

Similarly, Joy spoke of the racism she had faced at school and in the workplace, neither ignoring the pain nor denying the emotional labour it had demanded, but also seeing her strength and stoicism as useful in childhood and later,

The school episode about colour and um, just different things, and it has made me recognise that it started from quite young, that I just knew I had to do and stop sitting there, crying about it, get on with it. (Joy, 302)

'Getting on with it' was key to many of the participants' experience. There was a sense of drive in Gina's intention to continue to live and work creatively alongside her disability,

Hopefully, all of my creative work, always there's some kind of blossoming going on, whatever I'm doing and whether I'm helping other people with their thing or I'm doing my own thing, whatever it is. (Gina, 241)

Grace, the oldest of the participants at 64, both created and sought out group projects – walking, running, dancing – to assuage the hunger for physical engagement that had returned in postmenopause,

There's some kind of energy, um, that is very physical and, and quite a drive. And I felt that again in more recent years. And it comes and goes, I don't, it's not happening every day, thank God, I'd be exhausted. (Grace, 61-62)

All of these elements suggest that, despite personal difficulties in both childhood and adult life, difficulties that recent research suggests might create a more problematic menopausal transition (Faleschini et al., 2022; Metcalf et al., 2021), the participants in this study were driven to utilize their learning from past adversity to their benefit in *postmenopause*. It is important to clarify here that none of them described past adversity – racism, abuse, sexism, ablism, classism, homophobia – as unproblematic, or that they failed to notice the emotional labour demanded of them in personal and political engagement,

I think that, that there is again, so much of that crap that we have to kind of manage again. It's that, you know, why should we be doing all that fucking work? (Maggie, 325)

Instead, they recognised what they had been through and the coping skills it had given them and now, in *postmenopause*, they felt a drive to use those skills for themselves and their future,

And it's taken me that long to realise, really, but I think am, I think I am wiser. I do, and I, I guess I'm not, I'm not taking the shit anymore. (Rita, 329)

This choice to do something about it, not take the shit any more, to dance wildly, to engage politically, can be read as, “Being-there as Understanding” (Heidegger, 1927/1962, p. 182). As Tillich further clarifies, “The courage to be is the ethical act in which man affirms his own being in spite of those elements of his existence which conflict with his essential self-affirmation” (Tillich, 2014, p. 5).

This being *anyway* affords a moving forward in our lives despite and sometimes because-of. Opening up to what was true for her in postmenopause, uncovering how she is now, each of the participants described exploring her own way forward. Grace realised possibilities around her physicality and her sexuality, Paddy dreaded her mother's stasis and chose to steward the anti-Trump march, Rita wished for a different physicality and also forcefully stood up for herself at work. These were "specific pressings into possibilities ... the readiness to cope correlative with the whole current situation" (Dreyfus, 1991, p. 191), deeply rooted in who and how they had been, in their past and current culture, all of which informed and constrained the choices available to them in postmenopause.

5.4.3 Loving

Merleau-Ponty maintains that love – like all feelings – offers us an opportunity for intentionality,

“Love cannot be given a name by the lover who lives it. It is not a thing that one could outline and designate, it is not the same love spoken of in books and newspapers, because it is rather the way the lover establishes his relations with the world; it is an existential signification.” (1945/2012, p. 401)

Our feelings, experienced through the body, inevitably sited in world and time, always offer us the possibility of action. In the menopause transition we live the involuntary change of our bodies, this then affects our perceptions and consequently our possibilities of action. Similarly, sexuality is not purely a function of the body and is better understood as an expression of existence (Heinämaa, 2021).

In the same way that friends, wider family, and work relationships were vital to their experience of postmenopause, participants in this study, regardless of their sexual orientation or relationship

status, described their loving, intimate, and sexual relationships as important to their experience of being postmenopausal. This concurs with research underlining the sociocultural aspects of the menopause transition as well as the biomedical,

Some women explicitly discuss menopausal changes when they describe sex after menopause, but most do not. Instead, women emphasize issues such as status and quality of relationships, health, and sexual history, which are social factors relevant for all women. (Winterich, 2003, pp. 639–640)

While acknowledging that there are cultures which have intrinsic respect for older women (Beyene & Martin, 2001; Doubova et al., 2012; Lock, 1998), the prevailing culture affecting the women in this study is that of 21st century Britain, in which older women's expressions of love as sexuality continues to be dismissed or mocked as either dried up hags (Ussher, 2006) or over-sexed cougars hungry for young flesh (Orchard, 2022), in an external gaze that is often compounded by our internalized ageism and sexism (Tortajada et al., 2018).

These sociocultural concerns are further exacerbated by biomedical assumptions around sexual intimacy. Despite research affirming that the majority of women achieve orgasm from clitoral stimulation regardless of vaginal penetration (Herbenick et al., 2018), penis-in-vagina heteronormative sex is still largely assumed to be preferable (Cacchioni, 2007; Morrow, 1994; van Anders et al., 2022), even though it can be physically problematic given vaginal changes in ageing (Ussher et al., 2015b; Vaccaro et al., 2021; Winterich, 2003).

Considering the amount of caring undertaken by midlife and older women (Power, 2020), workplace invisibility compounded by ageism (Riach & Jack, 2021), women's earning power remaining less than men's, particularly obvious during the Covid pandemic (Croda & Grossbard,

2021), and the widespread health discrimination that disproportionately affects people of colour, disabled, queer, and other minorities (Emerson et al., 2020; Glyde, 2022; Otu et al., 2020; Westwood et al., 2020), it is no wonder that the menopausal transition is sometimes experienced as a hurricane of misogyny, marginalization, and exhaustion in an uncontrollable body (Hoga et al., 2015). As Maggie expressed in a heartfelt groan,

The only thing I've got is probably more ... (*sigh*) volatile emotions, but actually, it's probably no bloody wonder given the patriarchy. (Maggie, 66-67)

Loving. Sexuality and Intimate Relationships

Barker writes that sex is “a handy existential barometer” (2011, p. 11), part of our whole lived experience, rather than a separated component and for Merleau-Ponty, “sexuality is coextensive with life” to such an extent that “it is impossible to characterize a decision or an action as “sexual” or “nonsexual”” (1945/2012, p. 172). Similarly, for these participants, whether they were discussing lesbian, queer, or heterosexual relationships, single or coupled, their understanding of themselves as sexual beings was strongly conveyed. They came of sexual age in the UK in the 1970s and 80s, when both the wider availability of the contraceptive pill (Goldin & Katz, 2002; Silies, 2015) and the rise of the Gay and Lesbian Liberation movement (Spandler & Carr, 2021; Tremblay & Paternotte, 2015) offered possibilities for sexual freedom that had not been afforded their foremothers. While it is important not to over-estimate these changes, not least because of the tendency for research to focus on white, heterosexual, middle class experience (Kaufert & Lock, 1997) for whom many of the advances of second wave feminism were more accessible, we can acknowledge that some possibilities were available that had not been present for previous generations. Further, for many currently in postmenopause, sex and sexual relationships have meaning for their daily lives, however sexually active or inactive they may be (Thomas, H.M. et al., 2022), with the strong possibility that having lived through the sociocultural changes of the

past six decades, we may be more likely to enact in our older age our “shifting views of gender, sexuality, and monogamy” (Connidis, 2006, p. 129).

Grace was surprised to lose interest in sex around perimenopause, saying it was the first time since her early teens that she had not been interested sexually, but she also felt a degree of resignation,

I started to think, oh, maybe this is to do with being menopausal. You know, some women do lose interest in sex. (Grace, 157-158)

Gina too found perimenopause difficult sexually,

I think I didn't maybe love myself sexually when I was going through perimenopause. (Gina, 138)

Joy shared an anger that her ex-partner had not appreciated how difficult sexual intimacy might be for her during the worst of her vasomotor symptoms, underlining the difficulty of living in her uncontrollable body and echoing a great deal of the literature regarding menopausal insomnia (Hoga et al., 2015; Palacios et al., 2010),

I just thought, he's not getting this. You're not *getting* that I'm having hot flushes and I ain't sleeping. You're not *getting* that there's something going on within me that I have no control over. The, when you're wanting to have sex, I'm not even listening, I'm just trying to cope with the day. (Joy, 222-223)

As noted in the Findings, Maggie named intimacy as core to the connection with her husband, despite physical pain. Emphasizing the importance of intimacy in continuing sexual engagement,

also noted in Walter (2000), Dora and her husband found value in discussing their disparity of desire,

He doesn't want to have sex with me if I don't want to have sex with him. So, we have good, equable dialogue around it, I think, and lots of faith in each other's love. (Dora, 255)

This sense of relationship intimacy suggests an intercorporeality that is “a relation from body to body which does not require a detour through consciousness” (M. Lewis & Staehler, 2010, p. 204), a connection created beyond a specific sex-act manifestation,

I really like what having sex does to us as a couple, because afterwards it's connecting, it's definitely – and we're very chilled out, and all of that. (Dora, 265)

Dora's experience underlines the value of engaging with sex and sexuality as an understanding of ourselves as a whole, echoing research where emotional literacy and intimacy is cited as central to sexual engagement right across the menopausal transition, from peri through to postmenopause (Amini, 2017; Connidis, 2006; J. Finlay, 2021; H. M. Thomas et al., 2022).

Sensuality also showed up as vital to embodied sexuality and self-love. Grace revelled in dressing in a way she believed other lesbian women would recognise and appreciate as lesbian. Dora found herself and other women, their shoes, their clothes, attractive and enjoyable to appreciate. Rita bought herself a beautiful vintage dress and hung it on her wall, a piece of art and an emblem of her sensuality regardless of whether or not she would wear it,

I have bought the most beautiful – it'll not fit me, it wouldn't even go over one boob – a dress which is, it's just so beautiful. And um, the way in which it's made, hand sewn, to

look at, and I'm look-, I'm just looking at the dress ... It's honestly, it's so beautiful. It's so beautiful. (Rita, 315-317)

In common with some of the women interviewed in Salis et al. (2018), several of the participants in this study shared pleasure in rediscovering their sexuality as older women in postmenopause,

My libido has gone – went through the roof. Postmenopause ... I just feel as if I'm almost, I imagine what a teenage boy felt like. (Rita, 61-69)

Now, if I look at where I am today, (*clicks fingers*), yeah, I've got it. You ain't telling me otherwise. (*She laughs.*) You're not telling me otherwise. It's not going to happen. I can, yeah, I'm, I'm good. (Joy, 232-233)

Throughout, these participants' experience of loving, sexuality, and intimacy, despite – and sometimes because of – physiological difficulties, underlines the usefulness of an existential understanding of the 'self' as a construct, that rather than an unchanging 'true' self, we are a process of selfing, ever-liminal, responding to the limits of situation, emplacement, embodiment and our temporality, our lived time passing.

5.5 MAKING MEANING IN ONGOING CHANGE: HOW IT IS BEING-BECOMING

Age brings technical mastery and freedom while at the same time it brings a questioning, challenging state of mind ... The truth of the human state is accomplished only at the end of our own becoming. (de Beauvoir, 1970/1996, p. 492)

While it is important to note that the ageing of which de Beauvoir writes here implies financial security and health privilege, she is, nonetheless, offering a possibility that ageing, far from being a loss, might offer us the possibility of accomplishing “our own becoming”.

For the participants in this study, how they were being-becoming – their exploration of their postmenopausal experience to date and the ways in which they understood it opening towards the future – was threaded throughout their interviews with a vivid self-awareness, an enthusiasm for self-discovery, and building on that discovery towards who they hoped to be as old women. Further, the participants' experience of anxiety and dislocation in the embodied transition made more sense to them when viewed in the light of their finitude. Acknowledging ageing, acknowledging death, offered an opportunity to make more sense of the present.

De Beauvoir considers the necessity of finding meaning in ageing,

There is only one solution if old age is not to be an absurd parody of our former life, and that is to go on pursuing ends that give our existence a meaning – devotion to individuals, to groups or to causes, social, political, intellectual or creative work ... One's life has value so long as one attributes value to the life of others, by means of love, friendship, indignation, compassion. (1970/1996, p. 540)

The value of attending to boundary situations (Jaspers, 1951/2003), acknowledging that we live with the constant limits of age and death, becomes especially pronounced in an ageist culture that struggles to attend to our lived experience of becoming old (Ballard et al., 2009; Brown et al., 2015).

We all grow old. Yet we do so at different times and rates, and in distinct places and unique ways. Aging is both universal and inherently heterogeneous: it transcends and intersects all structured social differences. It is not a rigid or frozen essential identity. (J. Finlay, 2021, p. 80)

Despite the prevalent sociocultural aversion to acknowledging ageing and death, all of the

participants in this study spoke of ageing as intrinsic to understanding their transition into postmenopause. They shared a very real sense that menopause really was an embodied wake-up call to how much life they had left and how they might choose to live that time.

5.5.1 Attending

The literature on the transition into postmenopause offers many examples of attitude impacting experience. In particular, the systematic reviews (Ayers et al., 2010; Brown et al., 2015; Hoga et al., 2015; Palacios et al., 2010; Pearce et al., 2014) affirm that, “Factors such as cultural beliefs, values and attitudes towards menopause determine the personal experiences lived in this phase of life” (Hoga et al., 2015, p. 253).

Further, the midlife experiences that often co-exist alongside menopause – relationship breakdown, work stress, caring responsibilities for elders as well as children in late teens or early adulthood (Aljumah et al., 2023; Doubova et al., 2012) – are often conflated with the transition, creating a sense of dread in the approach to menopause. It is telling that some studies note that premenopausal women tend to have more negative attitudes towards the transition than those who are postmenopausal (Cheng et al., 2005; Sommer et al., 1999).

Aljumah et al. (2023) interviewing postmenopausal women, while acknowledging the very real difficulties some face in menopause, stressed the need for education to combat a growing assumption of an inevitably negative menopause experience. This highlights the value of attending to how it is, the actual phenomenological experience, rather than how it is assumed to be. For Joy, attitude was vital, as was discerning what she had been told belonged to her and what she perceived to be truly her own,

Mindset I think, for women, is a very important, um, thing. And I think mindset is something that should be encouraged from young. And ... I'm not one that's ever been led by society. You know, we read things, we see things, but my thing is, the media will always tell you what they want you to know. And it's always their narrative, not mine. (Joy, 282-285)

Attending. Self-awareness, Exploring transition, Hindsight.

In common with much of the qualitative research on the menopausal transition (Hvas, 2006; Im et al., 2008; Salis et al., 2018), participants in this study found in postmenopause that the transition offered an opportunity for self-evaluation and reflection, and took pains to understand it in terms of their life span.

Menopause was a milestone that reminded them of meanings in their lives and led them to reflect on life. Many of the women mentioned that menopause freed them from the pressure of striving to meet the expectations of society and others ... Although they sometimes needed to struggle during the menopausal transition, they ultimately dealt with it and then moved on. (Im et al., 2008, p. 545)

The present participants shared a sense that they needed to encompass who they had been in support of who they were becoming,

If I look back to myself twenty-five, twenty-six years ago, I was formidable ... that's the Maggie I need now, um, to help me kind of find the cause and the passion, and then I'll be able to kind of feel less um ... disenfranchised, I think. (Maggie, 209-210)

Similarly, Dora considered what childhood abuse had taught her in terms of skilled adaption, and for Joy there was a necessary resilience born of her experience of racism. Élina and Paddy both described reaching back and finding value from their younger selves as working-class young women.

This possibility of postmenopause as an opening to consider what next was forcefully underlined in Maggie's volcanic analogy. The transition might well be tumultuous and difficult, Maggie certainly experienced it as such and yet, in clearing away what was no longer needed, new ground might be uncovered, new space claimed or reclaimed. Heidegger maintains that we are always likely to lose ourselves in the 'everyday', going along with a status quo, distracting ourselves in busyness, until an experience or an involuntary change forces us to notice this lostness, offering the possibility of awakening to and taking up our authenticity,

Then this discovery of the 'world' and this disclosure of Dasein are always accomplished as a clearing-away of concealments and obscurities, as a breaking up of the disguises with which Dasein bars its own way. (1927/1962, p. 167)

It is important to note that Heidegger is not saying that our busyness or even our inauthenticity is essentially problematic of itself, he is quite clear that this is how we live for the most part and that there is value in this life. There is, however, opportunity in the uncovering, and it is this opportunity that these participants described as they explored the transition with hindsight and self-awareness,

That's what this whole process is about, finding it, finding my way to who I really want to be. If I'm not, you know, if I'm not consumed with judgement and, and criticism and expectations of being a certain way, who is that? What, what is that? (Élina, 183)

For all that we might want to educate ourselves and others, share information, connect through the transition, an embodied experience is essentially deeply personal and while the experience of the menopausal transition has some commonalities, the research attests time and again to the lack of universality (Ayers et al., 2010; Beyene & Martin, 2001; Huffman et al., 2005; Marnocha et al.,

2011; Palacios et al., 2010). In mother-daughter menopause narratives, Utz (2011) found that 50-something daughters saw menopause as a physiological and ageing process, while their 70-something mothers understood it retrospectively to have been about self-evaluation, transition, and a time for establishing new priorities. Similarly, the process of coming through transition – feeling it, living it, experiencing it – offers the possibility of understanding and, for some, finding value from it, also noted in Hvas (2001). The paradox of the transition to postmenopause – as with any major life transition – is that it can unmake and remake our identity, with menopause identified as both “a time of identity loss and social upheaval” and “a time of liberation and transformation” (Salis et al., 2018, p. 534).

Connecting an existential appreciation of anxiety, authenticity, and trauma, Stolorow (2007) writes about loss shaking our foundations *and* offering the possibility of meaning-making.

Invoking his wife’s death and his own experience of deep loss, he explains,

In trauma, a potential dimension of authenticity – authentic Being-toward-death – is unveiled but not freely chosen and the accompanying anxiety can be unendurable ... In some instances, however, trauma can actually bring about an enhancement of a second dimension of authenticity which Heidegger terms “resoluteness” ... Embodied in resoluteness, one seizes upon or takes hold of possibilities into which one has been thrown, making these possibilities one’s *own*. (2007, pp. 41-43).

Stolorow does not suggest that trauma and loss inevitably create possibility, rather he suggests that from the groundlessness of loss or trauma we might gain perspective or a sense of what matters to us. For Heidegger, this uncovering, disclosing of our authenticity, “always comes about by clearing away coverings and obscurities, by breaking up the disguises with which Dasein cuts itself off from itself” (Heidegger, 1927/2010, p. 125). Further, this authenticity does not happen purely in rare and heightened moments, it can be part of our everyday, “existentially, it is only a

modified way in which such everydayness is seized upon” (Heidegger, 1927/1962, p. 224).

Within the losses of the menopausal transition – the reversion to infertility in our pronatal culture, ageing in an ageist society, vasomotor symptomology that is uncontrollable and often shaming in the public realm – the participants in this study also found gains in the transition, a grounding in groundlessness that affirmed postmenopause as a time of possibility, based on past experience and moving forward to new, as-yet-unfound ground. For Weil, “the transforming power of suffering and of joy are equally indispensable” (1950/2021, p. 84), and for these participants there was meaning in appreciating what was valuable in the transition as well as what was problematic,

I feel really in tune with my intuition. I feel wise, I feel a lot wiser. I feel ... like I know what’s going on around me. (Paddy, 290-291)

I don’t want to be hampered by that stuff and therefore I want to empower, you know, liberate myself from all the shackles of the past. (Maggie, 197)

There is a forceful echo here of Sartre’s for-itself taking up the mantle of its “free project ... the impulse by which it thrusts itself toward its end” (1943/2006, p. 578), taking absolute responsibility for being the author of our own lives, however messy, uncomfortable, and imperfect those lives may be.

5.5.2 Living and Dying

The very quality of the future changes between middle age and the end of one’s life. At sixty-five one is not merely twenty years older than one was at forty-five. One has exchanged an indefinite future – and one has a tendency to look upon it as infinite – for a finite future. (de Beauvoir, 1970/1996, p. 378)

Living and Dying i. Ageing

Throughout the research, participants and interviewees connect the menopause transition and ageing (Ballard et al., 2009; Hoga et al., 2015; Hvas, 2006; Parry & Shaw, 1999; Walter, 2000). Despite a sociocultural push to extend midlife indefinitely, in standard postmenopause we are far from young, and it is a rare person who lives to 101 – double the age of menopause in the UK. In postmenopause we are, at the very least, becoming old, living-towards-death.

“We know that this rheumatism, for example, or that arthritis, are caused by old age; yet we fail to see they represent a new status” (de Beauvoir, 1970/1996, p. 285). In contrast to de Beauvoir’s assertion that the physical symptoms of ageing do not show up as a new status, Paddy’s diagnosis of osteoporosis made a marked difference to how she understood her ageing,

This feels like it, old, not, not, it’s like inside, inside old, not outside, old. So, you know, I, I know I’m getting old, I can see that when I look at my skin, look in the mirror. Um, but this is the internal workings. It’s like the Pompidou Centre, it’s like, it’s all on the outside now (*she grimaces*). (Paddy, 147-148)

While osteoporosis also occurs in premenopause (Cohen, 2017), the connection since the 1960s between postmenopause and osteoporosis (Gallagher & Tella, 2014) means it is now often perceived as a condition of old or older women, a particularly problematic one given the concept of “untreated ageing as a pressing social problem” (Marshall & Katz, 2012, p. 229) and the incumbent pressure on us to age well, to stay healthy, relieving the perceived burden of our ageing on society and younger people.

Ballard et al. (2009) makes a distinction between public ageing seen in greying hair, wrinkles, sagging skin, and private ageing related to physiological change such as failing memory, joint

stiffness, tiredness, stating that private ageing both confirms growing old and feels like an inexorable process. For Paddy the diagnosis – the making public of her private ageing – was a sharp awakening to both her age and her genetic inheritance, something she experienced particularly strongly given how fit and well she had perceived herself to be.

Élina and Paddy imagined what kind of old women they wanted to be, and Maggie considered how she might move forward with the new self-awareness gained in recent years,

Instead of blaming and shaming and you know, feeling guilty and sad about it all, is how to kind of turn it into something, you know, constructive and meaningful. (Maggie, 321)

For de Beauvoir, this is the value of attending to our ageing, “This sweeping away of fetishes and illusions is the truest, most worth-while of all the contributions brought about by age” (1970/1996, p. 492). She further notes that this possibility is not accorded to most people, it was certainly not available to Élina and Paddy’s mothers, both of whom had far fewer life opportunities than their daughters.

Living and Dying ii. Mortality

Attending to menopause as a signifier of ageing and finitude was often uncomfortable or even upsetting. As Dora said,

I went through a period of time where I felt very unsettled, and I think it was death, anxiety and mortality and all of those things. (Dora, 101)

However, attending to mortality also offers the potential of a liberating release from both the tranquilization of our everyday behaviours and the pretense, abetted by our death-averse culture,

of our permanence (Aho, 2020). As Kierkegaard writes, “death in earnest gives life force as nothing else does; it makes one alert as nothing else does” (1845/2009, p. 83). Acknowledging the transition gave the participants in this study an opportunity to escape from “the *temptation* to cover up from oneself one’s ownmost Being-towards-death” (Heidegger, 1927/1962, p. 297), to look at their lives and consider what comes next, and how they might choose to be.

Dora had a sense of being in her prime and an awareness that was unlikely to last,

I think I am in a very positive bit of life, replaying this. All the things we’ve talked about. Um, I think it won’t always be like that (*she gives a soft, resigned smile*). (Dora, 225-226)

Joy felt a pressing desire to share the possibilities of postmenopause with other women, which meant encouraging them to acknowledge their ageing, just as she intended to be awake for what was coming,

Yeah, life is moving. We don’t know what’s coming. We don’t know what’s coming, but you need to be ready for it, don’t you? You need to be ready for it. (Joy, 240-243)

Rita expressed an especially poignant sadness around ageing towards death and what that meant for keepsakes that held deep meaning for her,

What’s the point of me having these paintings on the wall, that will just, you know ... will just end up in a charity shop. And someone comes and everything has been dear to you, possessions or whatever, books or whatever, it’s just gone. It’s like, what is the – what, what is it all for? (Rita, 155)

Sarton links ageing and death in a feminist perspective on growing old, “Death has a new

imminence after sixty. It is never far from my mind, not as something I fear, but something I reckon with in making certain decisions, and something I am growing towards” (1997, p. 230). Similarly Loy, connecting Buddhism and existentialism, affirms Kierkegaard’s (1844/2014) view that engaging with and embracing our anxiety in the face of our finitude is the only way to authentic freedom, “Only by ceasing to repress the dread of death, and then accepting my death, can I begin to live” (Loy, 1996, p. 182).

However menopause happens – standard, surgical or medical, wanted or unwanted – this end to fertility is a clear, embodied signifier of change (Lock, 1998) and, given our temporality, our ongoing cohesion from the inspiration of our first breath to the expiration of our last, ageing and death are necessarily embedded in the menopause transition.

5.6. CONCLUSION TO THE DISCUSSION

We are living postmenopausally for an increasing proportion of our lives (Aljumah et al., 2023). We are embodied, emplaced, and temporal. The world we live through our bodies is both a world in common, the one we know to be in current climate change crisis, and a world each of us experiences personally, individually, solely from within the edges of our own skin. When my body undergoes a change, my world changes. For Merleau-Ponty, bodymind and world are fully connected, “One can say that we perceive the things themselves, that we are the world that thinks itself – or that the world is at the heart of our flesh” (1964/1968, p. 136).

The shock of change that heralds the transition to postmenopause experienced by participants in this study is groundlessness; a loss of what one has assumed to be a static, unchanging self in an involuntary, sometimes sudden, always uncertain transition. Kierkegaard (1849/2004) describes two types of despair and both align with the common experience of involuntary transition,

despairing at who we are and despairing at who we are not yet. Yalom names the anxiety of groundlessness the “*ur*-anxiety” – the most fundamental anxiety” (1980, p. 221). Kierkegaard (1844/2014) would also have us trust that anxiety can be a path toward and even a sign of authentic freedom, while Buddhism, with which existential thinking often aligns (Hoffman et al., 2019; Laycock, 1994; Panaioti, 2012; Schneider & Tong, 2019), understands the self as a construct and an attachment to past understanding and experience. This constructed self (ego) shows itself in lack and through anxiety, “Ego-as-*lack* dissolves in the experience of one’s true nature as a groundlessness that has nothing to gain and nothing to lose, and is therefore free” (Loy, 1996, p. 94).

For Heidegger, the anxiety uncovered in our groundlessness opens us up to the possibility of “anticipatory resoluteness” (Heidegger, 1927/1962, p. 349), an authentic understanding of temporality, our being-towards-death, where ‘death’ is both the finite, actual end of life, but also the ongoing loss of a sense of a fixed self, a solid egoic identity (Aho, 2022). This loss, while rarely easy, can also enable greater clarity in discerning what matters to us, “Anxiety liberates him (Dasein) *from* possibilities which ‘count for nothing’ [“nichtigen”], and lets him become free *for* those which are authentic” (Heidegger, 1927/1962, p. 395).

Anticipatory resoluteness is not a once-and-for-all understanding, but must be chosen anew repeatedly, ensuring its authenticity. In this repetition we find an equanimity which allows us to use our resoluteness to search for and live out our potential, not in spite of, but in light of our movement through life towards death. Developing this understanding of resoluteness, existential philosophy and psychotherapy work to find meaning and value in anxiety and groundlessness, with the possibility that we might use the experience of groundlessness to build our own ground, the experience of anxiety awakening us to authentic existence (Ortega, 2016) and a ground that is

more fully my own. Yet despite this possibility of value, it is nevertheless certain that the lived experience of these states, for the participants in this study, was often difficult, unsettling, sometimes profoundly painful – *and* it opened space for new understandings, new possibilities, and ways of living with a greater awareness of their individual understandings of life. Their experience of transition encompassed both meaning and meaninglessness. As Weil writes, “The sea is not less beautiful in our eyes because we know that sometimes ships are wrecked” (1950/2021, p. 81).

Aho (2022) explains that Heidegger uses the compound word *entschlossenheit* for resoluteness, indicating a sense of unlocking, opening to vulnerability and the ambiguities of life. In considering living with change, the participants offered an awareness that the emergence into postmenopause created some time and space to consider how it is, rather than how it had been or how it might become. The shock of change in menopause, the phenomenon of emergence itself, has the propensity to lift us out of the everyday world, opening space to reconsider that world, our place in it, our choices in it.

Weil’s term *decreation* suggests both an unravelling of who and how we have been, yet holding space for what we might become, “*Decreation*: to make something created pass into the uncreated” (1947/2002, p. 32). Similarly, connecting Latina feminism with Heideggerian phenomenology, Ortega proposes an “in-between, multiplicitous selfhood ... a self in process or in the making” (2016, p. 63). This fluid self must necessarily be unfinished, perhaps with the feeling of being-*towards* which showed up strongly in these participants in their desire to connect, engage, and love; being-towards themselves, being-towards others, being-towards the world.

When the participants considered how they were making meaning in the ongoing change that is

the remainder of their lives in postmenopause, their focus moved from something slightly less outward-focused to a deeper connection inward, from being-in-life to being-towards-death. There was sadness here and vulnerability; in Paddy's sense that she could not ensure her grandchildren's safety, in Gina's hope that she might yet overcome her chronic illness, in Dora's awareness that she was in her prime now, and this might not, will not last.

This longing for who and how we have been – real or imagined, for a *heimlichkeit* that might never have existed, but which we yearn for anyway, a sense that in our temporality we are necessarily constantly letting go of life – suffused the interviews in this research. The Welsh word *hireath* (Igwe & Stokely, 2019) is useful here. While it has no direct English translation, it suggests longing for a home that no longer exists, a place that maybe never was and yet is missed anyway. This is the bittersweet awareness that when Dorothy clicks the heels of her ruby slippers together in *The Wizard of Oz* (Vidor et al., 1939) repeating, “There's no place like home”, what she is actually saying is that there is *no* place like home – time has also passed at home, the home she left is no longer. In acknowledging their experience of transition into postmenopause, the participants in this study created meaning not in spite of their felt sense of loss, but from it.

Aho notes an existentialist tendency to “romanticize suffering, as if it signified a life lived with more self-awareness, intensity, and passion” (2020, p. 181) and it is important in drawing together the participants' experience that their appreciation of profound awareness in the latter part of this discussion does not deny the struggles they shared in the earlier sections. In an ageist and pronatal culture, to become older and no longer fertile can be experienced as real loss; unlike other major life transitions such as puberty or pregnancy, and more akin to the life transition of infertility, the transition into postmenopause can engender a sense of lack. Appreciating that it is possible to make valuable meaning from exploring our experience of lack should not negate the difficulties

of living with change, nor ignore the more complex problems for those living the transition from experiences of marginalization. It is important to allow the possibility that some experiences may have both meaning and meaninglessness, not either/or, but both/and.

The bittersweet, the poignant, the possibility in loss, the loss in possibility, and the constant sense of embodied thrownness, into the world, towards others, towards ageing and death *as part of* life, that flows through these participants' experience of postmenopause, are summed up in Élina's expansive movement and breath towards being,

That's the change is, is, is, just being your future self. *(She makes a big circular gesture forward, with both arms.)* Yeah, yeah, *(Élina takes a big in breath, an out breath.)* Wooh!
(Élina, 189-190)

[...]

6. FINAL CONSIDERATIONS

6.1. Relevance of this study

All women who live long enough, some transmen, and some non-binary and gender-expansive people become postmenopausal, living a quarter to a third of our lives in postmenopause. We can do better for all of us by paying closer attention to postmenopause, getting to know it, learning to live within it.

I believe there are profound benefits for therapists and clients in understanding postmenopause as a time of radical change – positive for some, distressing for others, above all, never static. From an existential perspective, exploring change and uncertainty as givens rather than as life occurrences to be worked through, enables us as therapists to better be alongside clients in their experience of this dynamic transition, a constant flux with no still point until death.

To get to that place of allowing groundlessness, however, takes surrender, a genuine commitment to letting groundlessness be. In that allowed groundlessness, Loy's Buddhist existentialism (1996) shifts the focus from Heidegger's (1927/1962) thrownness (past) and projection (future) into a constant flow. This is less the Cartesian dualism of now and not-now, more a Kierkegaardian (1844/2014) instant, the blink of an eye that is all time *and* timeless. Élina offered a sense of this when, in the same breath, she went from expressing her sadness at having no more children and then immediately acknowledged her new role as a mother of young adult sons. Surrendering to what she had 'lost' opened the possibility of seeing what was already in motion.

The progressive medicalization of human distress (Aho, 2020) and the increasing monetization of all phases of the menopause transition (Davey, 2023; Gunter, 2023; H. Lewis, 2023) combine in a

heady dualist cocktail that treats the mind as a thing to be fixed and the body as our battlefield in an impossible war against ageing. When we attend to the embodied experience of postmenopause, we bring together body, mind, spirit, and lived experience, and this offers us a wider frame from which to understand what postmenopause means for us as individuals and as a culture. This embodied approach, core to existential understanding as has been noticed throughout this study, is particularly relevant given the lack of existential attention to date, philosophical as well as psychotherapeutic, to the “female experience” (Arnold-Baker, 2020, p. xx). As we move further into 21st century existentialism it is to be hoped that our existential psychotherapeutic practice attends with more care to all gender experiences.

Silencing was referred to throughout the wider research and directly by the participants in this study. It is clear that amplifying the voices of people living their postmenopause can help us to better support and be with those moving into and through this dynamic transition. Our ageing population continues to age, and so the value of learning from those who are transitioning ahead of us cannot be underestimated. Shifting the focus from the purely biomedical to the bio-psycho-socio-cultural experience of transition reminds us that we live through and of our bodies rather than in them – *I ambody*.

6.2 Recommendations for future research

This study considers a small group of participants, offering a deep reflection of their individual experiences of postmenopause. As such it is not, and could not, be a full investigation of the entire phenomenon of postmenopause as an ongoing emergence.

Future research would do well to look qualitatively and comparatively across ethnicities, class and socio-economic status, disability and ability, genders, and sexualities. While homogeneity in

research can offer great value, the profoundly individual experience of postmenopause and the wider menopause transition suggests there will also be benefits from further heterogeneous studies.

The conflation of menopause and ageing noted throughout this work would indicate that specific research here might usefully tease out what exactly is ageing and what menopause, not least to better attend to our sociocultural attitudes to ageing and where they potentially intersect with gender biases.

The monetization of menopause has been mentioned briefly in this study. It is currently a hot topic on #menopause social media. With both pharmacological and non-medical menopausal interventions growing exponentially, it is an area ripe for research.

Given the accusations of “gaslighting” and the suggestion that it is offensive to suggest CBT might be of value in treating some menopausal symptoms (Mills, 2023; Newson, 2023), there is clear space for existential psychotherapy to offer a middle ground between a purely biomedical approach which treats MHT as a panacea for both present and future ills, and a damning view of CBT, reduced to tackling ‘negative thoughts’ which also fails to note the value of third wave CBTs such as DBT and ACT (Hayes, 2004). Existential psychotherapy, in attending to our groundlessness, while siting us always already in-the-world, might offer a middle path between pathology and ageism, the individual and the sociocultural. A Four Worlds model (van Deurzen & Adams, 2016) for example, both allows the difficulties in involuntary change and acknowledges the self as a construct, with postmenopause just one more experience of our fluidity throughout life. Research could usefully consider the value of existential and other psychotherapeutic modalities offering support in the transition.

Men feature in the literature and in this study as partners, sons, friends, rarely as a group. If we are to truly do away with the shame and silencing many feel are part of the experience, research into men's understanding of how it is when their friends, colleagues, and loved ones live this transition could offer usefully connective possibilities.

6.3 Critical considerations of this research

In my experience of writing, it is usual to come to this stage of a project and wish that more had been attained, explored, navigated, uncovered. The many ways a different study might have concluded in different hypotheses are incalculable. While acknowledging that every piece of writing falls short of the dreaming, there are still elements I regret not having the time, stamina, or ability to do better.

Given my non-academic background and my desire for my own work always to be accessible, accessibility has been a concern for me throughout the writing of this study. I believe the found poems go a long way to achieve this aim, but I am aware that, especially in those sections exploring postmenopause from an existential perspective, I have not been able to reduce or clarify the dense philosophical language as well as I would have liked. Heidegger cautions us to avoid "uninhibited word-mysticism" (1927/1962, p. 262), and while his own work suggests this advice is more a stance than an expectation, I remain firmly of the belief that accessible language is the way forward for all academic writing.

Further, the language around postmenopause itself is clumsy. Menopause through all its phases is highly individual yet research hunts for universals, and while embodied experience assures us of our connection to others through our always already being-in-the-world, it is also true that we are

only ever in the world individually. Extrapolating from these eight participants to every person in postmenopause was simultaneously impossible and worth trying.

Qualitative studies looking for depth of understanding will likely always wish for breadth as well. Considering a larger range of participants across the decades of postmenopause, from immediately after the year of menopause right up to death, might have offered that breadth. In some ways this study considers not the full extent of postmenopause, but its first stage. As Dora says,

Here I am at sixty-one I think, OK, take it forward ten years, who knows, you know ... I don't assume that I'm going to age and not have a fear of death. (Dora, 227-228)

This study was also limited by my own interest. The media spotlight on perimenopause and menopause as biomedical experiences and the associated symptomology was just beginning to gain traction when I started this research. It has been growing steadily since, especially on social media. My interest, as explained in the introduction, is in postmenopause. Because this was clearly explained in the initial call for participants, those who offered themselves may well have had a complex experience of menopause but perceived themselves to have moved into something that felt definitively postmenopausal. This meant that they had already begun to understand themselves in light of what they had been through or were emerging from, allowing them a useful perspective on their experience. As ever, self-selection is a limitation. A more random sample might well have thrown up people who were less interested in their postmenopausal status, who had not considered the difference across their lifespan, and who were interested in different issues than those raised by these participants.

Above all, the fundamental limit here is time. In another time, the participants would speak

differently, and I would hear them differently. I would write up their experience from a different perspective and you, the reader, would read it otherwise than you are now. It is a serious limitation of any study to try to solidify moments in time, but that is what the process of research tasks us with – to take a single moment and extrapolate from it. This implies that a single moment can speak for all moments, and while there is always the possibility of resonance, no one moment holds every truth. This study is a collection of moments, understood and shared from one time and place, translated into text in the hope that it might offer meaning or value in future times and places. In its form as text, it cannot yet offer more. My hopes for a wider, more experiential engagement with the phenomenon of postmenopause may come later.

6.4 Final reflexivity

In February 2021 I started a research diary. I had thought I might quote from it in the thesis.

When I started making found poems from the participant interviews it occurred to me that I could make a found poem from that diary, later wondering if I might instead attach it as an appendix.

Today, at the end of 2023, it is almost 6500 words long, and I no longer think it belongs here.

What belongs here is what follows, what is today.

Learning to trust my process.

I am the first in my family to have the opportunity to complete a full secondary education, the first to go to university. Over more than four decades in the workforce, my passions have led me to every role I have held. My work in writing, theatremaking, community engagement, equalities activism, all came about because I cared, not because I trained in those fields. My NSPC training in existential psychotherapy and research has been the first time in my life that I have had the chance to put time aside to train in something I care about. It was also the first time I could afford the cost of training. Being so new to academic work and the research process meant that I second-

guessed myself a good deal in creating this work. L. Finlay's writing on research for therapy and therapists, much-cited in this study, and van Manen's approach to hermeneutic phenomenology, became vital for me in realising that I might trust my research process to be an unfolding, in much the same way I have learned to trust my other creative processes.

Being the storyteller not the story.

Throughout the making of this work, I lived a constant uncertainty, never knowing I was on the right track until I felt it. Once I remembered to trust my instinct, I began to relax into and even enjoy the process. Referring back to my previous work in community-led creative engagement, I knew that if I made space for the underlying meaning, the things themselves, in the stories the participants told me, then those 'things' would do the work of conveying understanding.

Connection, understanding, and uncovering want to happen. So often in writing and psychotherapy the real work is getting myself out of the way, so that the story, the thing, the truth that lasts a moment, can uncover itself. I now know this to be true of research as well.

Acknowledging the participants.

I approached the pilot project with trepidation. Five years ago, I had not heard the term Literature Review, let alone completed one. When it came to analysing the pilot interview data, I assumed there was a process I should follow until I discovered that I needed to create the process myself. Realising that coding for themes didn't feel deep enough, I was thrilled when the possibility of gathering found poems presented itself, and especially pleased when first the pilot participant and then the following participants declared themselves satisfied with their representation in the poems. Acknowledging the importance of the participants' presence in this work has been vital to me. In subsequent drafts I found that presence slipping away as I edited and refined the Findings and Discussion. Eventually I remembered I needed to engage with them as I would with

characters, trusting that if I could let the characters of the participants breathe on the page, they would do the work of evoking for me.

Transitioning through the process of research.

An obvious transition through the process of this work is that I have become a researcher, more at ease with academia. A less expected change is that I am more fully aware of myself living *my* embodied postmenopause.

This work details the lived experience of transition, from the shock of change, through living with change, and the possibilities of making meaning in ongoing change in the embodied experience of postmenopause. Initially thinking about a research topic, I was drawn to look at the experience of early medical menopause, of cancer and infertility, of illness and creativity. After serious consideration with my therapist and tutors, I chose not to research these subjects because I didn't want to rake over old coals that were already morphing into new and useful fires – in my work with cancer patients and with the childlessness community.

I found however, that I could not speak to others about their experience of postmenopause and not be reminded of how and why I first became postmenopausal and what was tied up in that – cancer, infertility, and my ongoing experience of living with chronic pain. I could not listen to their descriptions of being mothers or others and not feel my own experience of not-motherhood. I could not explore with them how it is to feel silenced, shamed, and lacking, without also exploring these difficulties for myself, and in holding space for their concomitant experiences of renewal, freedom, and growth, I also made still more space for my own living towards my death. This was an unexpected and very welcome element of the research process.

Finally.

In the summer of 2023 I had completed my write up of the Findings and Discussion when I had a long-awaited hip replacement. Ten days after that successful hip replacement, in less pain than I had been in years, I experienced a ruptured brain aneurysm and sub-arachnoid haemorrhage, a bleed on my brain. After emergency brain surgery and two weeks in a high dependency unit I came home, deeply grateful to have neither cognitive nor physical damage, but unable to look at a screen for more than a few minutes at a time. Shockingly, I had no appetite for the work of this thesis that has consumed me and given me joy for almost four years. I have had cancer twice. I have met my mortality before, but never quite so closely. This time I found myself fully in my groundlessness, an abyss made of the certainty of my Death. Not my potential death, but Death in me, here, now.

Menopause is a mortality experience. Postmenopause gives us time – if we are lucky – and opportunity to build on that mortality experience. It offers us a chance to take our ageing seriously, to notice that being-towards-death is a conjunction of three words and every one of those words has profound import of its own: Being – Towards – Death. To do so, we need to be aware of our trajectory. Noticing the mortality in the transition is key.

It has been both painful and enormously useful to be forced to attend to my own mortality while editing this work and sitting with my participants' awareness of their own lives passing, their own being-towards-death. This thesis maintains that we are our temporality, that our embodied experience is core in our connection to others, and that there is ground to be made in groundlessness. Living this, dying this, in my final edits gave me back my appetite for this work and more. Grounding in groundlessness so that I could write about groundlessness has been

absurd, heartbreaking, and delightful. Attending to my own ageing and mortality as my participants speak of their ageing and death has, paradoxically and yet obviously, been a joy. My death singularises me in the way it singularises each of us, no other is ever able to die for us; even so, my life is fed by my being-with-others. Creating this thesis has been a project of deep connection and I feel enormously fortunate that I was able to finish it. I acknowledge you, the reader, as part of this connection.

[...]

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8. APPENDICES

Appendix 1 - Literature Search

Search 1: 4.5.21

“menopause” + “transition” - symptoms - medical - hormone = 8,700. In the first three hundred, just 6% were not biomedical and focused on attitude, meaning, physical-emotional experience, spirituality, identity, and consumerism.

Search 2: 10.5.21

“menopause” + “existential” - symptoms - medical = 1080. In the first two hundred, ten were on de Beauvoir’s *The Coming of Age* (1970/1996), six on spirituality, four on cancer, four on physicality. Adding “psychotherapy” and “qualitative” yielded ninety-two results many of which were repeats from the previous search.

The lack of results regarding embodiment led to a specific search for embodied experience.

Search 3: 16.8.21

(A) “menopause” + “embodied experience” = 1690. Of the first 100, 39% were not menopause-specific, 30% biomedical, 9% already noted, 6% new but not relevant, 5% spirituality, 4% citations, 3% male menopause, 2% each on menstruation and culture.

(B) “menopause” + “embodiment” - cancer = 6260. Of the first 100, 72% were not menopause-specific, 8% were citations, 6% biomedical, 5% already noted, 4% new but not relevant, 3% culture-specific, 1% each on male menopause and menstruation.

I conducted similar searches through the Middlesex Library database, the British Library and ProQuest, using Zotero for collation. I kept a spreadsheet with references, authors, abstracts, citation counts and conducted ancestor searches on the most-cited papers, following references in the systematic reviews.

I conducted similar searches through the Middlesex Library database, the British Library and ProQuest, using Zotero for collation. I maintained a spreadsheet with references, authors, abstracts, citation counts and conducted ancestor searches on the most-cited papers, following references in the systematic reviews, adding to it throughout this process.

Further searches each month to include latest research in final thesis.

November 2021 – December 2023, totalling 263 papers from 1966 to 2023.

Appendix 2 - Inclusion and Exclusion Criteria

Inclusion

- standard menopause (see Definitions, p17)
- aged 55-69: Schoenaker et al's 2014 systematic review cites 48.8 as the average age of natural menopause in twenty-six countries across six continents, therefore starting at age 55 increases the chances of participants having a requisite full year after their final period to be officially postmenopausal. Up to 69 to include those with late menopause and those with longer embodied experience.
- UK-resident: successful therapeutic use of online platforms in the past eighteen months confirms the possibility of connecting privately and securely with a UK-wide range of participants. Aware of digital poverty, I will also offer in-person interviews where possible, depending on the Covid situation at the time.

Exclusion

- surgical or medical menopause, which are an experience in themselves, requiring greater capacity than this study.
- under 55, to ensure study is not conflating early menopause with standard menopause.
- 70+ as 70 is societally and culturally understood as a different crux moment from menopause.
- people directly known to me.

Appendix 3 - Participant Demographic Information



Middlesex University School of Science and Technology
Psychology Department



Participant Demographic Information

Major systematic reviews (Hoga et al., 2015; Palacios et al., 2010; Schoenaker et al., 2014) suggest that demographic factors – eg, ethnicity, poverty, dis/ability, sexuality – play a role in menopausal and postmenopausal experience, therefore it is helpful for me to ask you these questions.

Any answers you give will be anonymized as with all of the interview data, even so, **you do not need to answer any of the questions below.**

How old are you?

How do you answer the question, ‘what do you do?’

What is your level of education? (eg. O Level, BSC, Masters, etc.)

How do you describe your ethnicity? (eg. I say ‘white, other’ because my family background is wider than ‘white, British’. Please use the terms you prefer.)

Sexuality/sexual orientation (please use any term or terms you prefer).

Do you consider yourself disabled and/or living with a health condition?

How old were you when you had your first period?

How old were you when you had your last period?

Have you used or are you using HRT? If so, for how long?

Socio-economic background, these three UK-relevant questions are recommended by the Social Mobility Commission, 2021:

1. What was the occupation of your main household earner when you were about aged 14?
2. Which type of school did you attend for the most time between the ages of 11 and 16?
3. If you finished school after 1980, were you eligible for free school meals at any point during your school years?

Thank you!

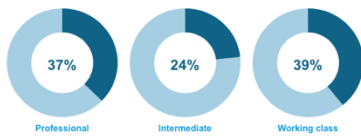
Appendix 4 – Participant demographics

	Age	Work	Education	Ethnicity	Sexuality	Disabled/living with health condition?	Age first period	Age last period	MHT use?	Class (where mentioned in interview)	Socio-economic background
Elina	57	Dept lead in a cultural sector charity	BA & postgrad certificate	Mixed Other (White/Creole)	Straight	No	13	54 (approx.)	no	working class	Professional background
Joy	58	Fashion industry, self-employed	A Level, Foundation	Black Caribbean	Heterosexual	Not really – I am asthmatic.	15	52	yes		Lower socio-economic background
Maggie	61	Former nurse & retired academic, developing creative practice	Masters	White British	Heterosexual	No	12	52 (I think)	no		Professional background
Grace	64	Semi-retired, university teaching & research part-time	PhD	White – Welsh British	Lesbian	I don't think of myself as disabled. I do have a lot of arthritis.	15/16	55?	no	middle class	Intermediate background
Rita	57	Cultural sector support re access & inclusion	Masters	White	Cis woman	Yes	13/14	43	yes		Lower socio-economic background
Gina	57	Artist	Masters	White other	Lesbian/Bi/Queer	Yes	11	50 ish	no	working class	Lower socio-economic background
Paddy	63	Psychotherapist	Diploma	White/other	Straight	Living with a health condition.	15	48	no	working class	Lower socio-economic background
Dora	61	Therapist & clinical supervisor	Postgrad	White	Heterosexual	No	13	49	no		Professional background

Participants gave self-defined open text answers for education, ethnicity, and sexuality.

Socio-economic background questions, definitions and analysis based on "occupation of main household earner when you were about 14" (Social Mobility Commission, 2021)

Parental occupation at age 14



Benchmarks based on entire workforce in England (Social Mobility Commission, 2021).

In this study:
 37.5% Professional background
 12.5% Intermediate background
 50% Lower socio-economic background.

Appendix 5 - Guide and Maybe Interview Questions

Guide Questions

What is it like to be being postmenopausal?

- what has menopause been like for you?
- how was menopause understood in your upbringing and adult life?
- how is it now, living your postmenopausal body?

Maybe Questions

- How old were you when you got your first period?
- What was puberty like?
- Who told you about menopause?
- Who have you talked to about your menopause?
- What is it like being in your body now?
- Does it feel different than it used to?
- What is sex and sexuality like now?
- What is your sense of yourself in your body moving forward?
- How much of it is menopause and how much of it is ageing, have you thought about the difference, is there any difference for you?
- What are your friends like about you being postmenopausal?
- What is your family like about you being postmenopausal?
- What is it like to no longer be fertile?
- Does the word 'crone' work for you?
- Wise old woman or age-defying?
- Do you feel wise?
- What do you wish you had known before?
- What has been difficult?
- What has been great?
- What has surprised you?
- What has not surprised you?
- How do you feel about your gender now?
- What is it like to talk about this, in your body now, with me?
- How do you experience your connection with your body?
- How embodied do you understand yourself to be?
- What does embodiment mean for you?
- Is there another phase to come yet, do you think? If so, what do you think it is?
- Does this feel like a continuum or a complete change or something in between?

Appendix 6 – Ethics Approval



NEW SCHOOL OF PSYCHOTHERAPY AND COUNSELLING

NSPC Limited
Existential Academy
61–63 Fortune Green Road
London NW6 1DR

27th April 2022

Dear Stella

Re: Ethics Approval

We held an Ethics Board on 22nd February and the following decisions were made.

Ethics Approval

Your application was approved.

Please note that it is a condition of this ethics approval that recruitment, interviewing, or other contact with research participants only takes place when you are enrolled in a research supervision module.

Yours sincerely

Susan Iacovou, Chair of NSPC Ethics Committee

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Appendix 7 – Transcription Method

1. For the first two transcripts I used the Word dictation function on desktop to capture the basic text while listening to our conversation. I then switched to Otter.ai as a slightly more reliable transcription software.
2. I went over the recorded dialogue slowly, listening to each section many times to get the written text as exact as possible, including spaces, pauses, repetitions.
3. Punctuation decisions:
 - em dashes for shorter pauses that were breaks in speech or thought; ellipses for longer pauses that felt more uncertain, loaded with waiting, thinking, feeling.
 - italics for words that were strongly emphasised verbally or with gestures.
 - verbatim repetition for the stuttering as participants found their flow on a particular subject, e.g. the “I, I, I” that is essentially a thought process preceding a longer sentence, explanation, or extrapolation.
4. I went over the text again checking for missed words or phrases, adding em dashes and ellipses, along with descriptive moments like hand gestures, tone of voice.
5. I listened and watched the recording once more, reading along with the text to double-check accuracy regarding punctuation, gestures.
6. I printed the text. On screen the words are still malleable to me, once on paper they feel more set, real. This allowed the text, rather than the remembered interview, to become my working material.

Simultaneously:

At (1) I took notes, aware of words or phrases that engaged me, especially when they connected to or contradicted themes from the research.

At (2) I made more notes, aware of repetitions of words, phrases or subject matter.

At (4) and (5) I made many more notes, allowing myself to underline, circle, link, with each felt sense of connection or emerging concepts.

Appendix 8 – Sample transcript analysis

- a. I started by highlighting sections of the text and assigning code names that felt appropriate to concepts that were repeated and/or felt important to the phenomenon of postmenopause.
- b. As I progressed through the first transcript, it became clear to me that I was actually finding sub-sub-themes. I therefore named these ‘elements’.
- c. I allowed the elements to re-form as I discovered more in going through the interviews. For example, while I initially had stoicism and strength as two separate elements, it became clear that for the participants these two concepts were strongly connected, to the extent that their experience was better represented by combining them as stoicism/strength. Similarly, I had an early element of wisdom/resilience, which later became self-awareness as self-awareness seemed to encompass both wisdom and resilience as they were shared by these participants.
- d. I compared the elements against the Literature Review elements and themes.

TRANSCRIPT SAMPLES	ELEMENT	LITERATURE REVIEW ELEMENT	LITERATURE REVIEW THEME
The friends that I know that are really struggling with their menopause ... are ... people without loads of other people’s stuff to, to, to deal with, whether it’s parents or kids and teenagers (Élina, 16)	symptoms	biomedical, sexuality/intimacy, socio-cultural	control
As women, we’re kind of told that ... postmenopausal women are really like, they’re, they’re, they’re done, they’re, they’re, that’s it. Um – so I was dreading it (Élina, 4-5)	dread	embodied, existential, psychotherapeutic, silence	transition, control, ageing and mortality
I’m a woman, I bleed, and you know and, and you know, very like ... they, my periods, my cycle, and you know and having friends and checking where we were on our cycles, and when we, it, collided – it felt such a huge part of, of my identity. (Élina, 1)	embodiment	embodied, existential, psychotherapeutic,	transition, control, ageing and mortality

If gaining that calm, that self-acceptance, that self, self-love, means you're not punishing yourself ... not working so hard to, to be a certain shape, a certain look, because you want to be desire-, desired and desirable, it's all worth it. (Élina, 41)	body image	embodied, feminist, psychotherapeutic, sexuality/intimacy, silence, socio-cultural	transition, control, ageing and mortality
I'm a bit invisible, I don't like it. It's a constant reminder; oh, but much of that visibility wasn't really <i>you</i> Élina, they weren't seeing <i>you</i> . (Élina, 98)	being seen	embodied, existential, feminist, socio-cultural	transition, control, ageing and mortality
I really want to explore for <i>myself</i> this, this whole, um, you know, postmenopausal woman, this ... this phase and age of my life. (Élina, 10)	transition/emergence	embodied, existential, feminist, hero-narrative, psychotherapeutic, sexuality/intimacy, socio-cultural	transition, ageing and mortality
I, me being here, loving, present for myself is, is ... (<i>deep in breath</i>) you know, the, the, the <i>greatest</i> support that I can have (Élina, 28)	wisdom/resilience	embodied, existential, feminist, hero-narrative, psychotherapeutic, socio-cultural	transition, ageing and mortality

- e. Having finalised the elements that showed up in all eight interviews, I grouped them into three overall themes that followed a temporal arc, as shared by many of the participants in their interviews – how it was, how it is, how it is being-becoming.
- f. I gave these themes titles that connected to the experience of ongoing change that all participants shared throughout their interviews: The shock of change, Living with change, Making meaning in ongoing change.
- g. Once I had these three theme titles, I collated the sub-themes into seven themes that best held their meaning.
- h. From this analysis, it became clear that the phenomenon of Emergence was implied by the repetition of the experience of ongoing change.
- i. I returned to the three themes of the literature search and matched them to the three themes of the analysis.

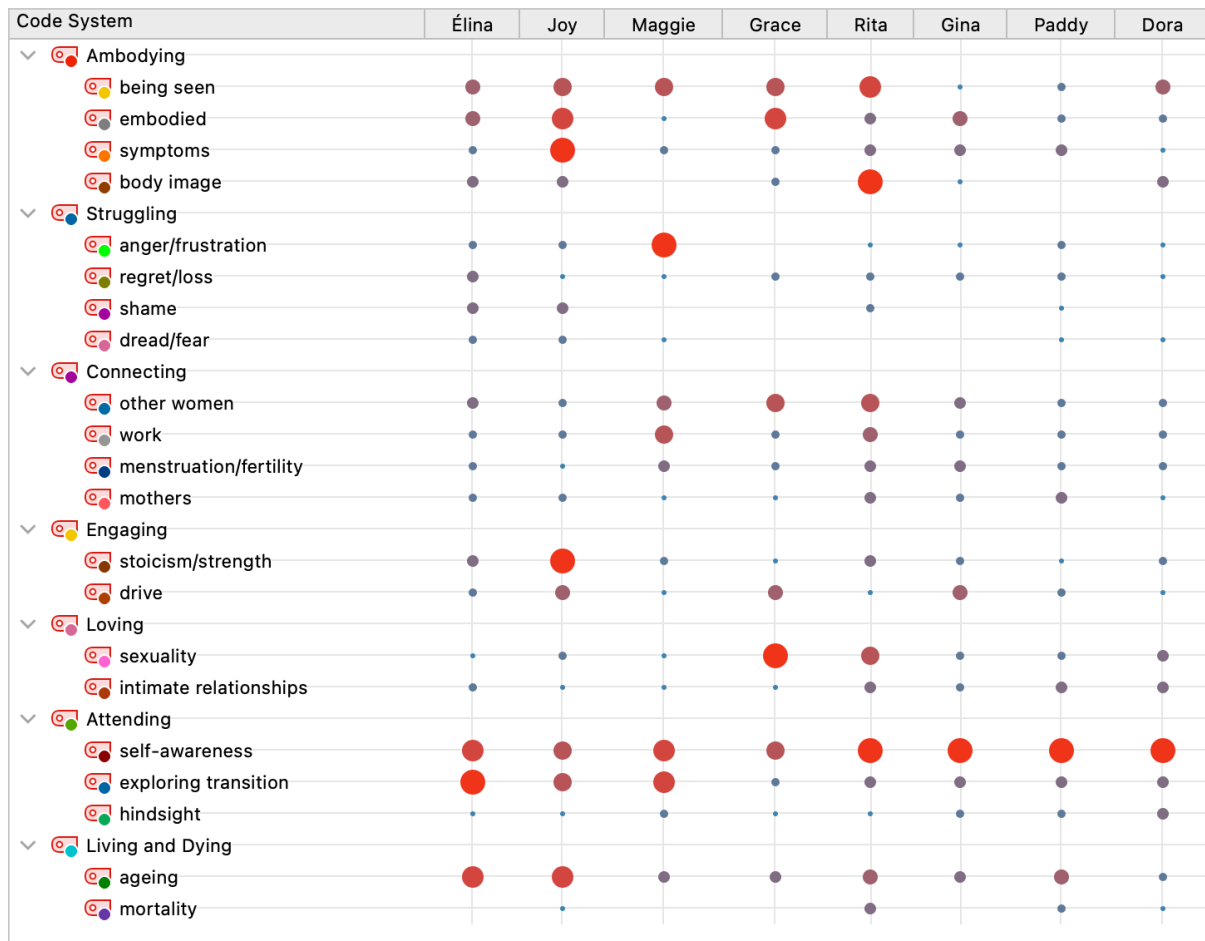
Writing and rewriting	Creating poems of the participants' words/phrases and checking resonance with them for validity.						
Themes	The shock of change		Living with change			Making meaning in ongoing change	
	how it was		how it is			how it is being-becoming	
Literature Review equivalent	Control		Transition			Ageing and Mortality	
Subthemes	Embodying (294) 8/8	Struggling (109) 8/8	Connecting (206) 8/8	Engaging (107) 8/8	Loving (107) 8/8	Attending (315) 8/8	Living & Dying (98) 8/8
Major elements	Being seen (101) 8/8 Embodied (81) 8/8 Symptoms (61) 8/8 Body image (51) 6/8 (Élina, Joy, Grace, Rita, Gina, Dora)	Anger/frustration (44) 7/8 (Élina, Joy, Maggie, Rita, Gina, Paddy, Dora)	Other women (78) 8/8 Work (62) 8/8	Stoicism/strength (59) 8/8 Drive (48) 8/8	Sexuality (64) 8/8 Intimate relationships (43) 8/8	Self-awareness (164) 8/8 Exploring transition (99) 8/8 Hindsight (41) 8/8	Ageing (85) 8/8
Minor elements		Regret/loss (29) 8/8 Shame (22) 4/8 (Élina, Joy, Rita, Paddy) Dread/fear (14) 5/8 (Élina, Joy, Maggie, Paddy, Dora)	Menstruation & fertility (39) 8/8 Mothers (27) 8/8				Mortality (13) 4/8 (Joy, Rita, Paddy, Dora)
Lifeworld Existentials	Lived body (183)		Lived human relation (186), lived space (55)			Lived time (152)	
Phenomenon	Embodied Emergence						

j. This then became Table 1. Elements, Themes, Lifeworld Existentials and Phenomenon, repeated here from Findings 4.1.3 for clarity.

Appendix 9 – Elements frequency, ranked highest-lowest

themes	elements	frequency	no. participants
attending	self-awareness	164	8
ambodging	being seen	101	8
attending	exploring transition	99	8
living and dying	ageing	85	8
ambodging	embodied	81	8
connecting	other women	78	8
loving	sexuality	64	8
connecting	work	62	8
ambodging	symptoms	61	8
engaging	stoicism/strength	59	8
ambodging	body image	51	6
struggling	anger/frustration	44	7
loving	intimate relationships	43	8
attending	hindsight	41	8
engaging	drive	40	8
connecting	menstruation/fertility	39	8
living and dying	mortality	31	4
struggling	regret/loss	29	8
connecting	mothers	27	8
struggling	shame	22	4
struggling	dread/fear	14	5

Appendix 10 – Elements frequency per participant



Appendix 11 – Gathering Lifeworld Existentials as story and anecdote

In looking for story and anecdote, I searched for sections that encompassed an event, memory, or experience in which meaning was made or inferred from the event.

Grace's words below were variously coded for Being Seen and Self-awareness, with the highlighted section which details a specific event from which Grace made meaning ("I like that") further coded as both Lived Body and Lived Human Relation.

And I am slightly provocative.

I know that how I dress is slightly provocative to some people, but I also know that it's very attractive to a surprising number of people who are not lesbians.

Yes. So, I know that. And I can play that. Um –

Sometimes. Not inappropriately.

But, you know, um (*she laughs*), at the party towards the end, as I was leaving and I'd put my jacket back on, a woman came up to me who I had not spoken to all evening and I don't know who she was, and she said, "Ooh", you know, you know the woman who's event it was, "You, you work with her, don't you?" I said we used to work together, yeah, we worked together for quite a while, I know her, and you obviously know her, dah-dah-dah-dah dah, and she said, "I just want to say how lovely your suit is." And I thought, I don't think it's the suit that you're interested in. And she was a straight woman. She was there with her husband.

And her friends and that, and I thought, yeah. And I'm, I'm used to that, because I know, I've had those of experiences of my style of dress, and I like that. I like that. (Grace, 265-270)

Appendix 12 – Research Participant Information Sheet



Middlesex University School of Science and Technology

Psychology Department

Research Participant Information Sheet



Title of study: An exploration into the embodied experience of postmenopause.
Academic year: 2021/2022
Researcher's name: Stella Duffy, SD1404@live.mdx.ac.uk
research phone number: 07597699581
Supervisor's name and email: Dr Claire Arnold Baker, claire@nspc.org.uk

Would you like to take part in this research project?

Before you decide to take part, it is important that you understand why the research is being done and what it involves. Please read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Thank you for reading this.

What is the purpose of this research?

This project explores the embodied experience of postmenopause. I am interested in what it is like to live in the world in your postmenopausal body. I am looking for rich, vibrant and truthful portrayals of how it is for you. I am interested in your thinking and feelings about being postmenopausal. I will use a qualitative method to analyse what you tell me, and I hope to use this data to support psychotherapists and others to better understand what it is like to be postmenopausal. This project is part of my Doctorate in Existential Psychotherapy and Counselling at the New School of Psychotherapy and Counselling, supervised by Dr Claire Arnold-Baker and Dr Patricia Bonnici.

Why have I been asked to take part?

You have been asked to take part as you are aged between 55-69, resident in the UK and experienced standard menopause (ie. your menopause was not the result of surgery, or medical or hormonal treatment).

Do I have to take part?

No. You are welcome to turn down this invitation and you do not need to give me any reason for doing so.

What will happen if I take part?

We will have a brief online meeting or telephone call to confirm you meet the criteria. If so, we will arrange a date, time and place for interview that suits you; in-person this will be a private and confidential space, online you will need to have a private and confidential space where you feel comfortable talking. We will discuss the aims of study to ensure you understand what I am interested in and that you are interested in taking part. We will look through the consent form to clarify any points before you sign it.

What will happen in the interview?

The interview will last between 60-90 minutes. It will be video and audio recorded if online, and audio recorded if in person. At the end of the interview, we will have a conversation to check how it was for you and I will give you a debriefing sheet with contact details in case anything comes up which you want to discuss further. The debriefing sheet also contains information about what will happen to your data.

What happens after the interview?

I will transfer the recording and store it under a code name on a password and PIN-protected USB, backed up in encrypted form on a secure server, and delete the recording. Within one month from our interview I will type up what we said, word for word. In transcribing our interview, I will give you a code name, and identifying details will be changed or removed. Paper copies of the transcript and any forms you signed will be kept in a locked cabinet in my own home. Raw material will be uploaded to NSPC's secure site where it will be stored confidentially. The information you share in the interview and any forms you fill in will be anonymized i.e.,

your words from our interview will not be linked to your real name.

How your contribution will be used.

Everything you say during the interview will be treated as confidential. Afterwards, I will analyse the interview to create a general description of what was said and the main themes of the discussion for use in my research. I will use anonymous, word for word quotations from the interview. Anonymous quotations will be published in my doctoral dissertation and may be presented at conferences, published in peer reviewed journals, in academic books, and non-fiction writing.

What if I change my mind?

You have the right to withdraw from the study and you can do so up to one month from the interview date. This can be arranged by emailing or calling me. If you do not feel comfortable contacting me, please get in touch with my supervisor instead, our details are above. You do not have to give any reason for withdrawing and I will respect your choice to do so. After one month, your contribution will have become part of the study and it will no longer be possible to withdraw.

What are the possible disadvantages of taking part?

It is possible that talking about your experience might feel upsetting. Your wellbeing is important to me, so if this happens and you prefer not to go on, we will stop the interview and your data will not be used. If you find that the interview later brings up problematic feelings, the debriefing sheet contains details of where you can find support.

What are the possible advantages of taking part?

While the sense of silence or taboo in talking about menopause has changed recently, the research is clear that many people feel that talking about it in research interviews is valuable. The debriefing sheet contains information about possibilities for continuing these discussions, e.g. Menopause Cafés.

Is there any payment for taking part?

There is no payment for taking part. For in-person interviews, reasonable local travel costs will be reimbursed.

Consent

You will be given a copy of this information sheet for your personal records and, if you agree to take part, you will be asked to sign the consent form before the study begins.

When the research is complete

I will send you a copy of my study when it's finished. I hope it will do justice to your contribution. If you would rather not receive a copy, please let me know.

Who has reviewed this study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC Ethics Sub-Committee and Middlesex University Psychology Department Ethics Committee have reviewed this study.

I am very grateful for your time and commitment to this research and for taking the time to read this information sheet.

Please contact me on my research phone number 07597699581 if you have any further questions before signing the consent form.

With very best wishes
Stella Duffy

Research phone number: 07597699581
Email: SD1404@live.mdx.ac.uk

Appendix 13 – Written Informed Consent



NSPC

Middlesex University School of Science and Technology

Psychology Department

Written Informed Consent



Title of study and academic year: An exploration into the embodied experience of postmenopause.
Academic Year: 2021/22
Researcher's name and email: Stella Duffy, SD1404@live.mdx.ac.uk
Supervisor's name and email: Dr Claire Arnold Baker, claire@nspc.org.uk

- I have understood the details of the research as explained to me by the researcher and confirm that I have consented to act as a participant.
- I have been given contact details for the researcher in the information sheet to keep.
- I understand that my participation is entirely voluntary and I have the right to withdraw from participating in the project up until data analysis begins one month from today without any obligation to explain my reasons for doing so.
- I agree to my interview being either audio-recorded if in-person or video recorded via Zoom if online.
- I understand that audio and video files will be confidentially disposed of immediately upon transcription.
- The researcher will maintain full responsibility for the transcribing process during which each participant will be assigned a pseudonym that only the researcher will be able to identify.
- I also understand that, as far as is practically possible, the data collected during the research will not be identifiable.
- I understand that I can ask for my data to be withdrawn from the project and confidentially destroyed up until data analysis begins one month after my interview.
- I give my consent for my digital data to be anonymized and confidentially stored on a password and PIN-protected encrypted USB, backed up in encrypted form on a secure server; print data to be stored in a separate locked filing cabinet in the researcher's own home.
- I understand raw material will be retained for at least ten years and NSPC (the researcher's training institute) will be custodian of that data, uploaded to NSPC's secure website where it will be stored confidentially.
- I understand that the data I provide may be used for analysis and subsequent anonymized publication, including poster presentations at conferences, as part of a conference paper and/or presentation, as the basis of a book chapter, in journal articles, or as an element of a relevant academic or non-fiction book, and I provide my consent that this may occur.

Participant name (printed)

Participant signature

Date: _____

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____

Appendix 14 – Participant Debrief Sheet



Middlesex University School of Science and Technology
Psychology Department



Participant Debrief Sheet

Title of study: An exploration into the embodied experience of postmenopause.

Academic year: 2021/22

Researcher's name and email: Stella Duffy, SD1404@live.mdx.ac.uk

Supervisor's name and email: Dr Claire Arnold Baker, claire@nspc.org.uk

Thank you for taking part in my study.

The aims of this study are to explore participants' embodied experience of postmenopause – ie. how postmenopause is for you. So far, the majority of studies into menopausal experience focus on the symptoms people experience in the transition, rather than what it is like to live in a postmenopausal body in our society. As most of us live around a quarter to a third of our lives in postmenopause, I believe it is an important area for study and am very grateful to you for your contribution to this work.

Seeing the work that you contributed to. Unless you prefer not to see it, I will send you a copy of my study when it's finished, which is likely to take a year or more. I hope it will do justice to your contribution. If you would rather not receive a copy, please let me know.

Confidentiality and taking care of your anonymity.

Now that our interview is complete, I will transfer the recording and store it under a code name on a password and PIN-protected USB, backed up in encrypted form on a secure server, so that I can delete the recording from my device. Within one month from now I will type up what we have said, word for word. In transcribing our interview, I will give you a code name, and any details that would identify you will be changed or removed. Paper copies of our interview and any forms you have signed will be kept in a locked cabinet in my own home and I am the only person who will have access to this. Any data that identifies you will be kept separately on a password and PIN-protected encrypted USB, backed up in encrypted form on a secure server. This data will be retained for at least ten years and NSPC (my training institute) will be custodian of that data, uploaded to NSPC's secure website where it will be stored confidentially. The information you have given me in our interview and any forms you have filled in will be held anonymously i.e., your words from our interview will not be attributed to your real name.

How your contribution will be used.

I will analyse what was said in the interview in order to produce a general description of what was said, and the

main themes of the discussion. I will also use anonymous verbatim (word for word) quotations from the interview. Anonymous quotations from the interview data will be published in my doctoral dissertation and may be presented at conferences, published in peer reviewed journals, in academic books, and non-fiction writing.

If you want to withdraw.

You have the right to withdraw from the study. If you would like to withdraw you can do so up to 18th June 2022 and this can be arranged by emailing or calling me – details at the top of the page. You do not have to give me any reason for your choice to withdraw and I will absolutely respect your choice to do so. After one month, your contribution will have begun to become part of the study and it will no longer be possible to withdraw.

Further engagement and support regarding postmenopause.

Many people report that talking about the experience of postmenopause doesn't happen often enough and they have felt silenced by our society. Therefore, talking about postmenopause can be both valuable and sometimes unsettling. It is possible that our interview might bring up some feelings or experiences that you would like to discuss further. The Menopause Café movement is led by people in menopause and postmenopause, and welcomes people to come together to discuss their experiences in an accessible, respectful and confidential way. They are online at : <https://www.menopausecafe.net/>

If you feel you might want further support, the two main counselling and therapy organisations in the UK have a readily accessible list of available counsellors and therapists:

BACP: <https://www.bacp.co.uk/about-therapy/we-can-help/>

UKCP: <https://www.psychotherapy.org.uk/>

If you have any further questions, feel free to contact me by emailing SD1404@live.mdx.ac.uk.

If you do not feel comfortable contacting me directly or would like to make a complaint, please contact:

Claire Arnold-Baker: claire@nspc.org.uk; Tel: 0203 515 0223 / 0204 534 1113

Or: The Principal, NSPC, 61-63 Fortune Green Road, London, NW6 1DR

Tel: 0203 515 0223 / 0204 534 1113

Thank you again for your time and generous contribution to this work.

Kind regards,

Stella Duffy



**Outstanding Oral Presentation
of the RSSC 2022**

is awarded to

Stella Duffy

for the presentation entitled:

**“An existential phenomenological exploration into the embodied
experience of postmenopause”
at the Research Students’ Summer Conference 2022,
22-23 June 2022**

Two handwritten signatures in black ink, one on the left and one on the right, enclosed in a thin black rectangular border. The signature on the left is "S. Lodh" and the one on the right is "Dr Paula McIver Nottingham".

**Dr Suman Lodh, Dr Paula McIver Nottingham
Research Students’ Summer Conference 2022 Chairs
(On behalf of the Organising Committee)
Middlesex University, London**

Appendix 16 – The found poems of each participant

Appendix 16.1 Élina

Hormones ran me
Rage or despair
Is this real or is this the hormones lying to me?
What's the truth?
We are driven by desire at that age
That whole hormones and love and lust
That really charged place.
I felt consumed by my hormones
Regular, each month, feeling like a piece of shit
Rage followed by self-hate
How that cycle would affect my desire
How I liked sex
I could see in my diary
Oh, this is a danger day, everybody be careful.
We would celebrate our periods
There was a magical connection
There was a superpower to it
But bloody hell
What a cost
That battleground was part of my identity as a woman
If that's not there –

I was really afraid of the menopause.

I had internalised a lot of those
you're dried up
you're past it
old woman
she's just an old mum
not relevant any more
passed over.

As a woman
You should be desirable
You should be attractive
People should fancy you
You're supposed to feel pleased
And then all of a sudden
They don't.
That's the work
To keep reminding myself that much of the attention
when I was younger
just
wasn't
very
pleasant.
They weren't seeing you.

I have that, mixed, I don't like it, that bit of fat around the middle

A little bit of shame beginning
Then I think, you're closer to sixty than fifty
The judgement of trying to look a certain way –
It's hard to say, but yes, I am done with it.
If gaining that self-acceptance, self-love, means you're not punishing yourself
Not working so hard to be desirable
It's all worth it.

As I reached my menopause
My sons reached really difficult times.
I had to be strong and resilient for them.
What my boys needed more than anything
is for me to be
like a calm rock.
And that is what postmenopause gives me
Not being ruled by my hormones
I can really step out of my shit
and

be
right
there.

Oh, no more children.
There was a very real sadness around letting that go.
But then there's these children and they're nearly adults.
And they need looking after
They need fully equipping to be
Not part of the patriarchy.
Black boys that aren't part of the patriarchy.
I will sit here
bold as brass
and say yes
that is part of being a wise woman.
Stepping into my power is to contribute some males
who aren't going to be part of the problem.
My legacy isn't even whether I succeed.
My legacy is that we've been on a really good journey together.

What it shifts on to
It comes back to
It's just going to be me.
I want to explore this for myself
A focus on what this shift is.
At this phase in my life
I am my greatest source of support
This took me a long time to learn.

Maybe, this next phase of my life
I can be somebody who isn't chasing
the wrong relationships
the wrong men
isn't hating my body because it's gone up two pounds
isn't full of regret and shame about not getting on to the housing market
(actually, I sort of went, fuck you, I don't want to be part of the system)
isn't this spirit ruled by her hormones.

When I was young, awkward, dysfunctional
I knew what to fake till I made it
I made some very conscious decisions
I reinvented myself
I feel like that's what I'm doing now.

At work, I call out anything with a smile on my face
This person that I am at home
That's who I am at work
For the first time in my life
It's not achieved, but it's authentic.
That's the change
Being your future self.

The friends that I've got
We're ready for some real talk now
Those conversations about being more powerful.
Let's not talk about ourselves negatively
Let's stop that
Let's start celebrating it
Celebrate ourselves.
See
Each
Other.

Menopause has made the space in me to be able to see things even more clearly
That's the end of that period in your life
The next period of your life is your final
Crone
Wise old
I want to go there.
Unhooking from that shame so I can become
A cool, wise, older woman
Not looking like a young chick
Kind of fun
Kind of old
Kind of clever
Cos I've lived a bit
I want to be that.

You're not middle-aged
This is the final phase now
This is old age.

This older woman that I feel inspired by and proud of
Let me find who she is.

Appendix 16.2 Joy

Never in my time did I think it could be the menopause.
Didn't even consider the menopause at any stage, not in my forties.
All of a sudden these hot flushes came back with a vengeance.
I'm sitting in the office with this fan under my chin, thinking, this isn't right.
I went to the doctors.
I said listen, there's something going on here, I can't cope because I'm not sleeping.
He said, "I think you're going into menopause."
I was like, me?!
He was going, "Well, yeah, when was the last time you had your period?"
And I said, it was probably about July, nothing's happened since.
He says, "Well, it looks like you're going into perimenopause."
He said, "You need to have a year without any periods before I can do anything, take some alternative things like primrose oil to ease off some of the symptoms."
Tried that, did nothing.

I mean by now, I'm sitting in meetings in the office, and I could feel like –
The only way I can describe it is that someone strikes the match, so you know it's coming,
Then they put to the tinder
You get the massive "whoosh!"
Then all of a sudden somebody blows it out
And it just goes back down like that.
By the November I went back
My insomnia was *really bad*
That's when he said, "Do you have any problems with HRT?"
And I said I can't survive like this.
He said, "Try this for six months."
I took the tablets, within two weeks symptoms are stopped.
Yes! I could sleep!
As the years went on, I just pop my tablet, I'm good.
And yes, there are pros, cons, we all know about it.
It works for me.

I'm taking lots of different supplements, maintaining good eating.
I know there's some women thinking it's all got to be medical.
I believe that we need to look within ourselves,
Think to ourselves, what have I been doing?
What can I change, to help to alleviate some of the symptoms?
Don't sit there waiting for the magical pill to change everything,
I'm not going to blame it all on the menopause cos I don't believe it is all on the menopause. Some of it comes from our lifestyle.
Some of it comes from sitting down too much and not being active enough.
Menopause contributes, but so do I.
I'm still moving, I'm still breathing, I'm still doing stuff.
I still wear my heels.
If I'm still wearing my heels, I'm fine!

You know, you see magazines,
It's always like the woman looks like she's about to just keel over,
She's looks so distraught about being in the menopause,
The only time you see a woman smiling is when she's on the menopause pack of tablets
And she's all radiant
It's only a packet of tablets!
I'm not one that's ever been led by society.

The media will always tell you what they want you to know,
And it's always their narrative, not mine.
For me, it's about what is going to be good for me, inside,
In my heart, in my head.
You think about how society has dictated to us,
It's going to be doom and gloom, your life is over.
I'm in the menopause, but I'm not dead yet.

My mum lacked a lot of confidence
She relied on me to do a lot for her, she didn't think she had any worth.
I just knew that that was not going to be me.
Nobody's going to be telling me that I can't do or say that I can't achieve.
Until my head tells me that, or my body says I can't do it,
Then it's a whole different thing.
But whilst I know I can, I'm going to go and do it.

I've been in positions in work where I have proven my skills, my experience, and my knowledge.
If you want to bring it down to my colour, then boo you,
But you will never be able to say that it was because I couldn't do my job.
My stance was, you don't know me, you don't know my background
If you want to still judge me for my colour, let's go.
I don't need that.
Because I grew up in the seventies, sixties, and seventies.
And obviously, as much as there's racism now,
Racism back then was rough.
Back then it was *in – your – face*.

Looking back on some of the hurdles that I went through,
It's things like that that has made me stronger because it didn't stop me.
It's about how much you let life take you down,
Or how much you embrace it, learn from it, and do something about it.
I remember going to school and people using some derogatory words to me.
I remember crying.
I would go home, but I would never tell my mum and dad.
My dad would have said, "You're still going to school tomorrow."
I never said it.
I never ever said it.
I think it is something that you build up resilience for.
Now, I can go and meet somebody and I'm not thinking if they're Black or white
I'm just going to meet you, that simple.
I don't have a colour thing to it.
And it's the same with menopause, isn't it?
Menopause ain't got no colour to it.
Menopause is menopause, whichever way you want to look at it.

If I look at where I am today, yeah, I've got it.
I'm good.
I still got it sexually
I can still get somebody.
And yeah, I will have love, why can't I have it?
What, cos I'm fifty-eight?
What's that *mean*?
Sorry, was there a lock?
Are we in the desert?
You know, the clamps have come down and that's it, we're done.

I'm not about that.
I have as much value, as someone who's fifty-eight, as someone who is twenty-five.
I have got experience, I have seen things, I've seen changes,
And these are things that you don't even know yet.
You're not going to make me feel lesser than, just because I'm having a hot flush.

You may get fifty, if you're lucky, and you trigger it then.
You may get to forty and you're triggering it,
Well girlie, you could be in your thirties,
Any age can trigger it.
From the very beginning as soon as you come out of that womb,
If you're female, it's your destiny.
And that is your facts.

Don't get me wrong, live for the moment
If you're in your twenties, live for the moment
Live the wild, the parties, live all of that
You're living for the here and now and I totally get that
But just think, there are things that are still coming.
That past is not coming back tomorrow or next month.
You're a menopausal woman.
This is who you have become *today*.
You are a postmenopausal woman who has a different outlook on life.
The world is out there still waiting for you.

You'd better wake up, cos life is moving.
We don't know what's coming, but you need to be ready for it, don't you?
You need to be ready.
That's the next phase.

Appendix 16.3 Maggie

A lot of the crap I had to put up was being an older mother.
Thirty-nine, forty when I had her.
If I could have my time back, I would say fuck off, leave me alone.
Stop having a go at me about being an older mother.
Fuck right off.

I can remember having heavy periods –
But I was much more focused on raising my daughter at the time so –
I think I was about fifty-two and she'd be about twelve.
What I can remember saying, out loud, that as her periods started mine stopped,
Thank fuck for that.

There wasn't a forum to talk about it ten years ago.
You know, there weren't any 'famous celebs' talking about the menopause.
All power to them, but at the same time it diminishes ordinariness.
Their narrative gets amplified and given as the authority,
That maybe the rest of us don't have.

Is it because my hormones are depleted or is it some of those other things?
Internalised misogyny, ageism, sexism, you name it.
I feel diminished and invisible as a woman at this age.
I have got other friends, five or six friends between sixty and seventy-five
Who are equally feeling shit.
It could be patriarchy.
And there isn't a pill for patriarchy.

And it just feels like, hang on a minute, what about us older ones?
Hitting being sixty,
And having more time at my disposal to think about how I've got to where I am.
At sixty, sixty-one – and getting even more angry.

When the doctor on the phone asked me, "Are you worried about anything?"
I said yes, "I'm worried about running over teenagers."
She said, "Why?"
And I said, "Because if they're walking in the middle of the road and they tell you to stop being a
fucking stupid old cow, then I'm gonna run them over."
Because I'm not a fucking stupid old cow.
Audre Lorde's right, you need the anger.
But I would like it to be fuelling in a more constructive way and not making me at risk when I'm in
the car.

It's a lot of different things but they're all connected in terms of, as older women,
what we should be doing is shutting the fuck up and, you know, knitting.
There's nothing wrong with knitting, but –

When you let the societal norms kind of interfere,
and you've internalised some of this other crap,
it's almost like you've got to clear it out.
Because actually, a volcano, it's about making new land, isn't it?
It's not a destructive force.
It's only destructive because humans decided to live under one.

I feel like I know more about my body

and about the communications between mind and body and spirit.
I have less energy
I also have less tolerance for fuckwittery.
Some of us are so sensitive to climate change, Tory fuckwittery, betrayal, treachery, abandonment
issues –
That's why we're distressed.
And as an older woman, it's almost like people go,
“Yeah, and?”
“So, so, so what?”
That kind of adds fuel to our fire.

The list of possibilities, in terms of using our activism and our wisdom –
to actually make a difference –
Is just scary, we're so phenomenal.
We would be unstoppable.

Somebody said, “Well you start doing it then.”
And I went, “Oh, OK.”
Be the change you want to be.
Yeah.

I need to be heard.

Appendix 16.4 Grace

I've never had children.
I think that makes a big difference to your body
Your sense of self
And that's my choice
I'm very comfortable with that.
What I wanted from a very young age, never changed my mind.
In the sense that menopause is the end of reproduction
That, for me, wasn't a big issue
It didn't signify a change in my status in the world.
I didn't feel that at all
And still don't.

The loss of my periods was a mixture
I was very sexually interested just before I got my period
I did feel
Oh, I miss that that wave of hormone –
The difference was about sex
But also about energy.

One of the things that happened *during* my menopause was I lost interest in sex.
I started to think, maybe this is to do with being menopausal.
Some women do lose interest in sex.
And I thought, well, that's just how it is,
I didn't have a kind of like,
I don't physically want sex and my brain's going "that doesn't make sense".
It was just how I was
It was all in tune.
And it's only with hindsight I look back and think
God, that was weird.
The first time in my life since about fourteen I wasn't interested in sex.
What I've noticed is that it's come back for me in recent years
That kind of wave
That sense of energy
And very much a physical feeling of
Wanting.

I like to push my body.
It *is* a drive.
I feel like I *have to* push myself physically
If I don't, I feel trapped.

I've always liked going out dancing and clubbing
Or just dance around my own kitchen.
It's not something that needs sex to satiate it.
But there's some kind of energy
Very physical and quite a drive.
I felt that again in more recent years.
It feels like I might burst if I don't *do* something.
It feels like something that *needs*
I have to *be* out.
It might lead me to be thinking about sex
And to be noticing women more
It does feel very physical,

And social.

When I say dancing, I'm not talking about a slow foxtrot.
I'm talking about mad clubbing nineties kind of dancing.

Release.

I like being in groups with people.

I need to know I've got that physical thing.

I like to be active.

I like to be sexual.

I like to make an effort when I go out

My new suit is a silk mix, men's suit.

I saw it in a shop window

And I thought, I want that suit.

I am slightly provocative.

I know that how I dress is slightly provocative to some people

I also know that it's very attractive to a surprising number of people

Who are not lesbians.

And I can play that, sometimes.

As I was leaving

I'd put my jacket back on

A woman came up to me and she said,

"I just want to say how lovely your suit is."

And I thought,

I don't think it's the suit that you're interested in.

I'm used to that

I like that.

I think I'm more myself now, as a lesbian, than I was.

I've just given up on trying to make myself look like I was more like them.

Now I just revel in looking really different.

And I feel more myself.

I feel freer than I ever have.

I am *seen* less as an older woman.

I am less noticed.

When I go out just in my ordinary clothes

I think I'm an invisible older woman.

I don't like being invisible.

I don't care if I'm just going to the shops.

I know I can make myself visible, if I want to.

I save my best clothes for my best occasions

And my best opportunities

And, you know, the local Morrisons isn't going to be it.

If I walk out in one of those hats

And that jacket

And the really nice boots,

I get looked at by complete strangers.

I remember noticing it one day

There was a couple of women walking along

And sometimes you glance at somebody

You're walking past

And something catches your eye

And then there's a second look
If you get a third glance you know that they're interested.
And that's a street thing.
I remember talking to a friend about this
And she's going, I don't know what you're talking about,
I said, Maybe it's because you're not a lesbian.

I know that I embody something about being lesbian.
It's not just about my clothing.
It's about how I walk.
It's about how I stand.
I just stand like a lesbian.
And if you're a lesbian you would know that.
Particularly if you're someone of our age.
You know that there's something going on.

I suppose I didn't expect
Especially because I lost it completely
I didn't expect that I would ...
That I would become sexually interested again
Or that there would necessarily be opportunities to do anything about that.
Because that's part of the image of older women, isn't it?
That they're not interested in sex.
And even if they were, who would want them?
Well, it turns out, other women in their sixties.

That was good to know.
I think everyone should know that.
Everyone should know that
Definitely.

Appendix 16.5 Rita

I think something to welcome menopause and postmenopause is no periods.
I hated having periods.
I hated them my whole life.

For me, the hot flushes, it was the least of it.
For me, it's all to do with my body.
I might as well be honest.
I look in the mirror and I don't recognise myself.
I hate my body. I hate it.
I didn't mind being overweight, I liked my body.
The last few years, my body has changed.
Now have pockets of fat –
I can't bring myself to look at the top of my legs in the mirror, or my belly.
And it's painful. It's really bizarre.

I'm sort of in an on-off relationship.
I'm seeing him next month.
And I honestly don't know how I'll be able to show my body.
I tried to avoid looking, because I thought it was changing and I couldn't cope with it.
I physically stopped looking.
It's just, you know, bizarre.
Behaving as if my legs aren't there?
Part of my legs aren't there.
Because the lower part of my legs are fine. Just the top bit.
Actually, this man, he's probably not going to care.
I need to work that one out.
Like what can I wear that will hide the belly.
A lot of women have that belly that they've never had before.
And they hate it as well. We all hate it.
I've bought a different night dress.
I think like, well can I still have sex with the night dress on?
I'll find out.

I remember someone saying, when you get to a certain age, you become invisible to men.
Because I've got large boobs, I've never been invisible to men.
The amount of attention that I would get.
I've had random people go up and touch me boobs.
I love my boobs, right?
But I hate the attention.
And I can see men, of all ages, men in their eighties even, you know what I mean?
Looking at me boobs.
Nearly every day.
I still hate it.
I just think how dare you?
I'm not standing here looking at your balls.
My breasts have become the male gaze.

Looking in the mirror, I don't recognise myself.
Some people might say, well, you don't look that much different.
But actually, you do, because your face has fell, hasn't it? Your face falls.
I'm putting it down to postmenopause not ageing.
Or maybe both?
Can you take away one from the other?

I don't know if you can, they're so entwined.
It's a really weird discourse going on in your head, because it's like,
I'd quite like to hold this back, I'd pull that bit back there.
But then I don't do anything about it.
Because I don't want to, because ageing is the most natural thing in the world ... isn't it?

I've got a picture of my mother and her friend, sitting outside waiting for a bus or a train, and both of them putting their lipsticks on.
They were all like that, put their lipsticks on, after they'd had a cup of tea or whatever, had to put their lipstick on.
And I think, look, I've got my lipstick on.
I always wear my lipstick.

My libido went through the roof postmenopause.
Completely.
I just feel as if I'm almost, I imagine what a teenage boy feels like.
That's the only way I can describe it.
Which is unfortunate as I live alone.
My friends are my age and we're all going through the same thing.
The difference is, some of them lost their libido.
They didn't care if they never had sex again.
I find that horrific, the thought of never having sex again,
that's one of the one of the things I'd hate the most.

Most of the things I do because it's *my* desire.
I'm responsible for my actions.
Actually, other than my body, my legs, this bit here –
I am, ironically, more at peace with myself, other than that bit of me.
And that bit is back to the sexual being.

When I was younger, I was very quiet, very shy.
I was a people pleaser, I hated the thought of not being liked. That's long gone.
I do feel wiser.
I'm not taking the shit anymore, I think I've earned it.

I haven't got a problem with death,
I have got a problem with what happens with me lovely possessions.
I haven't got a problem with death at all.
I have with *how* I die.
Menopause ... it's a step closer.
Can you separate age and menopause?
I don't think you can, actually.
I have been more conscious of dying, of death.
And questioning the whole, what, why, what is the point in all of this?
What's the point of having these paintings on the wall, that will just end up in a charity shop.
How will they know that that piece of glass is the most amazing piece of glass?
They'll just put it in a jumble sale with the stuff.
And everything has been dear to you, possessions, books or whatever, it's just gone.
What is it all for?

I live literally a minute from the sea.
I hear the sea every day.
I smell it every day, it is in my blood.
There's like eighty-foot waves by that lighthouse.
But that then makes you realise how alive we are.

I walk along the marine walk and I think of all of the people over the years that have walked there,
who are gone.

It makes me question, what's it all about?

Surely some of it has to be about just enjoying being here.

I've bought the most beautiful dress.

I used to wear old vintage stuff, before it was 'vintage', secondhand it was.

I have bought the most beautiful – it'll not fit me, it wouldn't even go over one boob –

A dress which is just so beautiful.

And the way in which it's made, hand sewn.

I'm just looking at the dress.

I look at my things and I appreciate the beauty in them.

It's hanging up next door.

It's honestly, it's so beautiful.

It's so beautiful.

Appendix 16.6 Gina

I can't actually remember when my periods stopped.
It's interesting that I don't remember.
It does seem such a significant moment of transition,
Yet obviously it wasn't so significant that I bothered to note it down.
I wasn't somebody who looked forward to getting my period.
Like some people are, gleefully.
If we had that celebratory culture it would have been different.
When I had my first period my mum wasn't around.
I didn't know what was happening, I thought I was dying.
It's terrifying as a little eleven-year-old.
Very, very frightening.

My mum always talked about everything, no boundaries.
Which had it's really good side and it's really down side.
She wasn't backwards in coming forwards about it.
But my female friends, funnily enough, not so.
I found I've initiated conversations,
It's me talking to them about it.
Maybe my very close friends have been more sanguine,
But other friends ... I've just realised,
The ones who've moaned are all middle class, privately educated people.
And the ones who haven't moaned, my close friends that are working class ...
That's funny, isn't it?
Which can't be true across the board because, you know –
Black middle-class women are still discriminated, you know, disabled middle ...
It's interesting, isn't it?
Maybe that's crap, but I think it could be true.
I'm also thinking that the ones who moaned, they've all had children.
Is there anything in that, you get a worse menopause?
I haven't had children –
You would think it would be worse, wouldn't you?

The really positive change for me,
Was that pre-menopause, I had always been extremely hormonal.
For a week before my period I would go mad, literally quite mad.
In my late thirties I suddenly saw it clearly as a pattern
Those times of the month when I would have arguments with people,
And the rest of the time I wouldn't.
It was my hormones propelling me.
When I hit menopause that stopped, completely gone.
That was just major positive.
Enormous. Huge.

I had hot flushes, thirty an hour or so.
They just went on and on, a burn up, a flush and a sweat.
Then it went, and it would come back again, it would just go and go.
But then I invented a menopause tea and completely got rid of it.
I read up all the science about symptoms,
I took all the herbs for which there was evidence,
Put them together in a big pot and boiled them up and drank them three times a day.
And it fucking worked.

When I was going through perimenopause,

For the first time in my life, I didn't feel sexually confident.
That's when I stopped having very regular sex and things sort of shifted.
I don't feel unattractive.
I feel older, and weaker at the moment, hopefully that will change again.
I have dated, but I think ...
I just need to find a group of people who are inclusive of disabilities.
I was always going out and just meeting women and having a nice time.
But now, I probably couldn't even stand up at the bar very long.
It's trying to reconfigure my identity within that which is difficult.

I still really like my body,
Even though it's not doing what I want it to do.
I was always pretty slim, and now I'm two dress sizes bigger than I was fifteen years ago.
I've still got a really nice body.
It's become voluptuous, I've got real tits for the first time.
I loved the body I had, I love the body I have now.
I feel really comfortable with that.
I think I feel more confident.

None of us likes getting more lines on our face or problems with our body or teeth or bones.
But when I say I'm getting older,
There's a power in that as well.
Feels like I'll have less discrimination.
When you're middle aged, particularly if you're menopausal, there's huge discrimination.
All this anti-mum feeling
You're receiving the same discrimination you've always received as a woman,
But now it's been desexualized, turned against you in another way.
I wouldn't say the discrimination is gone, because I'm a woman, in the society I'm in,
But it seems you get into a bracket where you're either being treated as "Old dear",
Or you're just allowed to be sort of old and eccentric,
Or you're being treated as wise.
And they all seem preferable to me to the middle-aged woman treatment,
Which really is just kicks.

I'm kind of a romantic optimist, that's been my downfall in life.
I've managed to avoid a wheelchair so far, but I don't know.
I like to think I'm getting better, even if it's not linear.
Postmenopausally and being in my body, I'm really happy.
I don't know what that is going to do to my sex life long-term,
Because I haven't had sex since I've had this illness.
Or, I haven't had sex with somebody else, I should say.
But I'm really happy in my body.

This is where it's not to do with being postmenopausal,
I can't live life as fully and actively as I did before.
I need to rely on other people, my neighbours lifting things or doing things for me.
That's the bit I find really difficult.
Not being one hundred percent independent at all times,
Excruciatingly difficult.
That's the bit of going into old age that I'm still wrestling with.
I can't face the idea that I'm not going to get better.
Just thinking, No, I will get better.
I'll be there, propping that bar up.
Maybe I will
And maybe I won't.

Appendix 16.7 Paddy

They said, “You’ve got osteoporosis, come in and talk about treatments.”
So yeah, the way I feel about my menopause is, I feel like I’ve been ...
I felt like I slept walked into it, to be honest.

Menopause started forty-seven, forty-eight.
Regular, regular, regular, stop.
I’m thinking, “Come on, where are you?”, and it just didn’t happen.
Coincided with teenagers preparing to kind of leave home for university.
I found that whole period emotionally quite difficult.

Before my periods stopped, I really enjoyed the kind of catharsis that came with bleeding.
I would do that big snotty crying, once a month, and feel energised afterwards.
I had to create opportunities to cry, it just wasn’t just there on tap, like it used to be.
A whole range of symptoms that were very familiar to lots of women,
sleepless nights, restless legs, hot flushes
anxiety where there’d been none before.
I’ve always been a very self-reliant person, quite stoical
I’ve got quite a high distress threshold.
That partly comes from a dysfunctional family, never anyone to support you in distress.
It didn’t occur to maybe speak to someone about what this means for you now,
what you should be looking out for.

More recently I’ve been thinking, what have I got to offer now?
What do I do now?
I’m really keen to find ways to keep my energy topped up.
Having ideas, pursuing ideas, feeling that thrill – that kind of physical thrill of it.
It terrifies me, the thought that I might come to a standstill.
A standstill would be ... losing curiosity.
I’ve always liked the new, and renewal.
I get freaked out if a light bulb goes and we don’t replace it quickly.
It just feels like this is the slippery slope.
We’ll be sitting in here in the dark.

I’ve got this image of my bones like twiglets you know ... dusty, and brittle.
I felt like somebody had let the old lady in.
I know I’m getting old,
I can see that when I look at my skin, look in the mirror.
But this is the internal workings, inside old, not outside old.
It’s like the Pompidou Centre, it’s all on the outside now, and that’s a different feeling.
I can have moments when I’m feeling vital and seen, like I’ve got something to contribute.
And other days when I’ll make an old person noise as I’m getting myself up off the chair.
Thinking I just want to go to bed, I just want to have a sleep.

I was planning to take Thursdays and look after my two grandchildren.
Now I’m worried about what this diagnosis means in terms of lifting them up.
Am I physically up to it?
Even though I don’t feel any different today to how I felt yesterday.
I worry, what if, you know.
What’s their future going to be like?
What if anything happened to them, how would they cope?
Am I going to be around to support if something were to happen?

I think it's a general sense of increased vulnerability.
If I'm feeling more vulnerable, the world seems more vulnerable.
More than any time I can remember.
And everybody's just sitting around watching Strictly Come Dancing on a Saturday night.
And it's like, God, I know we need light relief,
But what is it going to take in this country for people to rise up?

I was thinking about my first experience of writing something that I was really proud of.
I was about nine, we had to do a story, I'd started the story with a piece of dialogue.
And I just thought that is the smartest thing.
You've just started that story with dialogue, what story starts with dialogue?
It wasn't commented on, at all, by anyone.
But I thought that was clever.
I'm going back and I'm going to go and get her.
I'm going to go back and get that one.
Maybe there's something about the menopause
And time running out and at least wanting to go back and ...
Ah, you know, give her something.

I don't know if I want to be an old, old woman.
I don't want to be swimming about in my own piss.
I don't want to be frightening.
I don't want to be mad.
I don't want to be mean.
I feel really in tune with my intuition.
I feel wise, a lot wiser.
I feel like I know what's going on around me.
I want to be kind of straight talking.
I saw Cagney and Lacey, the actresses who played them on a TV show,
I want to be like them.
Recognisably themselves, but they'd thickened out and they were older.
But they were, I want to be funny, they were funny.
And just like that, unthreatened.

Appendix 16.8 Dora

At the moment, to be me is really positive.
Much more positive than when I had menopausal symptoms.
I wouldn't say I found it mega-tough.
I probably find it tougher retrospectively than I did at the time.
At the time I would have been coping and trying to get on with it.
Whereas now I look back and think, ooh.
That's part of why it's nice to be me now.
Like when I get ill, once I get better, I get a surge of energy.
The joy of being better is quite uplifting.
I think that I am going through that.

Some things that have been very difficult for me are considerably easier.
My relationship with food, my body image, is probably as good as it's ever been.
I've really struggled with that.
And now I feel healthy.
I like how I look, I like how I feel.
I like having sex with no contraception.
I'm really proud of me.
I think look at you, Mrs.
Well done, you're really sound.
And you're kind to other people, you're kind to yourself.
You're fair minded. You're smart.
And I don't feel apologetic about it

Physically, I experience myself quite differently.
I feel like I move through the world with much more grace.
And the grace place allows something more expansive.
I try and notice what's going on for me, I'm quite curious about it.

I went through a period of time where I felt very unsettled
It was death, anxiety, mortality, all of those things.
This period where I felt really unhappy.
I'm not used to that.
I'm not saying I don't feel unhappy and all of those negative emotions, I do,
But I'm quite a content person.
It was a very unfamiliar experience, feeling so unsettled.
I didn't recognise it as part of menopause.
My sleep pattern changed dramatically.
I was really, really tired.
I got more and more knackered.
I had to adapt to that.
I was exhausted.
I had this job that was demanding.
But to be honest, I got away with it pretty lightly, compared to most of my contemporaries.

Even when I was feeling very unhappy and unsatisfied,
I was wondering about what it was.
I knew there was more to it than met the eye
I had that sense of something out of awareness that needed to be brought into awareness.
I don't mind the not knowing.
I'm interested in the creative possibilities of not knowing,

I went through some difficult stuff when I was young.

Part of that has given me an ability to think,
You know what, I can get through this.
Perspective, maybe?
Or just a faith, trust the process, trust my process.
I thought, OK, this is a bit shit,
And there's loads of stuff I don't know, but I'm safe, I'm all right.
I do have a fairly optimistic nature.
I think because I feel glad to be alive and that's never left me.
I've managed to get through trauma and risk.
I just think, isn't it great, no-one's trying to hurt me?
Brilliant.
I do think it's a bloody gift.

I suffered and struggled the most through my twenties and thirties.
I had no sense that I could say anything other than yes –
Because there had been no choice.
It was going to the supermarket and thinking, what do I actually like to eat?
Thinking I don't really know, but I can choose what I put in the basket.
I remember sitting on the sofa with my remote-control thinking,
What shall I watch on telly? I can watch what I want to watch.
I learned how to understand that I had choice.
I learned choice.
It was literally like kind of rewiring myself.
I think I did quite a good job of the rewiring.
I'm obviously not glad about what happened to me when I was a kid,
But out of it, I can see that I have some things that some other people don't have.
And so that was in my awareness, thinking,
OK, this is odd, this is weird,
I don't fully understand it.
I have a sense that there's other stuff going on that's driving this –
Which I realised probably was to do with menopause.
But I thought it'd be alright, be OK.

I probably feel more myself, now that I am no longer fertile, than perhaps I ever did.
Because everything was so out of control.
It was very much that my body wasn't my own.
And it's taken a long time for me to feel like this is mine.
Part of the joy of what goes on for me now – it's mine.

One of the things I know is that people can get through death and loss.
And often there are extraordinary transformatory possibilities
The human ability to adapt and grow,
Do something that reaches beyond what you thought you might have done or been.
I really believe in all of that,
Because I've been through it myself
And seen it a lot in others.

I think I'm in my prime at the moment.
I don't have many aches and pains,
I haven't got any chronic medical conditions.
Take it forward ten years, who knows?
I don't assume that I'm going to age and not have a fear of death.
I'm frightened at the circumstances of dying.
How might I die? How will I die?
I also think can't change it, can't stop it, whatever comes will come,

Because it will anyway.
I'm just a little person in the universe.
The idea of feeling frightened doesn't frighten me.

I think that can be really complicated for women,
We are so programmed to view ourselves through the male gaze.
And I don't give a fuck about what men think about me.
I really don't and I very rarely have.
I've got a friend who is really caught up in it.
She's a year older than me, sixty-two,
She would have fitted the male stereotype at one time –
Slim, blonde, eager for their approval, got a lot of attention.
And she misses that, quite a lot of the time she feels sad and blue and unseen.
Because it's strong drugs, isn't it, all of that shit?
I think I never got addicted.
It's reductive, it's miserable.
I'm way more interested in what women think of me.
And I'm much more interested in how women look.
I went to a party last weekend, and I looked at the women's clothes and shoes.
And I thought, aren't they lovely?

I really like being a woman and I really like having women friends.
For me, this is the best bit of being a woman.
I see that's not the case for some of my friends.
And I feel sad for them.
A lot of that stuff that some of my friends struggle with is male created.
If I can do something to chip away at that, I will.
Because I like a bit of quiet subversion,
Suits me very well.

I feel like I am owning my own space
my own body
my choices
my place in the world
my ability
they feel like mine.
It just feels, and it is, less complicated.

Appendix 17 – sample transcript, Grace

*This transcript has been edited to remove specific locations and other identifying factors.
It opens after we have talked through the relevant paperwork.*

Stella So, tell me about your menopause, your postmenopause, what you understand it as, the embodied-ness of being in your body in this world.

Grace Mmm.

Stella However that shows up for you. What the conversations have been or not been or the things that you've missed ... tell me whatever you want to tell me, Grace.

Grace Mmm, OK, well, um, I think I, my experience of being embodied as, you know, whatever stage of life, is, um, er, less usual than a lot of women, in that I've never had children.

Stella Mmm-hmm.

Grace So, um, I think that makes a big difference to your body and your sense of self. Um, and I'm, that's my choice, I'm very comfortable with that. That's, um, very definitely what I wanted from a very young age, even though people kept telling me I'd change my mind, never changed my mind. Um, and I think, um, so in the sense that menopause is the end of reproduction –

Stella Mmm.

Grace That for me wasn't a big issue, um, and it didn't kind of signify a change in my status in the world, I didn't feel that at all and still don't. Um, I did, um, I was, I didn't have a terrible menopause, I had a pretty straightforward one. And I, um, I do think I was, sort of, I had mixed feelings about the loss of periods because um, I, I did have some times in my life when my periods were very, um, painful, but I think that was related to other things that were going on in my life rather than being an underlying issue with, you know, the uterus or something. So, um, so the loss of periods, and it happened over a while, but I think, I was, I was writing down, and was making some notes (*she lifts her page of notes to the screen to show me*).

Stella Oh, brilliant.

Grace Trying, mainly around dates, cos I was thinking, actually I think you might have asked me in the preliminary thing, I don't even know when – I mean that, I suppose, is significant in itself isn't it? That I don't actually, I can't tell you –

Stella Ah-ha.

Grace When I started my menopause, when my periods stopped, when my menopause finished. I've got some vague ideas, how to –

Stella Do you know when your period started?

Grace When they started, I was late. So, they started, er, I was definitely fifteen if not sixteen, which was late. I was one of the last in my class. Cos there was another, um, girl in my class and we were both called XXXX.

Stella Oh.

Grace There were two of us so that wasn't so bad.

Stella Yeah.

Grace It wasn't, it wasn't nasty, it was, you know, it was just descriptive commentary really.

Stella Right.

Grace I think, um, you know, I think there was a lot of stuff said when I was a, um, when I was at school that, it wasn't nasty, but I think nowadays it's heard as bullying.

Stella Right. Gotcha. Yeah, yeah, yeah.

Grace But it didn't feel like that at the time, it just felt like, "Oh, those two are still ..."

Stella Yes.

Grace But um, yeah, so I was, I was one of the later ones and I have no idea if that's, um, follows the pattern of my mother or my grandmothers, I don't know.

Stella They didn't, you didn't talk about it?

Grace They never talked about it. Never ever ever. I mean my mum had XXX children in her twenties, quite, within seven years so, um, but I don't know anything else about her fertility or, you know, anything. She's never talked about that.

Stella So, you didn't, she didn't talk about her menopause either?

Grace No, my mum and I were quite estranged from er, when I was about seventeen, eighteen.

Stella Right.

Grace Um, and um, right through my twenties really, and thirties, I don't think. And I lived at the opposite end of the country and did, you know, I don't think it was an accident that I chose to go away to college, you know, three hundred miles away. Um, so, er, and, and I, you know, yeah, we, we had um, yeah, we didn't really recover from that for a long time, so I was well into my forties, I think, before we started to re-establish a relationship. It's not that we didn't have anything to do with each other, but it was very, um, quite, you know, distant in all senses of the word.

Stella Mmm. Mmm-hmm.

Grace So no, there was no conversation about anything personal.

Stella Yeah.

Grace Or, you know, that might be deemed intimate or personal. And still isn't. *(She laughs.)* She's um, yeah, not, not a great talker, my mum.

Stella And you said your mother had had a stroke recently?

Grace Yeah, she has. She's, she can speak and, and move, but she's not got all the function back in the arm. She'll, she's, um XXXX, she's, I don't think she'll be going home from this. So, it's, yeah, um, she's, you know, anyway, she's not in a great place. So, um, er, I mean she is in terms of the hospital, but not in terms of her mind.

Stella Yeah, yeah, yeah.

Grace Er, so, so I don't have any background on any of that. I haven't, I've got two sisters but I haven't asked them. Um, XXXX and I were very close when we were younger, cos we're only a year apart, um, and um, but I don't, I can't remember.

Stella Mmm.

Grace You know, anything about, kind of periods or anything. Um, so I think ah, my menopause started when I was about fifty. It might have been forty-nine, fifty, fifty-one, it was roundabout that age, because I was looking at what was I doing at these ages.

Stella Yeah.

Grace Cos that's my sort of prompt.

Stella Yeah, yeah.

Grace And there was a particular job I had, um, between 2006 to 2011, and I know that definitely for the first few years of that I was having, what I think of as my major menopause symptoms. Nothing, and talking to other women about it, but nothing in comparison with friends. So, um, I think my periods became a bit erratic and um, because, well, yeah, because I'm a lesbian, I suppose, I have not used any contraception in my, for most of my life. I did when I was younger.

Stella Mmm.

Grace Um, but um, and I think that might make a difference as well? I, I don't know, but I suppose, um ...

Stella There's a really interesting lack of research.

Grace On that?

Stella Yeah.

Grace Oh right.

Stella On, has, has the use of the pill made any difference? There's like ...

Grace Well, I suppose, I'm just thinking about, you know, anecdote, because I did a lot of, um, community work and particularly with women's groups and I can remember women saying "Oh, I'm taking my pills straight through", even though they were on a, like a –

Stella Yeah.

Grace Three weeks out of four, "Because I'm going on holiday, and I don't want my period."

Stella Yeah.

Grace So, we, some women were definitely using their contraceptive as a way of managing their periods.

Stella Mmm.

Grace And menstruation and stuff. And, and that was years ago. I mean. I was doing that work in my twenties –

Stella Mmm-hmm.

Grace So that was back in the eighties, nineties, when, obviously, contraception was less sophisticated or different, let's say, to how it is now, I have no idea. Anyway, that might be relevant as well, I suppose. So, um, so there was no, so there is none of that going on. Um, I have been sexually active *all* my life from young to to very current, and um, that might, or might or might not make a difference, um, but I think ...

Stella Because you felt that you ...?

Grace Do you want me to circle back?

Stella ... had been *in* your body? So, being sexually active makes difference?

Grace Oh, definitely, yeah. I've always been very interested in sex and very sexually active.

Stella Mmm.

Grace And sought it out, you know, not just sat at home and thought, oh, what a shame, what's missing.

Stella Oh right, so that's Ok. Great, OK.

Grace Yeah.

Stella And so, you think that might have made a difference to experience of symptomology?

Grace I think so, because I think I was, um, part, for me part being sexually active as a woman is, um, that your periods, when you're still having them, is part of that.

Stella Mmm-hmm.

Grace And it, you know, it and particularly, um, having relationships with other women –

Stella Yeah.

Grace You're conscious and you're knowing about these things and, you know, conversations about how that relates to your sex life, whether it's integrated or, you know, avoided, or whatever.

Stella Mmm.

Grace You know, different people adopt different things and same people at different time choose, choose different things. I think that was quite, you know, that and maybe cos, you know, I've been a feminist for most of my life as well, it's something we talk about, you know, me and my friends talk about our periods and we talk about ... not so much about sex and periods, but certainly with lovers.

Stella Yeah.

Um, I've had, you know, we've had conversations. And some people have been less keen on that than others and that's fine, you know, you've got to respect difference, but I'm OK about it.

Stella Mmm.

Grace And I worked, um, in sexual health work for a while so I'm, you know, sort of familiar with,

well, I'm more used to talking about this stuff than maybe some people are.

Stella Mmm. Mmm.

Grace Um, but also, um, I think, yeah so, I think, you know, the loss of my periods was a mixture because I always felt that I was very sexually interested just before I got my period. And I, I, I know from conversations that some other women have experienced that and that runs counter to the narrative.

Stella Mmm-hmm.

Grace That women are most sexually interested when they're ovulating.

Stella Yeah.

Grace Because, you know, if you, um, you know, and, and it raises lots of questions doesn't it? What does that mean? Does that mean that we kind of, that that might be true for people who are in the world of wanting to reproduce, but if you're not, then maybe, you know, some mind-body thing goes on that transforms your, um, your desire, you know, and that it be, that it follows something that might be, I don't want to say natural pattern but, you know, a pattern that's more you.

Stella Mmm-hmm, mmm.

Grace Cos I've certainly met women that wasn't the case, and I've met women who wouldn't go near, straight and lesbian women, who would not go near sex when they're on their period, when they've got a period or bleeding, and some of that's to do with the partner, but some of it's to do with them as well.

Stella Yeah.

Grace Whereas, you know, it wasn't ever, um, it wasn't a barrier for me. I mean, it's something to think about and talk about and work around.

Stella Mmm.

Grace But yeah, so, so, there were definitely, um, factors around my body and my, um, sexual behaviour.

Stella And so, the loss of that, so an awareness of the loss of that –

Grace Yeah.

Stella Time before periods, did that, did it feel like a, a loss?

Grace It did for a while. I did kind of think oh I really miss that, you know, it's, the grass is always greener, isn't it?

(I'm smiling, nodding.)

Grace When you're in it, you're thinking, God, this bloody hormonal cycle where you're up and down, up and down, up and down, and you, you keep saying, oh it's nothing, you know, you know, it's my periods, and, like dismissing the fact that you drank up a bottle of wine and that might have something to do with it or whatever, you know.

Stella Yeah.

Grace Work is really stressful and driving me round the bed. So, um, I think there's, yeah, you know, it's hard to work out isn't it?

Stella Mmm.

Grace Without people doing research, what's going on because you, you know, and yes, you might have people that you talk about it, but then that's still you and your friends.

Stella Yes, yeah.

Grace It's likely that you're going to have similar experiences or want to recount similar experiences.

Stella Mmm.

Grace Even if there is some variation, you know, so um, yeah, I did feel, oh, I miss that, you know, kind of, that wave of hormone –

Stella Yeah.

Grace Difference that was about sex, but also about energy.

Stella Mmm-hmm.

Grace And about feeling, um, energised and, and a bit, um, hyper I 'spose, but what I've noticed is that that's come back for me.

Stella Right.

Grace In recent years. So that (*she draws a circle/cycle in the air*) and I don't know if it's hormonal or if it's just who I am, you know.

Stella About how many years is it, since ...

Grace I would say, I've noticed it, it might have started a bit sooner, my periods have been well finished and stuff for maybe ten years now. But I would say in the last sort of four, five, pre-Covid, so that's a good, it's a marker of time now, isn't it, were these things before Covid or afterwards? So, it was definitely, I was aware of it before, yeah.

Grace Yeah.

Stella Before the pandemic. So, I would, I would go for about five years.

Stella Mmm.

Grace Starting to, um, and I, I, I don't mean that, you know, that I haven't been sexually interested but that kind of wave, that sense of energy.

Stella Mmm.

Grace And you know, feeling um, very, very much a physical feeling of, um, wanting, and one of the things I had done with it over the years, I've, I've always liked dance, going out dancing, you know, and clubbing, when I was younger, not so much these days, but you know, finding places where you can go and dance, and um, or just dance around my own kitchen.

Stella Yeah, yeah.

Grace And do that too. So, it's not, it's not something that needs sex to satiate it.

Stella Mmm-hmm.

Grace But there's some kind of energy, um, that is very physical and, and quite a drive.

Stella Mmm.

Grace And I felt that again in more recent years. And it comes and goes, I don't, it's not happening every day, thank God, I'd be exhausted.

Stella Mmm.

Grace Um, but um, yeah, and I suppose in more recent years I've thought, oh I wonder what that's about? Because it's not drinking now. I, I drink very little, I do still drink but I don't drink, I used to drink like a –

Stella Mmm.

Grace Fish when I was younger, but um, and, you know, excessively a couple of points in my life, but um, so, so I don't think it's that.

Stella Mmm.

Grace You know, it's definitely not stresses in my life cause I've, I haven't got many really.

Stella Are you, when you say it's a drive –

Grace Yeah.

Stella What, what's it like? As a drive?

Grace It feels like I might burst if I don't *do* something.

Stella Mmm-hmm.

Grace And so, because I, as, you know, apart from the dancing around the kitchen, which there was a lot of it in lockdown, and I went to some online discos, that was fabulous.

Stella Did you?

Grace Yeah, it was amazing. And terrifying. Um, but um, yeah, it feels like a drive, it feels like something that *needs*, it's like a really powerful kind of physical need to, um, I feel claus–, in the house.

Stella Mmm.

Grace It's difficult.

Stella Mmm.

Grace And I do dance around the kitchen. Obviously in lockdown there were restrictions, and I was

very one, you know, there were rules.

Stella Mmm.

Grace Um, but, at other times I feel like I have to go out.

Stella Yeah.

Grace That's the one thing. I feel like I have to *be* out. Um, and not necessarily stay outdoors, but there is a kind of, I can't be this small room.

Stella Yeah.

Grace And then, um, you know, so when I was younger I used to go to pubs.

Stella Right.

Grace And I used to go, um, I used to go out on the scene, I used to go to, and if there was a women's night on in the bar, I would go to that, or if there was, you know, something. And I think, you know, I, I've lived in this place a long time, I pretty much know what's going on. And I would just do that on my own if I didn't have a friend to do it with. And now, what I might do is like, you know, message someone and see if they fancy going for a drink.

Stella Yeah.

Grace Or, you know, for a walk, um, er, you know, or if there's something happening, you know, um.

Stella So, there's this drive which you –

Grace To *do* something.

Stella Yes, which you understand as having a sexual component?

Grace Yeah.

Stella And it's to *do*, to be being active?

Grace Yes, yes.

Stella Yeah.

Grace And it is, and it is about, it's also about being with other people, I think.

Stella A-ha.

Grace Because yeah, I was just thinking about that, I'm just thinking out loud now.

Stella Mmm, mmm.

Grace This this is not worked, this is not previously worked out.

Stella Mmm.

Grace I'm thinking, yeah, because I do seek out someone else to meet or go out with or, to – I

wouldn't go in, I wouldn't just go into a bar and drink now, on my own like, which I did used to when I was much younger.

Stella A-ha.

Grace Um, I will try and meet someone or meet up with somebody, or, or, go somewhere, and that's not necessarily in order, cos you said sex (*laughing*) that's not about me, you know, phoning someone up to have sex with them.

Stella Mmm.

Grace But, it will be, that will be a component, and it might lead me to be thinking about sex and to be noticing.

Stella Mmm, mmm.

Grace Um, for me it will be women more, when I go out.

Stella Mmm.

Grace And thinking about that and having that in my mind, so that is a component of it, yeah.

Stella Yeah.

Grace And, you know, over the years, it's led me to some very bad decision making. I mean not that anything terrible has ever happened to me, you know, I've been lucky, I think, especially when I was younger, and I was having sex with men as well. But, you know, um, I think I'm, I can come across as very rebellious and um, unconcerned about, you know, opinion and stuff, but actually I'm very strategic about what I do, where I go, who I see.

Stella Yeah.

Grace And um, you know, and I think, yeah, I'm, I'm, I'm *careful*, you know. Yes, I walk home at two o'clock in the morning from a club, but you know, I know exactly which way I'm going, I know how to walk in a more, kind of confident masculine way.

Stella Mmm.

Grace And I'm not saying those things will save you from, you know, trouble – But um, I think, um, I've, yeah, I've, I've been thoughtful about that stuff over the years. So, um, yes in terms of, about embodiment, um, yeah, it is, it does feel very physical, um ... and, and social, yeah, I hadn't, I hadn't put that –

Stella You see, I think embodiment is, it's, it's social as well.

Grace Yeah.

Stella It's how we are in the world.

Grace Yeah.

Stella And it's natural, you know, it's how we relate to nature, it's how we relate to people.

Grace Yes. Yes. Yeah. So, it does involve going out. I live on my own. It does involve going out of the house and it does involve, um, some, some, kind of, yeah social, socialising with other people.

Stella And there was a gap of, a gap in this drive?

Grace Yeah, there was, definitely.

Stella Or a lower-level drive, and now it's come back?

Grace Yeah. Yeah. And um, and when I was *in* my menopause, so periods were becoming erratic, and um, and I have the most terrible night sweats. At night. Well, they were, I thought they were. So, you know, I would have to sleep on a towel. And I was in a relationship then, quite a long-term relationship, um, and um, I would often, you know, have to sleep in a different bed with a towel under me.

Stella Yeah.

Grace Because I would be soaked, absolutely soaked. Very uncomfortable for me and for her, actually.

Stella So, I, see, because again, fuck all, of course, research on lesbian relationships in menopause, there's some, but fuck all. I think it's a really interesting angle. Because one of you is menopausal and the other's not, both of you are menopausal.

Grace Mmm.

Stella There's all of that possibility for understanding but equally there's a possibility for not fucking getting it at all.

Grace Yeah, yeah.

Stella So how was it for *you*?

Grace She was very unsympathetic, and it was like, "Go and sleep in the other room."

(We laugh from the way she says it, unsympathetically.)

Stella Right.

Grace She had had an unusual, sudden, um ending of her menopause, um, because of, um, something, you know, traumatic, life incident. And so, she didn't experience all this. It all just stopped, and she has no recollection of any tapering off. Or any change in moods or, it was just like, "My period's stopped and that was it."

Stella Mmm.

Grace So, um, so, I think some of it was lack of knowledge, lack of experience, that was unsympathetic, and I think some of it was just, "This is real pain, I can't sleep." And we both had big jobs. You know you've got to be on the ball. And we both had jobs that were stressful um, and, um, you know, involved a lot of long hours and juggling a lot of different demands and, you know, quite high-level decision making and stuff like that.

Stella Mmm. And was –

Grace So, yeah.

Stella Was it difficult taking that on into work then, because you won't have been getting much

sleep?

Grace Oh my God, I don't think, yeah it was. And work was very stressful. I was unhappy actually, for quite a lot of the time in that job, and that, under a lot of pressure from a lot of different, um ... individuals, but well, also institutions, a complicated job. So, um, yeah, I mean, I was just knackered and, you know, I don't think, I, I think I performed very well. Um, and I never talked about it at work, I didn't bring it to the table, because the people I was working to, would not have, they would have seen that as a weakness and a problem.

Stella Mmm-hmm.

Grace That was me. That then I become the problem. So, um, and I knew that because I'd seen how they dealt with other people. Not around menopause, but around other issues. So, um, yeah, so I didn't, um, didn't much talk about it at work and I didn't have particular, I would have little flashes sometimes at work, you know, and I'd just take off my jacket or something.

Stella Mmm.

Grace But they would be quite short bursts. I wasn't, you know, I had a colleague, one of my, one of my team members, and she had to have a fan on her desk because she really – struggled like for, you know, there'd be hours of, you know, sitting there like peeling every off. And sweating and really struggling, um, you know, make sure she had plenty of fluids and stuff. But um, yeah, I didn't have that, so I was able to sort of carry through at work.

Stella Mmm.

Grace Without um, I don't think, without people being aware really or noticing. Or even people who, um, you know, other women of my age, who might have asked, you know, I don't think.

Stella Who were you talking about it with, if you talked about it?

Grace Um, friends, outside work, and, um, yeah, women, women friends. And they're mainly my own age. Um, but I didn't, I didn't find it particularly difficult, and I knew women who'd had a lot of trouble. And also, actually, I've just remembered, a, a friend of mine who I've known for a very long time, but don't see so much so often, though she's still in the same town. And I must have talked to her about it, because she told me about particular herbal remedy that she took, and I thought, oh I'll give that a go, cos I'm not averse to a *herbal* remedy, you know.

Stella Yeah, yeah.

Grace And it was a kind of combination one, so, but it wasn't personally designed. You just bought it. And I, you know, it sounds bit, um, daft when you say, I just bought it over the Internet, but it was from a reputable company. And it was um, and I think that helped. But I, how would I know, because I just took it. Yeah.

Stella Yeah.

Grace So, it was um, it was called something like ... it wasn't called menopause, it might have been called Menoherbs and it was by a company called XXXXX. So, it was a combination. I looked up the ingredients, cos I've got, you know, the women's, The Boston Women's Health Handbook and all that stuff from yonks ago. Um, and all the herbs in it were pretty much the things that people talk about, you know, like Black Cohosh and Saint John's Wort and stuff like, so I knew what I was taking.

Stella Mmm.

Grace They were generally recognised.

Stella So, you were doing that to look after yourself, you were in a relationship, and then after some time –

Grace Yeah.

Stella The extremity of symptomology passed.

Grace Yeah, my periods had finished and yeah, and I wasn't having the sweats. And then it was, and it sort of happened so gradually over quite a long period of time that it was kind of a bit like, I think it was, I had a bleed and I thought, oh, this is unusual. And then I thought, oh maybe it's just a late period, and then I thought, ooh, actually I think it's been a couple of years since – I had any bleed, so I did go to my GP. But if you know that that's what it is then, then ... yeah.

Stella So, then there's this in-between 'it's finished' period –

Grace Yeah.

Stella And at what stage after that does this rush of energy come back, then?

Grace Come back. Well, I think ... cos one of the things that happened *during* my menopause was I lost interest in sex. And that was also problematic in the relationship.

Stella That also sounds like a surprise, given who you've described yourself as being all along?

Grace *(She laughs.)* Yeah, it was. It was um, and it was something, I suppose, cos it wouldn't have been sudden, it must be gradual, and so I kind of thought, oh, this is part of the relationship.

Stella A-ha.

Grace Because, you know, the relationship had been, we were getting into sort of, three or four years by then, of being together. And, you know, I thought, you know, you don't always notice, do you? And I mean you should pay attention of course, but I, we were busy, and there are things, other things going on, and, and, and then I started to think, oh, maybe this is to do with being menopausal. You know, some women do lose interest in sex.

Stella Yeah.

Grace And I thought, well, you know, that's just how it is, I didn't, because I, I didn't have a kind of like, I don't physically want sex and my brain's going "that doesn't make sense". It was just how I was, I, it was all in tune.

Stella Oh right, so your brain and body are feeling the same?

Grace Yeah. Yeah. They were feeling the same. And it's only with hindsight I look back and think God that was weird. The first time in my life since about fourteen I wasn't interested in sex.

Stella Yeah.

Grace You know. And I was with somebody who I really loved. And wanted to stay with. Um, and that wasn't good for us at all. Um, and we weren't really able to talk about it so, you know, probably um, hints of things to come. So yeah, and so our relationship broke up.

Stella Right.

Grace Um, and I had started to get sexually interested before that, cos I remember talking to her about it and saying, you know, like, can we talk about this? Cos, you know, um, I think that could be, you know, for me, that I'm interested, that could, that could be part of our lives again ... I was very keen on that relationship and her, and she wasn't. So, I think she was already ... Um, starting to think about a future that didn't include me.

Stella Right.

Grace And um, and she didn't do anything like go off with anybody else. But, you know, it just, we saw less and less of each other. And then, you know, there was a kind of, moment of, what's going on? And it was all over and then we sort of saw each other as friends, but it didn't really work, because, it's hard for that to work I think, if one person's still in love and the other one isn't.

Stella Yeah. Really hard.

Grace Hard to be friends. So, but then I was, you know, I was broken hearted for a while, so then I wasn't ... You know, kind of going out looking for anybody else. *(She gestures to her heart, smiling but indicating real feeling and loss.)* Really upset.

Stella Mmm.

Grace But um, and also I was struck by, er, and this is, you know, kind of quite personal but um, er, part of the story, you know, I looked around and I thought, where have all my lesbian friends gone? *(She laughs)* The whole life that I had, when I went into this relationship, was all like, gone, you know, and that, obviously ...

Stella Where had they all gone?

Grace Well, they're mostly still in the city, they hadn't geographically gone away.

Stella But the connections weren't there?

Grace A lot of them had gone into relationships. You know, refocused on other people, you know. I'd been quite intense about that relationship, I 'spose. Well, we both had. There were some hard conversations. So, so, I knew about that, but I also looked and thought, oh my God, you know, I haven't been out in the community for a while. So, I had to sort of rediscover all that. Um ... yeah.

Stella What was that like?

Grace Um ... I 'spose ... I'm a bit like, I just got on with it. I found out, you know, that people are doing this, and also I'm a bit of a ... if there's a gap and I want something, I don't sort of go, ooh, isn't it sad that there isn't this? Like, I ring up a couple of people and say, do you know what? I really fancy *(she names a regular event, deleted for confidentiality)*, even if it's just once a month.

Stella Brilliant.

Grace Um ... I heard about some research that was going on about, um, er, older – lesbians and gay men, people from the community. But that's, yeah, that's completed now. And a couple of people I know were involved in running that, you know, I just, there's a walking group, you know, I just found things and, and, you know, got in touch with people.

Stella Yeah, but you're saying that like it's nothing and it's just because it's what you're like. It does take some energy, doesn't it?

Grace It does take some energy and, and I, yeah, I can be energetic about things I want to do. Um, er, and I've got other friends as well, not I'm not, you know, um, just, er, I haven't just got lesbian friends, so I've got some really good friends who are not lesbian, women in particular, but also some men friends, gay men, couple of gay male, so I just kind of reconnected with people really.

Stella Mmm.

Grace And picked things up. And, you know, it's not all the same as it was, cos everyone's lives have moved on in ten years. But, so that, um, we split up in XXXX, so it's going back a while. And I, um, I went out with someone else in XXXX, um, I ... sort of, you know, was interested in other people before that. You know, it doesn't always work out, but ...

Stella Mmm-hmm, yeah.

Grace But yeah, um, and I went out with someone else this year but, um ... yeah, I, I ... yeah, it does feel quite – I know what you're saying, but that's what I do, you know, if there's, er, I go and find things. People are always telling me I'm really busy and I think I spend most of my life sat on the sofa. *(She laughs.)*

Stella Maybe you're just very busy compared to them.

Grace Well, just different things. I started running. Um, I put on some weight. And um, and I've, and that hasn't, er, been an issue for me and I wasn't like, you, you know, you know, a lot overweight, but I was carrying a bit of weight. And, um, and I thought I want to lose this. And also I was miserable, so, you know, it was easy *(she laughs)*.

Stella When did you start running?

Grace So, within a year of the relationship ending. And it was a deliberate decision to start running, cos I thought, oh I need to do something, and, you know, it's the obvious thing to do, cos you just put your trainers on and run out the door.

Stella Yes.

Grace And that's what I started with. Um, I went back to the gym, cos I'd been a bit of a gym bunny in my, kind of, thirties and forties but I, I couldn't get into it in the same way, I didn't find it as enjoyable. But I went on the running machine quite a lot and I thought well, if I can run a running machine I can run. You know, round the park.

Stella Mmm.

Grace Um, so I started running and then a friend of, friend of mine, who's a straight woman, and really good pal, she said she wanted to do a bit of running as well, and then we heard about this, um, beginners group attached to one of the local running clubs, so we joined that. Then we finally talked ourselves, park run. I started park run. So, I was already running for at least a year before that. And then working our way up and, you know, having all these reasons why we couldn't go to park run, you know, nine o'clock on a Saturday morning being a key one. And, you know, since then, apart from the Covid gaps, we've been – we park run.

Stella Right, what –

Grace And because we both do it, and it's really good for me, and I try and –

Stella What does it give you, what's good for you about it?

Grace I think it's that, um, pushing my body. Ah, it, it's very physical for me, I like to push my body. And we don't run at the same pace, and we know each other well. So, you know, we're quite happy to separate quite early on at the start and I, um, usually finish a few minutes ahead. But I've got, I'm taller and I've got longer legs, so my pace was always going to be different. Also, I run faster, and I want to push myself more. And in that year, I got all my best times, at all the different park runs. We're a bit of tourists, we go to different ones, there's quite a lot to choose from. And also, I did some, um, er, club sessions with the club as well as the beginners group, and I signed up for some races. And my pal also did some 5Ks with me. So, so we had races to work towards. And I was trying to, you know, improve my time.

Stella What's the thing about pushing? Liking to push your body?

Grace I think it's, I think it's connected to the stuff I was saying before about this sort of sense of drive. I feel ... it's like a, it *is* a drive. I feel like I *have to* push myself physically and if I don't I feel like, I don't know, I feel trapped. So, I've got to sort of get rid of this feeling and, and, and it's got to be quite physical. So, when I say dancing, I'm not talking about a slow foxtrot. I'm talking about you know, mad clubbing, you know, nineties kind of dancing. And, and there's this energy – Yeah.

Stella That, that *requires* movement?

Grace Release, yeah.

Stella Release, yes, OK.

Grace So, yeah, so really physical push. Cos, I walk a lot, you know, I walk all the time, you know, locally. If something's less than a, if something's less than two miles, I'll walk to it. I won't get the bus or use the car. Um, but if, um, and I'm in, I walk in groups and we do, you know, quite a bit of hiking and stuff, but it doesn't give me the same thing, at all, you know. And I've got a couple of pals who I um, walk with once a week and when we started doing it in lockdown as soon as we could, you know, obviously with the distance. And we've kept it up, we do it every week, and they didn't know each other, I knew each of them ... so the three of us, you know, it's a really nice group.

Stella Mmm.

Grace And it's nice to have that. I like those kind of things. I think that's probably cos I come from a family of XXXX kids. I like being in groups with people. And I like a regularity to it. It helps my week have shape. Especially now that I'm pretty much not working. And the running does that as well, it gives a shape to the week. But I need to know I've got that physical thing. Um, and I need to be doing a bit more running now. I've got out of the habit, Covid has really interrupted all those routines.

Stella Yeah, yeah.

Grace And ... you know, for everybody, I know, and this is minor compared to most people's issues, but it's yeah, it has been disruptive of that kind of thing. And um, I, you know, yeah, during lockdown just had to go out walking, really. But, yeah.

Stella How old are you now, Grace?

Grace I'm, I will be sixty-five in a couple of weeks. So, I'm sixty-four.

Stella So, none of what you're describing fits the older women paradigm, right? You and I both know this.

Grace Yes, (*she laughs*) yeah.

Stella What's it like for you that it doesn't, or does it not matter at all? Do you not ...

Grace It doesn't matter cos it's just who I am. I like to be active. I like to be, um ... I like to be sexual, I like to be, um, you know, um, I like to make an effort when I go out in terms of what I wear and how I look. You know, obviously, I'm just in a t-shirt and jeans for this, sorry Stella.

Stella Me too, well, t-shirt and shorts, actually, because it's so sunny in balmy south London.

Grace Yeah, no, we've had a good summer, like everyone else. But yeah, I was, um, I did an interview for someone else recently, that was all about lesbians and clothing, and so, you know, I'd to send pictures, so there's lots of pictures of me, you know, in my hat and coat, and, you know, wearing a nice shirt and stuff. And, you know, suede boots (*she laughs*).

Stella Very good, very good.

Grace You know, I like to be stylish, in my own way.

Stella So, there's a performativity too?

Grace Oh, absolutely, yeah. And that's part of the physicality of who I am. Definitely. You know, I don't like, um, um, you know, sometimes I see a, a nice shirt, and I'll think, ooh, I'll get that, and then I touch it and I don't like the feel of the fabric and I know I'm not going to like that on my skin. So that's very physical isn't it? Most of my clothes are natural fibres.

Stella Right.

Grace And um, er, yeah, and there's something about how they feel, as well as how they look in terms of wearing, you know, what I wear when I go out for events. Yeah, so, I was at, um, er, a civil partnership party on Saturday night with a group of, a particular group of friends I've got, cos we all worked, at one point, all at the same XXXX.

Stella Right.

Grace That isn't the case now, but we've stayed, and we live near enough, you know, within a few miles of each other. So, we do things together, and then there's subgroups within the group cos there's seven of us altogether. And one of our group, has just um, got civilly partnered to this bloke who she's been seeing for years. And so we were going, and so there was a lot of chat before, what you wearing, how *dressy* are you going, you know.

Stella Yeah.

Grace I said, well, I'm wearing my new suit. And my new suit is, um, silk mix, men's suit. And I bought it completely on a whim. Because I saw it in a shop window and I thought, I want that suit. So that's what I wore, you know, with my new boots –

Stella So, you're out there in this beautiful suit and boots –

Grace Yeah.

Stella And you're in the world, postmenopausally, because you cannot not be.

Grace Yes.

Stella In a culture where there ... it's better than it was, certainly when you and I were growing up, but there is also an assumption around how older women *be*.

Grace Yeah.

Stella Let alone the assumptions around, you know, the silence, how lesbians ought to be not heard and not seen.

Grace And not caring about clothes, apparently. Wearing a fleece.

Stella Yes, exactly. And that's not your, that's neither your experience nor your presentation.

Grace No. And I, if people are perturbed by that, and they might be perturbed by any one bit of it, I don't care.

Stella Right. Have you always not cared?

Grace And I am slightly provocative.

(I laugh at her tone.)

Grace I know that how I dress is slightly provocative to some people, but I also know that it's very attractive to a surprising number of people who are not lesbians.

Stella Ah.

Grace Yes. So, I know that. And I can play that. Um –

Stella And you want to play that?

Grace Sometimes. Not inappropriately. But, you know, um *(she laughs)*, at the party towards the end, as I was leaving and I'd put my jacket back on, a woman came up to me who I had not spoken to all evening and I don't know who she was, and she said, "Ooh", you know, you know the woman who's event it was, "You, you work with her, don't you?" I said we used to work together, yeah, we worked together for quite a while, I know her, and you obviously know her, dah-dah-dah-dah dah, and she said, "I just want to say how lovely your suit is." And I thought, I don't think it's the suit that you're interested in. And she was a straight woman. She was there with her husband. And her friends and that, and I thought, yeah. And I'm, I'm used to that, because I know, I've had those of experiences of my style of dress, and I like that. I like that. And I like it more, what I, there's the thing about, there's been lots of negative stuff, as well, about um, my presentation as a lesbian, but you know, I've got my hair at this length now. I haven't had my hair long since I was in my early twenties.

Stella Right.

Grace And I thought during Covid, I would grow it. Because I've often thought, I would like to have long hair just once more in my life. And I don't think I would, I never, I didn't think I would keep it. But I thought I might as well grow it during Covid. Um, but I did let it grow, and then I thought God, this is dreadful, it just, you know, and actually, what I like about it is there's quite a lot of wave in it, because I had my hair very short for most of my adult life, like shaved at the back. Used to go to the barbers not the hairdresser, all that. And I thought, actually, I quite like the wave in it and it's much thicker than I expected. I'd forgotten that, I thought I had sort of thin hair. So, so, one day I just cut it off with the nail scissors. My friends are absolutely horrified. Um, that's what I've been doing for the last year and I think it looks all right. But yeah, so, so, you know, this presentation, so I feel ...

Stella But you've always, you said, you've always been like this. You haven't changed your being to

go with your ageing?

Grace I think I'm more myself. I think I'm more myself now, as a lesbian, then I was. Because I've just given up on, um, if I'm going to straight things with straight friends where I'm going to be the only lesbian I used to try and do some, you know, trying to sort of like make myself look like I was, not, not a lesbian, but a bit more like them, you know.

Stella Ah, yeah.

Grace So, I'd kind of fit in a bit. And I've stopped doing that. Now I just revel in looking really different and, and dressing up to it. So yeah.

Stella Love this, "used to" parcel yourself.

Grace Yes.

Stella To make you more palatable, not for *you*, but for them.

Grace Yeah. Absolutely. I did. At work I had to do it all the time. You know, I can remember um, a comment from more senior, and there weren't many layers above me in the work that I did, but someone was brought in and er, I very quickly realised that her job was to get rid of me and some of my team, because they wanted to cut our part of the organisation and I was obviously the most expensive person in it. But also, I was a bit of a fish out of water as an out lesbian.

Stella Yeah.

Grace And, um, particularly at that part of the organisation, at that level. And there were some other, there were at least two other lesbians that I know of, of about fifty people, that they weren't out, and there was a gay man who was out, but he was really unpleasant. Nobody liked him really, but that's a different issue, that's not to do with his work, his work was very good. Um, but um, yeah, so I didn't, you know, I tried to conform a bit, so I would wear, you know, like my Marks and Spencer ladies' jacket to work.

Stella Yeah.

Grace And sometimes a suit, but I would generally just wear a plain t-shirt underneath, I wouldn't wear a blouse, and I wouldn't wear lots of jewellery and I never had nail polish, I didn't wear lipstick, and I stopped wearing make-up. Apart from my eyebrow pencil which, you know, I have to wear that cos – yeah, because, you know, I plucked them so manically when I was younger. Anyway, um, so yeah, so there's been a lot of that, yeah, trying to sort of fit in. And now I really don't care, so much.

Stella Yeah.

Grace I mean I, you know, I'm not un-cautious when I go out in the public world, but you know, mostly, I'm seeing my friends, they know who I am, they're, you know, not bothered or they revel in, you know, the way I look. Um, and um, and I feel more myself. And the last job I had when I was, I'd finished my XXXX and I got a job teaching at XXXX for one year and I just completely fell in love with it and I fell in love with this kind of, not new image of myself, but new confidence about this image of myself. So, I became more myself.

Stella Mmm.

Grace And that's, I remember saying that to someone when I was working there, I said I feel more myself. I loved the job, I loved travelling to the job, I used to go on the train which was, you know, much better than getting in the car, and I loved the teaching and I, you know, I had great colleagues,

and it was a really good job. And then Covid came, and they finished all the temporary staff. Which was a shame, because normally they would give you another year, and another year, and so on. But, um, you know, I've still got some, some links with it, but I absolutely felt like, you know, and God, if you can't dress the way you feel XXXX, what hope is there?

Stella A-ha.

Grace Really? So, you know, I was enjoying all that and not facing particularly, you know, negative or, you know, particularly any commentary about it. It was just seeing well, you know, there's Grace in the hat and, whatever.

Stella So, when you say "I'm more myself" –

Grace Yeah.

Stella What's that like? What's that like for you to feel this?

Grace Oh, it's great. I feel so, I feel freer than I ever have. I do think an element of it, from the other perspective, is that I am *seen* less as an older woman. I think I am less noticed. Unless I'm dressed up in my hat, and you know, my coat and all the rest of it, when, and um, I'm quite tall, you know, taller than average. I think, um, I think if I go, you know, when I go out like this, just in my ordinary clothes, I think I'm an invisible older woman. And lots of my friends talk about that experience.

Stella What's that like for you? Being invisible?

Grace Um, I think, I don't like being invisible, you'll be unsurprised to hear, but I do, I don't care a lot of the time if I'm just going to the shops to buy, you know, to get the shopping. I'm not bothered. And I, I, you know, I know I can make myself visible, if I want to. I could go to the shops, I wouldn't go to my local super–, well –

Stella In your silk suit?

Grace In my silk suit, cos there'd be no reason to. And it might attract er, negative comments, but that's a different milieu. You know, where I live, I live on the edge of a sort of, um ... different areas, different types of people. And, you know, if I lived entirely in a sort of middle class, university educated, you know, people like me kind of world, I could probably go to the shops in my lovely suit and somebody would say, "Ooh, are you going out somewhere, Grace?" But, you know, there are, yeah, I live in a very mixed ...

Stella Mmm.

Grace City. So, there's, there's, you know. And I think there's something about, I don't feel that as a loss. I don't feel like I should be able to go to the supermarket in whatever I want to wear. I think, well, if people feel like that, they do, but actually I save my best clothes for my best occasions. And my best opportunities and, you know, the local supermarket isn't going to be it.

(We both laugh.)

Stella I think there's something really important though, about you saying, "I know I *can* make myself noticed". Where's that? How've you got that? Where's it from? I'm guessing, I have plenty of assumptions of my own, but how have you ...?

Grace Cos if I, if I walk out in, you know, one of those hats – And that jacket and, you know, the really nice boots, I get looked – I, I know I get looked at, even if I don't get comments. I get looked at by complete strangers. And there's something about, um ... I remember noticing it on the main

shopping street one day, and I, I don't, I can't remember what I was wearing, but I would have had short hair then cos it was pre Covid, and um, there was a, a couple of women walking along, you know, not anything noticeable about them, and, you know, sometimes you glance at somebody and it's just a glance, you know, you're walking past and you, something catches your eye.

Stella Mmm-hmm.

Grace And then there's a second look. And that is often a kind of, oh, I think I know you, or there's something unusual about you, or, something. And then, if you get a third glance you know that they're interested. And that's a street thing. Um, and it is about passing, but literally, physically walking past each other – as opposed to the other kind of passing. Um, you don't get it so often in a bar, because you don't have to do it very quickly.

Stella Mmm-hmm.

Grace Because if you're in a bar, or you're in a club, or you're in a restaurant, or you know, you're at the theatre, you're in a public place where people are sitting and they're going to spend some time, you can spend a bit more time noticing and looking at her again, later on, if you're interested. So, you don't have to do it all very fast, but I think, and I remember talking to a friend about this and she's going, I don't know what you're talking about, and I said maybe it's cause you're not a lesbian. (*She laughs.*)

Stella OK, so quite a lot of me is sitting here thinking, is there lesbian specialness going on? And I don't know.

Grace No, because –

Stella You and I don't know –

Grace No.

Stella Do we? You could be a straight woman who also makes these choices.

Grace Yeah.

Stella But and, I do think there's something about being inside-outside all of our adult lives, at least –

Grace Yeah.

Stella That when we come to this stage – ageing, postmenopause, where the world does talk about us as less relevant, and all of that – if you've already been outside-ed by other people, I think there is something that might be useful at a stage when all the, when *all* the women are getting made outside.

Grace Yeah, yeah, yes. And I think there's also, you know, I take your point about I could be anybody and they could be anybody, we don't know that this is a lesbian thing going on – But I know that I, I embody something about being lesbian, it's not just about my clothing, it's about how I walk.

Stella Yes.

Grace It's about how I stand.

Stella Yes.

Grace I was looking, um, for that other, um, interview that I did, I had to, you know, share some

photographs, so I've looked through loads of photographs over a long, you know, that covered the whole of my life that I've got photos, and I, you know, there's big gaps in all sorts of things, cos photography is not always what's going on, but there's a couple of recent ones I thought, I just stand like a lesbian. And if you're a lesbian you would know that, whatever I'm wearing. I think you would just know that. Particularly if you're someone of our age. I think, maybe it's more complicated for younger women. Because there's more complications about who women say they are and what that means to them. But I think in a, in *my* circle. Most of my generation, we would distinguish between straight women and lesbians. We know that there are women who are bisexual, and we know that some of those women have had long lesbian relationships. And then, you know, they might get involved with a man or they might have been involved with, you know, I've had relationships with men when I was younger. So, we understand that there's some variety in that.

Stella Yeah.

Grace But I think there's more, sort of, recognition. You meet women of our age, well, *I* meet women of our age – and I think, you know, I make it a judgement about – you know, it's not a judgement – I, I, sort of, I try to guess. (*She laughs.*) And you often think, just, you pick something up and you think, oh, she's a lesbian.

Stella Yeah.

Grace Or, or, you know, or they're introduced to you as a couple, so you know. You know that there's something going on. But yeah, um, out in the world ...

Stella It, it is an embodiment, right?

Grace Yeah. Yes. Cos I notice women when I'm out. I'm not walking around the world not noticing. I am noticing women. I am interested, I notice women. I don't look at every woman I see, I'm not interested, by a long chalk, in most of the women that I meet, but I do notice women. I notice a walk or a look or a –

Stella Yeah.

Grace Um, a way she carries herself or the way she touches or stands very close to another woman, or something about what she's wearing, yeah, and all that is embodied because I'm not speaking to these people, it's often a, just a fleeting glimpse, you know, on the street or in a shop or you know, somewhere. Yeah, and you see, yeah you do see things. (*She laughs.*)

Stella I'm really aware of time because this is all far too interesting. I'm just going to look very quick – oh, OK, here's one that I, I haven't asked you, or it hasn't come up. Um, you're talking about how is now and how it is being past-passing, what do you perceive your, the future, as you get older, to be? Postmenopausally?

Grace I don't know, and I am a bit scared about that because I was thinking, it's coming up to my sixty-fifth birthday and I haven't organised a party, and I had a big one for my sixtieth, with lots of dancing and bands and stuff. And, and I thought, oh I should do that from my sixty-fifth, and I thought, oh well, I haven't left enough time really. And a lot of people have been saying to me, oh well, it's only your sixty-fifth, you don't have to, it's not a special birthday or anything. And I'm, flipping heck, so I'm only allowed to have a big party when it's a decade. When it's a zero. So, I've got to wait till I'm seventy? Flipping heck, none of us might be dancing by then. That would be a shame, wouldn't it?

Stella Yeah.

Grace Anyway, I have left it a bit late for this one, but, um, so there's that thought. And that is

related to the body. Um, I have, like nearly everybody I know, quite a lot of things that hurt – when I wake up in the morning. You know, I am, um, I have arthritis, I have arthritis in my hands, I've got a broken bone in my wrist, I've got, so I've got pain. I've got, um, I have, you know, sometimes my knees don't feel great, or my ankles, and you know, there's various bits and pieces. I haven't got anything dramatic or life changing, so far, but I do think these things are creeping up, you know. So, I'm, you know, I do Pilates twice a week, and I like that.

Stella Mmm.

Grace And one of my friends who does it said, do you think it's making any difference? And she started a bit after me and I said, how would we know? We're doing it. I do feel like it's probably holding things at bay a bit and keeping me bit flexible and I'm glad I'm doing it. I feel like I'm doing something. I've just signed up for a couple of dance exercise type things at the local, um, there's a, a dance place in the city. Not any, you know, ballroom couples or anything. But they do a couple of different classes that are about exercise to music so I – which always sounds terribly eighties to me, and Jane Fonda. But I don't think it is, it looks more modern. And anyway, I signed up to them and I thought I'm going to try these two different ones and see then if I want to sign up for a course. So, I'm keeping going.

Stella Yeah.

Grace But, I'm picking up, the running's picking up, you know, I had a great, I got, I had, I did just over thirty-two minutes for park run.

Stella Fucking hell.

Grace Yeah. Not this week, but the week before, and I was really pleased with that. I was trying to get to thirty-two, so I might actually get under thirty-two, in the next couple of, in the next month or so. Um, so, yeah, so I've kind of got a goal with that. So, I'm, you know, staying physically active. And seeking out new physical activity. The, the dance class thing is about I need to do something else that is cardiovascular. That's what I feel, um, so if I can find a class that I like, I sign up for that. I've got, I'm, I'm going climbing, this week coming, with my siblings.

Stella Wow, brilliant. With all of your siblings?

Grace All of us are going, yeah. We went pre-Covid, er, I can't number the date, but it was the fiftieth anniversary of us doing it as children, we've got this photograph, you know, with my mum.

Stella Oh, that is so cool.

Grace So that's been put off and put off for a bit, you know, for obvious reasons, but yeah, this week coming. It'll be some, one day next week, I think it might be Sunday coming, because the, well, we'll see what happens with the weather. It can all change. But yeah, yeah, so, you know, if I fancy doing a few more climbs before I can't ... I've got friends who've done them all. So, you know, yeah, yeah, people do. Yeah.

Stella Has anything surprised you about being postmenopausal? About how it is?

Grace I suppose I didn't expect, especially because I lost it completely and, and the end of that relationship, I didn't expect that I would ... I didn't, that I would become sexually interested again or that I would, or that there would necessarily be opportunities to do anything about that. Because, um, you know, I suppose and that's part of the image of older women, isn't it?

Stella Yeah.

Grace That they're not, A) they're not interested in sex and B) even if they were, who would want them? Well, it turns out, other women in their sixties. (*We both laugh.*) Mainly, but not exclusively (*she laughs*). So, yeah, yeah. So, I think, you know, that was yeah that's good to know. I think everyone should know that. Everyone should know that. Definitely.

Stella Um, what's on your list of notes that I haven't asked you?

Grace Oh, er, my notes were simply me writing dates down. To try and work out when things had happened. So, maybe, you know. Some notes about relationships and um, trying to work out when I was menopausal and when that stopped and um ... yeah, I, recently, in the last ... couple of months maybe, I've been having little flashes and I've been thinking, but that can't possibly be anything to do with the menopause again, surely. It must be something else. It's usually after I've eaten or drunk something hot, um, so I think, it must just be, you know, a system.

Stella I've been menopausal since chemo at six, at thirty-six, I am still, occasionally, having hot flushes.

Grace Yeah, no, I'm quite, um, one of my friends who is, like, hot – cos I've got these two really good friends who I walk with and run with and stuff like that, so I'm quite active with, and they get very hot very quickly. And they do in life, um, so it's not flushes, and they get very red as well, and I am not the person who's like that. I do feel the cold more than they do, whereas they feel the heat. So I, so these little, they are like those flashes, cos it's just like my, I feel, I don't go red but I feel – like my thermometer's just gone up a couple of notches. And it doesn't happen every time I have a hot drink or eat hot food, and I don't mean spicy, I mean temperature.

Stella Yeah.

Grace Um, so, it doesn't happen all the time, it just happens occasionally and I think it's, um, a body temperature thing. I, I actually don't, it can't, can't be connected to my menopause, cos that's long ago. You know, it's like ...

Stella But the, the brain's doing a whole, I mean it is all brain. It's not just ovaries.

Grace Yeah. Who knows?

Stella So, it's still doing loads of stuff that we, that we know nothing about.

Grace Yeah, and it's not inconvenient, it's just, you know, it's quite brief. Um, so, yeah, and I did have some of those when I was in my menopause, but I didn't have them like some people do, well I've already said that. Yeah.

Stella OK, well, that's brilliant, thank you so much.

Grace That's OK.

Stella I'm hugely grateful to you.

Grace That's all right. Well, it was a joy, it was very interesting to do, so. To think about it, yeah. But, so thank you, and send me, you need me to fill out a biographical thing.

Stella Yeah, I'll get that to you, the demographics and the debrief sheet after this.

Grace OK, no problem.

Stella Lovely, thank you so much for your time.

Grace Thank you, good luck, good luck with it all as well.